NORTHERN CALIFORNIA GENERAL TEAMSTERS SECURITY FUND

Comparison

Plan E Plus / Select 500

	Northern California General Teamsters Security Fund Plan E Plus	Northern California General Teamsters Security Fund Select 500	
PPO MEDICAL PLAN	Anthem Blue Cross Prudent Buyer Network	Anthem Blue Cross Prudent Buyer Network	
Deductible	$1,400 per person / $2,800 per family (combined with Rx)	$500 per person / $1,000 per family	
Annual Medical Out-of-Pocket Maximum (OOP)	$2,500 per person / $5,000 per family for PPO Providers (combined with Rx) (No out-of-pocket maximum for Non-PPO Providers)	$1,500 per person / $3,000 per family for PPO Providers (No out-of-pocket maximum for Non-PPO Providers)	
Hospital Benefits	**After Deductible Met:**		
PPO Facilities	100% Inpatient & Outpatient	100% Inpatient & Outpatient	
Non-PPO Hospital	50%* Inpatient & Outpatient	50%* Inpatient & Outpatient	
Emergency Room	100%	$100 Co-Pay, waived if admitted.	
Mental Health / Substance Abuse	100% PPO facility / 50%* Non-PPO facility	100% PPO facility / 50%* Non-PPO facility	
Skilled Nursing Facility	100% to a maximum of 120 days per disability period	100% to a maximum of 120 days per disability period	
Medical Benefits	**After Deductible Met:**		
Primary Care Office Visits	80% Benefit for PPO Providers up to OOP, then 100% (Non-PPO Medical benefits are payable at 50%*)	$20 Co-Pay per Primary Care Visit Includes Family Practice, General Practice, Internal Medicine, OB/GYN, and Pediatric office visits	
All Other Medical	80% Benefit for PPO Providers up to OOP, then 100% (Non-PPO Medical benefits are payable at 50%*)	80% Benefit of the first $5,000, then 100% benefit (Non-PPO Medical benefits are payable at 50%*)	
Specialists/Urgent Care	Payable as all other Medical	Payable as all other Medical	
X-Ray / Lab / Ambulance	Payable as all other Medical	Payable as all other Medical	
Surgeon / Anesthesiologists	Payable as all other Medical	Payable as all other Medical	
Outpatient Mental Health	Payable as all other Medical	Payable as all other Medical	
Substance Abuse	Payable as all other Medical	Payable as all other Medical	
Chiropractic	Payable as Medical - $1,500 calendar year maximum	Payable as Medical - $1,500 calendar year maximum	
Physical, Speech, Occupational Therapies	Payable as Medical - 24 visits per year maximum	Payable as Medical - 24 visits per year maximum	
Telemedicine	100% Benefit thru Plushcare	100% Benefit thru Plushcare	
Hearing Aid / Testing	Payable as Medical - $800 max paid in 3 year period	Payable as Medical - $800 max paid in 3 year period	
Preventive Care Benefits	100% Benefit at PPO Providers only	100% Benefit at PPO Providers only	
******* *Non-PPO Medical Plan benefits are payable at 50% of reasonable allowance, unless otherwise indicated*			
PRESCRIPTION DRUGS *(WellDyneRx)*	Retail & Mail Order – 100 day supply	Retail – 30 day supply	Mail Order – 100 day supply
	After Deductible Met:		
	20% Generic Co-Pay Retail and Mail	$10 Co-Pay Generics	$20 Co-Pay Generics
	30% Brand Co-Pay Retail and Mail	$20 Preferred Brands	$40 Preferred Brands
		$40 Non-Preferred Brands	$80 Non-Preferred Brands
		$50 Co-Pay Specialty Meds	$100 Co-Pay Specialty
Annual Rx Out-of-Pocket Maximum (OOP)	$2,500 per person / $5,000 per family (combined with Medical)	$6,400 per person / $12,800 per family	

	Northern California General Teamsters Security Fund Plan E Plus		Northern California General Teamsters Security Fund Select 500	
DENTAL PLAN OPTIONS	**PPO DENTAL PLAN**	**CYPRESS DHMO**	**PPO DENTAL PLAN**	**CYPRESS DHMO**
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Percentage Payable	100% Preventive 80% Restorative 50% Prosthodontic	100% of most services	100% Preventive 80% Restorative 50% Prosthodontic	100% of most services
Maximum Dental Benefit	$2,000 per person / calendar year	None	$2,000 per person / calendar year	None
Orthodontia	70%; $1,000 lifetime max	24 months of treatment; Co-Pay: Adult $2,170/Child $1,970	70%; $1,000 lifetime max	24 months of treatment; Co-Pay: Adult $2,170/Child $1,970
PPO dental benefits are paid based on the Cypress Dental allowance for PPO providers. Non-PPO dental benefits are paid based on UCR. *Members electing the DHMO must utilize DHMO providers; there are no benefits outside the DHMO network.*				
VISION PLAN	**Vision Service Plan (VSP)**		**Vision Service Plan (VSP)**	
Deductible	$10 Co-Pay		$10 Co-Pay	
Benefit Schedule	Exams - 12 months Frames - 24 months Lenses - 24 months Contacts - 24 months (in lieu of frames/lenses) $150 in-network allowance		Exams - 12 months Frames - 24 months Lenses - 24 months Contacts - 24 months (in lieu of frames/lenses) $150 in-network allowance	
EMPLOYEE LIFE	$10,000 Life Insurance and $10,000 AD&D		$10,000 Life Insurance and $10,000 AD&D	

This is a brief summary for illustrative purposes only; please refer to Plans' SPDs for complete information.

PLAN E/SELECT 500

Your contract allows you to choose between two health plans, Plan E w/ Health Savings Account (high deductible) and Select 500 ($500.00 deductible). A side by side comparison of the plans is included in your enrollment packet.

Plan E w/ Health Savings Account

- Plan has $1,400 individual and $2,800 family deductible
- Employer must contribute $58.00/month for individual and $117.00/month for family coverage to member's Health Savings Account. Employee may contribute 58.00 and $117.00/month (pretax), respectively
- Employee uses $$ in account to pay claims counted toward deductible
- Unused money may be carried over for future expenses
- Pay for out of pocket costs, including medical, dental, vision, alternative medicine
- HSA accounts belong to the employee and are portable
- Deductible does not apply to Preventive Services

Select 500

- Plan has $500 individual and $1,000 family deductible
- H.S.A. option is NOT available for the Select 500 plan
- Deductible does not apply to Preventive Services

IF YOU INTEND TO ENROLL DEPENDENTS A COUNTY RECORDED MARRIAGE LICENSE IS NEEDED TO ENROLL YOUR SPOUSE AND COUNTY RECORDED BIRTH CERTIFICATE FOR CHILDREN