

OPERATING ENGINEERS HEALTH & WELFARE FUND

BENEFIT PLANS SUMMARY COMPARISON FOR ACTIVES and EARLY RETIREES

	Operating Engineers PPO Plan		Operating Engineers Kaiser Permanente Plan	Operating Engineers Anthem HMO Plan	Operating Engineers Health Plan of Nevada (Nevada Residents Only)
	For Non-PPO Providers	For PPO Providers			
Employee Premium	None	None	None	None	None
Explanation of Plans and Options Available to You	If you choose a doctor who is not contracted with Anthem Blue Cross the Plan will pay the following benefits according to Plan rules The treatment must be a covered service	If you use Anthem Blue Cross PPO providers, the Plan will pay the following benefits according to Plan rules Treatment must be rendered by a PPO contract provider and be a covered service	If you enroll in this plan you must use Kaiser facilities for all of your medical care	If you enroll in this plan you must choose a participating medical group where you must go for all your medical care	If you enroll in this plan, you must choose a participating medical group where you must go for all your medical care
Deductible	\$500 per individual per calendar year; maximum \$1,500 per family (Applicable to Most Services)	\$250 per individual per calendar year; maximum \$750 per family (Applicable to Most Services)	None	None	None
Annual Out-of-Pocket Maximum Medical and ¹Pediatric Dental & Vision	Out of Network \$6,000 per individual; \$12,000 per family per calendar year	In-Network \$3,000 per individual; \$6,000 per family per calendar year	\$1,500 per individual \$3,000 for two or more family members	\$1,500 per individual \$4,500 for two or more family members	\$6,000 per individual \$12,000 per family
Annual Out-of-Pocket Maximum Rx	Not Applicable	In-Network \$3,600 per individual; \$7,200 per family per calendar year	Not Applicable	Not Applicable	Not Applicable
Calendar Year Maximum	None	None	None	None	None
Pre-Existing Condition Limitations	None	None	None	None	None

1. Pediatric services are defined as services for an individual less than 19 years of age.

OPERATING ENGINEERS HEALTH & WELFARE FUND

BENEFIT PLANS SUMMARY COMPARISON FOR ACTIVES and EARLY RETIREES

	Operating Engineers PPO Plan		Operating Engineers Kaiser Permanente Plan	Operating Engineers Anthem HMO Plan	Operating Engineers Health Plan of Nevada (Nevada Residents Only)
	For Non-PPO Providers	For PPO Providers			
PROFESSIONAL SERVICES:					
Office Visits	Plan pays \$15 per visit.	Plan pays 90% of the contracted amount after a \$20 co-pay per visit	\$25 co-pay per visit	\$25 co-pay per visit	\$5 co-pay per visit \$10 co-pay per Specialist visit
Hospital Visits	Plan pays 70% of reasonable charges	Plan pays 90% of the contracted amount	\$250 co-pay per admission	\$250 co-pay per admission	Inpatient \$300 co-pay per admission
Lab and X-Ray	Plan pays 70% of reasonable charges	Plan pays 90% of the contracted amount	\$10 co-pay per service	No charge	Lab - \$5 co-pay per service X-ray - \$10 co-pay per service
Therapy - Acupuncture & Chiropractic (Note: The combined 26 visit limit on the FFS and PPO plans is a combined limit. You <u>do not</u> receive a separate benefit of 26 visits under each plan.)	Plan pays \$15 per visit with a combined limit of 26 visits per calendar year for Acupuncture and Chiropractic care	Chiropractic - Plan pays 50% of the contracted amount Acupuncture - Plan pays 90% of the contracted amount after a \$20 co-pay per visit Acupuncture and Chiropractic care have a combined limit of 26 visits per calendar year	\$25 co-pay per visit	Acupuncture - \$25 co-pay per visit Chiropractic services covered if approved by the patient's Medical Group. (see Anthem's HMO	Chiropractic - \$5 co-pay per visit (Limited to 20 visits per calendar year) Acupuncture – Not covered
Speech Therapy	Plan pays 70% of reasonable and customary charges up to \$15 per visit	Plan pays 90% of the contracted amount	\$25 co-pay per visit	\$25 co-pay per visit (limited to 60-days)	\$10 co-pay per visit
²Preventive Healthcare Services	Plan covers 70% of reasonable charges	No charge	No charge	No charge	No charge
Surgeon	Plan pays 70% of reasonable charges	Plan pays 90% of the contracted amount	No charge	No charge	Outpatient Facility - \$125 copay per surgery Surgical Facility - \$300 copay per surgery
Assistant Surgeon	Plan pays 20% of amount payable to primary surgeon for one or more assistant surgeons. Plan pays 10% of amount payable to primary surgeon for physician assistant services performed as an assistant surgeon (Only if surgery warrants an Assistant Surgeon)	Plan pays 90% of the contracted amount (Only if surgery warrants an Assistant Surgeon)	No charge	No charge	In/Outpatient Facility - \$300 per surgery Surgical Facility - \$125 per surgery
Anesthetist	Plan pays 70% of reasonable charges	Plan pays 90% of the contracted amount	No charge	No charge	\$100 per surgery
Urgent Care Services	Plan pays 70% of reasonable charges	Plan pays 90% of the contracted amount	\$25 per visit	\$35 per occurrence	\$20 per visit

