

COMPARISON OF BENEFITS AND COSTS - 2014
Operating Engineers Public Employees Health and Welfare Trust Fund Plan D
vs PERS CHOICE and PERS SELECT PPO Plan

	Operating Engineers Public Employees Plan D	PERS CHOICE / PERS SELECT
Calendar Year Deductible	\$500 Individual / \$1,000 Family per calendar year Does not apply to PPO physician office visits, PPO preventive care or hospital emergency room charges for an emergency medical condition.	\$500 Individual / \$1,000 Family per calendar year Does not apply to PPO outpatient physician visits or PPO preventive care
Hospital Admission Deductible	None	None
Emergency Room Deductible	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)
Annual Out of Pocket Limit	\$3,000 Individual / \$6,000 Family (out-of-pocket limit on coinsurance); does not apply to Non-PPO providers within the PPO Provider service area. ACA Limit on Cost Sharing: \$6,350 Individual; \$12,700 Family. The ACA Limit on Cost Sharing includes participant payments required to be accumulated under Health Care Reform. This Limit applies to PPO providers only; except that emergency services in a Non-PPO emergency room are included.	\$3,000 Individual / \$6,000 Family; applies to PPO providers only.
Annual or Lifetime Maximum	None	None
<u>Plan Benefits:</u>		
Physician Office Visit, Primary Care and Specialist	\$20 copay per visit, PPO providers only PPO – 100% after copay, no annual deductible Non-PPO – 60%, subject to annual deductible	\$20 copay per visit, PPO providers only PPO – 100% after copay, not subject to deductible Non-PPO – 60%, subject to deductible
Diagnostic X-Ray / Lab Imaging (CT/PET scans, MRIs)	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% .

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Inpatient Hospital	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Covered bariatric surgery must be performed at a contract provider Center of Medical Excellence.	Subject to \$500 annual deductible Choice PPO – 80% Select PPO - 80% Tier 1; 70% Tier 2 hospitals Non-PPO – 60% Hip and Knee joint replacement surgery limited to \$30,000 per procedure.
Inpatient Surgeon / Anesthesiologist	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%
Inpatient Physician Visits	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%
Hospital Emergency Room	Subject to \$50 emergency room deductible Emergencies: PPO and Non-PPO – 80% Non-Emergencies: PPO – 80% Non-PPO – 60%	\$50 copay per visit (applies to hospital emergency room charge only) Emergencies: 100% after copay for hospital emergency room charge only; 80% PPO and Non-PPO for other services such as physician, x-ray, lab, etc.) Non-Emergencies: (Payment for physician charges only; emergency room facility charge is not covered.) PPO – 80% Non-PPO – 60%

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Ambulance	Subject to \$500 annual deductible PPO and Non-PPO – 80%	Subject to \$500 annual deductible PPO and Non-PPO - 80%
Outpatient Surgery Facility (e.g., Ambulatory Surgery Center ASC) and Physician/Surgeon fees	PPO – 80% Non-PPO – 60% ASC benefit limit of \$1,000 per visit for Non-PPO providers.	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limitations: colonoscopy limited to \$1,500 per procedure; cataract surgery limited to \$2,000 per procedure; arthroscopy limited to \$6,000 per procedure. ASC benefit limit of \$350 per day for Non-PPO providers.
Preventive Care/ Screening/ Immunizations	PPO – 100% for services required by Health Reform, not subject to deductible <u>Non-PPO:</u> Adult physical exam: 100%, up to \$250 per calendar year, not subject to deductible. Routine mammograms covered under X-ray/Lab benefit, subject to deductible. Adult Immunizations: 60%, subject to deductible. Well Child Care: 60%, subject to deductible, paid for children age 16 and younger for routine exams and laboratory services. Immunizations covered at all ages.	PPO – 100%, not subject to deductible Non-PPO – 60%, subject to deductible
Mental Health and Substance Abuse	Paid on the same basis as hospital and physician benefits for medical conditions.	Paid on the same basis as hospital and physician benefits for medical conditions.

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Chiropractic	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limited to 40 visits per calendar year, combined with physical therapy.	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limited to 15 visits per calendar year, combined with acupuncture benefit.
Acupuncture	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limited to 1 visit per week and 12 weeks per diagnosis.	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limited to 15 visits per calendar year, combined with chiropractic benefit.
Physical Therapy (outpatient)	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limited to 40 visits per calendar year, combined with Chiropractic.	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limited to 24 visits per calendar year, combined with occupational therapy.
Skilled Nursing Facility	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Up to 100 days per calendar year.	Subject to \$500 annual deductible PPO – 80% first 10 days, 70% next 90 days Non-PPO – 60% Up to 100 days per calendar year.
Home Health Care	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Limited to 1 visit per day and up to 60 visits per calendar year	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Up to 45 visits per calendar year

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Durable Medical Equipment and Prosthetic Devices	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%
Prescription Drugs Retail Participating Pharmacy	Your Copay Per 34-day supply: <u>Generic</u> - \$20* <u>Brand Name</u> - \$40 (plus difference in cost between brand name and generic drugs when a generic is available)	Your Copay Per 30-day supply: <u>Generic</u> - \$5 <u>Preferred Brand</u> - \$20 <u>Non-Preferred Brand</u> - \$50
Prescription Drugs Mail Order Program	Your Copay Per 90-day supply: <u>Generic</u> - \$40* <u>Brand Name</u> - \$80 (plus difference in cost between brand name and generic drugs when a generic is available)	Your Copay Per 90-day supply: <u>Generic</u> - \$10 <u>Preferred Brand</u> - \$40 <u>Non-Preferred Brand</u> - \$100
	*Exception for Prescription Contraceptives: No charge for generic drug or for a brand drug if generic is medically inappropriate; applies to both retail and mail order.	

Notes:

1. Comparison does not include pre-certification requirements.
2. For both plans, covered expense for Non-PPO providers is limited to the plan's allowed charges.
3. Operating Engineers and PERS Choice plans use the Anthem Blue Cross provider network.
4. PERS Select plan uses Anthem Blue Cross network with Tier 1 and Tier 2 hospitals.

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Premium Rates	Operating Engineers Public Employees Plan D – 1/1/2014	PERS CHOICE 1/1/2014	
Medical and Rx Only	<u>Medical & Rx Only</u>	<u>Bay Area Region</u>	<u>Sacramento Region</u>
	Single \$ 572	Single \$ 690.77	Single \$ 665.99
	Two-Party 1,144	Two-Party 1,381.54	Two-Party 1,331.98
	Family 1,544	Family 1,796.00	Family 1,731.57
		PERS SELECT – 1/1/2014	
		<u>Bay Area Region</u>	<u>Sacramento Region</u>
		Single \$ 661.52	Single \$ 637.85
		Two-Party 1,323.04	Two-Party 1,275.70
		Family 1,719.95	Family 1,658.41