2. Preventive Services Include: All preventive services and tests with an A or B rating from the U.S. Preventive Task Force are covered (additional tests may be covered as required by law)

OPERATING ENGINEERS HEALTH & WELFARE FUND

BENEFIT PLANS SUMMARY COMPARISON FOR ACTIVES and EARLY RETIREES

	Operating Engineers PPO Plan		Operating Engineers Kaiser Permanente Plan	Operating Engineers Anthem HMO Plan	Operating Engineers Health Plan of Nevada (Nevada Residents Only)
	For Non-PPO Providers	For PPO Providers			
HOSPITAL SERVICES:					
Inpatient Care – Semi-Private Room and Misc. Charges	Plan pays 70% of reasonable charges	Plan pays 90% of contracted charges	\$250 per admission	\$250 per admission	\$300 per admission
Outpatient Care – Emergency Room Care – Non Emergency	Plan pays \$15 for Emergency Room Visit, 70% of reasonable charges for Lab and X-ray services	Plan pays 90% of contracted charges	\$100 co-pay per visit	\$150 co-pay per visit	\$150 co-pay per visit
Emergency Room Care – Emergency related	Plan pays 90% of reasonable charges	Plan pays 90% of contracted charges	\$100 co-pay per visit	\$150 co-pay per visit	\$150 co-pay per visit (waived if admitted)
Ambulatory Surgical Facility	Plan pays 70% of reasonable charges	Plan pays 90% of contracted charges	\$250 co-pay per procedure	\$125 co-pay per occurrence	\$50 co-pay per surgery
Inpatient Mental Health Care	Plan pays 70% of reasonable charges	Plan pays 90% of contracted charges	\$250 co-pay per admission	\$250 co-pay per admission	\$300 co-pay per admission
Inpatient Alcohol and Substance Abuse Care	Plan pays 70% of reasonable charges	Plan pays 90% of contracted charges	\$250 co-pay per admission for detoxification	\$250 co-pay per admission Detoxification only	\$300 co-pay per admission
Skilled Nursing Facility	Plan pays 80% of reasonable charges. Limited to 60 covered days per condition	Plan pays 90% of contracted charges. Limited to 60 covered days per condition	No charge Maximum 100 days per benefit period	\$250 per admission Maximum 100 days per calendar year	\$300 per admission (Waived if admitted from an acute care facility) Maximum 100 days per calendar year

OPERATING ENGINEERS HEALTH & WELFARE FUND

BENEFIT PLANS SUMMARY COMPARISON FOR ACTIVES and EARLY RETIREES

	Operating Engineers PPO Plan		Operating Engineers Kaiser Permanente Plan	Operating Engineers Anthem HMO Plan	Operating Engineers Health Plan of Nevada (Nevada Residents Only)
	For Non-PPO Providers	For PPO Providers			
OTHER SERVICES:					
Ambulance (medically necessary)	<p>Emergency: Plan pays 80% of reasonable charges (Deductible waived)</p> <p>Non-Emergency: Plan pays 70% of reasonable charges (Deductible applies)</p> <p>Transport Between In-Network Hospitals: Plan pays 100% of the Contract Rate. The deductible is waived.</p>	<p>Emergency: Plan pays 80% of the contract amount (Deductible waived)</p> <p>Non-Emergency: Plan pays 80% of contract amount (Deductible applies)</p> <p>Transport Between In-Network Hospitals: Plan pays 100% of Reasonable and Customary charges. The deductible is waived.</p>	\$50 per trip	\$50 per trip	<p>Emergency - \$50 copay per trip</p> <p>Non-Emergency - \$0 copay (Prior Authorization Required)</p>
Hearing Aids	Plan pays 100% to a maximum of \$1,000 per aid (x2), once every 3 years	See Fee-for-Service Plan option	<p>Not covered</p> <p>Note: Coverage available under the Fund's PPO Plan</p>	<p>Not covered</p> <p>Note: Coverage available under the Fund's PPO Plan</p>	<p>No charge</p> <p>Limited to a single purchase once every three (3) years</p>
Durable Medical Equipment	Plan pays 70% of reasonable charges not to exceed purchase price	Plan pays 90% of the contract amount not to exceed purchase price	No charge In accordance with formulary	No charge	<p>No charge</p> <p>Limited to a single purchase of a type of DME every three (3) years</p>
Prosthetic Appliances	Plan pays 70% of reasonable charges	Plan pays 90% of contract amount	No charge	No charge	<p>\$750 co-pay per device</p> <p>Limited to a single purchase of a type of Prosthetic Device once every three (3) years</p>

OPERATING ENGINEERS HEALTH & WELFARE FUND

BENEFIT PLANS SUMMARY COMPARISON FOR ACTIVES and EARLY RETIREES

	Operating Engineers PPO Plan	Operating Engineers Kaiser Permanente Plan	Operating Engineers Anthem HMO Plan	Operating Engineers Health Plan of Nevada (Nevada Residents Only)
PRESCRIPTION DRUGS:				
Contract Prescription Card – Walk-in (30 Day Supply) At CVS Caremark Participating Pharmacies	<p>At participating pharmacies your co-pays are:</p> <ul style="list-style-type: none"> • \$10 for a Generic drug • \$25 for a Preferred Brand Name drug • \$40 for a Non-Preferred Brand Name drug <p>If there is a Generic equivalent for the Brand Name Drug you choose to purchase, you will pay the co-pay PLUS 50% of the difference in price between the Brand Name and generic drugs.</p> <p>Note: Maintenance type drugs must be filled in 90 days supplies through the mail order pharmacy or at CVS retail pharmacies (see below)</p>	<p>In-Network:</p> <p>At participating pharmacies you pay:</p> <ul style="list-style-type: none"> • \$10 for a Generic drug up to a 30 day supply • \$20 for a Brand drug up to a 100 day supply <p>Out-of-Network:</p> <p>\$100 per person, per calendar year. \$300 per family, per calendar year.</p>	<p>At participating pharmacies you pay:</p> <ul style="list-style-type: none"> • \$10 for a Tier 1 drug • \$30 for a Tier 2 drug • 50% of the drug cost for a Tier 3 drug, but not more than \$250. <p>(See Anthem’s Summary of Benefits for complete details)</p>	<p>At participating pharmacies you pay:</p> <ul style="list-style-type: none"> • \$7 for a Tier 1 drug • \$30 for a Tier II drug • \$50 for a Tier III drug <p>(See Health Plan of Nevada’s Benefit Schedule for complete details)</p>
Contract Prescription Card – Mail Order (90 Day Supply) At the CVS Caremark Mail Order Pharmacy	<p>At the CVS Caremark Mail Order Pharmacy your co-pay is \$25 for a Generic drug, \$62.50 for a Preferred Brand Name drug and \$100 for a Non-Preferred Brand Name drug.</p> <p>If there is a Generic equivalent to the Brand Name Drug you choose to purchase, you will pay the co-pay PLUS 50% of the difference in price between the Brand Name and generic drugs.</p>	<ul style="list-style-type: none"> • \$20 for a Generic drug up to a 100 day supply • \$40 for a Brand drug up to a 100 day supply 	<p>You pay twice the applicable co-pay as outlined above</p>	<p>You pay 2 ½ times the applicable co-pay as outlined above</p>
Fee-For-Service Prescription Drug Plan (Non-Participating Pharmacies)	<p>Plan pays 80% of reasonable charges after satisfaction of calendar year deductible. You may obtain a maximum of 60 days of any one drug, after that you must use the contracting pharmacies for additional refills. Continued purchases at NON-participating pharmacies will be denied.</p>	<p>Not applicable</p>	<p>Not applicable</p>	<p>Not applicable</p>

OPERATING ENGINEERS HEALTH & WELFARE FUND

BENEFIT PLANS SUMMARY COMPARISON FOR ACTIVES and EARLY RETIREES

	Operating Engineers PPO Plan		Operating Engineers United Concordia Advantage Plan - DPPO	Operating Engineers United Concordia Concordia Plus - DHMO	Operating Engineers Delta Dental PMI - DHMO
	For Non-PPO Providers	For PPO Providers			
DENTAL/ORTHODONTIA CARE:					
Deductible	\$25 per person, per calendar year, \$75 per family per calendar year (Combined dental/orthodontia deductible)	\$25 per person, per calendar year, \$75 per family per calendar year (Combined dental/orthodontia deductible)	<u>Dental Services:</u> \$25 per person, per calendar year, \$75 per family per calendar year	No deductible	No deductible
Dental Coverage	Plan pays 100% of the non contract fee schedule. (approx. 60% of cost) Any balance remaining is patient co-pay Adult Benefit Maximum (19 years of age and older) is \$6,000 in any two (2) year period, per person	Plan pays 100% Adult Benefit Maximum (19 years of age and older) is \$6,000 in any two (2) year period, per person	Plan pays 100% In-Network Plan pays 50% Out-of-Network Calendar Year Benefit Maximum: \$3,000 In-Network/Per Person \$1,000 Out-of-Network/Per Person	Plan pays 100% on most covered services No Calendar Year benefit Maximum Refer to Plan Schedule of Benefits (available from the Fund Office) for specific coverage and copay amounts	No Calendar Year benefit Maximum Refer to Plan Schedule of Benefits (available from the Fund Office) for specific coverage and copay amounts
Orthodontia Coverage	Plan pays 50% of charges up to a lifetime maximum benefit of \$2,000 Coverage available to Dependent Children only	Plan pays 50% up to \$995. Co-pay is also 50% up to \$995 Lifetime maximum benefit of \$2,000 Coverage available to Dependent Children only	Plan pays 50% In and Out-of-Network Lifetime maximum benefit of \$2,000 in and Out-of-Network Coverage available to Dependent Children only	Refer to Plan Schedule of Benefits (available from the Fund Office) for specific coverage and copay amounts No Calendar Year benefit Maximum Coverage available to Dependent Children and Adults	Refer to Plan Schedule of Benefits (available from the Fund Office) for specific coverage and copay amounts No Calendar Year benefit Maximum Coverage available to Dependent Children and Adults

OPERATING ENGINEERS HEALTH & WELFARE FUND

BENEFIT PLANS SUMMARY COMPARISON FOR ACTIVES and EARLY RETIREES

	Operating Engineers PPO Plan	Operating Engineers Kaiser Permanente Plan	Operating Engineers Anthem HMO Plan	Operating Engineers Health Plan of Nevada (Nevada Residents Only)
VISION CARE:				
Eye Examination	Through Vision Service Plan (VSP) \$15 deductible Exam covered once every 12 months	No charge	Not Covered See Fee for Service Plan benefits	Not Covered See Fee for Service Plan benefits
Eye Lenses / Frames	Through Vision Service Plan (VSP) \$25 deductible Lenses covered once every 24 months Frames covered once every 24 months For the Employee (Local 12 Member) Only: Extra pair of glasses or lenses every 24 months for a \$65 co-pay	Through Vision Service Plan (VSP) \$25 deductible Lenses covered once every 24 months Frames covered once every 24 months For the Employee (Local 12 Member) Only: Extra pair of glasses or lenses every 24 months for a \$65 co-pay	Through Vision Service Plan (VSP) \$25 deductible Lenses covered once every 24 months Frames covered once every 24 months For the Employee (Local 12 Member) Only: Extra pair of glasses or lenses every 24 months for a \$65 co-pay	Through Vision Service Plan (VSP) \$25 deductible Lenses covered once every 24 months Frames covered once every 24 months For the Employee (Local 12 Member) Only: Extra pair of glasses or lenses every 24 months for a \$65 co-pay
SPECIAL NOTES:	All Plans have Limitations and Exclusions. Please refer to your Plan Booklet for complete details	All Plans have Limitations and Exclusions. Please refer to your Plan Booklet for complete details	All Plans have Limitations and Exclusions. Please refer to your Plan Booklet for complete details	All Plans have Limitations and Exclusions. Please refer to your Plan Booklet for complete details