

**SOUTHWEST CARPENTERS HEALTH AND WELFARE TRUST
COMPARISON OF MEDICAL AND PRESCRIPTION PLANS
FOR ALL RETIRED NEVADA PARTICIPANTS AS OF JANUARY 1, 2012**

DESCRIPTION OF BENEFITS	FEE-FOR-SERVICE PLAN	HEALTH PLAN OF NEVADA HMO	BLUE ADVANTAGE HMO PLAN (Available in Northern Nevada Only)
REGIONS AVAILABLE	ALL STATES	NV ONLY (and parts of CA & AZ)	NO. NV ONLY
	<i>(What the Plan Pays)</i>	<i>(Your Cost)</i>	<i>(Your Cost)</i>
MEDICAL BENEFITS			
CALENDAR YEAR DEDUCTIBLE	\$500 per person	None	None
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	\$10,000 per person	\$6,800 per individual for So. NV, \$7,500 per individual for No. NV	\$6,000 per individual, \$12,000 per family
LIFETIME MAXIMUM	\$250,000 per person	None	None
HOSPITAL	<i>See directory</i>	<i>See directory</i>	<i>See directory</i>
In-patient	Contracting facility, 80% of allowable charges Non-contracting facility, 50% of allowable charges	\$400 per admission	\$500 per day, \$2,000 maximum per admission
Out-patient Surgery	Contracting facility, 80% of allowable charges Non-Contracting facility, 50% (maximum allowable \$5,000 per operative session)	\$50 per visit (\$150 for anesthesia)	\$400 per surgery
Out-patient Emergency Care	\$250 per visit (waived if admitted), then... Contracting facility, 80% of allowable charges Non-contracting facility, 80% of allowable charges (50% if not true emergency)	\$250 per visit (waived if admitted); \$50 for physician	\$300 per visit (waived if admitted)
Other Hospital Out-patient Services	Contracting facility, 80% Non-contracting facility, 50%, (maximum allowable \$3,500)	\$50 per visit	None

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Ambulance Services	Contracting provider, 80% Non-contracting provider, 50% (maximum allowable \$700 base fee and \$15/mile ground, \$5,000 base fee and \$70/mile air)	\$50 per ground trip and 50% of EME per trip for Air/water ambulance	\$300 per ground or air trip
Extended Care Facility	80%, 180 day limit per disability	\$400 per admission; limited to 100 days per calendar year	\$400 per admission; limited to 30 days per calendar year (100 days for skilled nursing facility)
Preventive Care Services			
Preventive Care Office Visit	80% of allowable charges up to a maximum payment of \$500 per person per year for office visit, exam, laboratory and x-ray	None	None
Physical Exam, Laboratory and Other Tests & Immunizations		None	None
Physician			
Surgery – In-Patient	If performed by a contracting physician, 80% of allowable charges By a non-contracting physician, 50% of allowable charges	\$100 per surgery	None
Surgery – Out-Patient	If performed by a contracting physician, 80% of allowable charges By a non-contracting physician, 50% of allowable charges	\$50 per surgery	\$400 per surgery
Hospital, Office & Home Visits	If rendered by a contracting physician, 80% of allowable charges By a non-contracting physician, 50% of allowable charges	None for in-patient visit, \$25 for non-specialist office visit, \$50 for specialist office visit, \$25 for home visit	None for in-patient visit, \$30 for non-specialist office visit, \$60 for specialist office visit or home visit
Vision Screening/Refraction (frequency limits apply)	Not covered	\$10	Not covered

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Second Surgical Opinion	100% up to \$150 (contracting or non-contracting provider)	\$50 per visit	\$60 per visit
Diagnostic X-ray & Laboratory	If performed by a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges	\$25 per visit	\$30 for non-specialist, \$60 for specialist for routine tests; \$100 per procedure for complex tests - CAT scans, MRIs & MRAs; \$750 for PET scans
Maternity	Same as any illness	Same as any illness	Same as any illness
Durable Medical Equipment and Corrective Appliances	If supplied by a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges	Durable medical equipment - \$100 or 50% of purchase or rental price, whichever is less; corrective appliances - \$750 per device; \$10,000 lifetime maximum	None
Home Health Care/ Nursing Care (at home)	By a contracting provider, 80% of allowable charges. By a non-contracting provider 50% (maximum allowable charge is \$120 per visit for a registered nurse and \$60 per visit for a LPN or LVN)	None	\$60 per visit
Chiropractor	\$10 benefit per visit, 24 visit limit per year	\$50 per visit	\$60 per visit; limited to 12 visits per calendar year
Physical Therapy (short-term out-patient)	By a contracting provider, 80% of allowable charges By a non-contracting provider, 50% (maximum allowable charge is \$60 per visit) Limit of 20 visits per calendar year	\$25 per visit; limited to 60 days per calendar year	\$30 per visit; limited to 30 visits per calendar year

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Speech Therapy (short-term out-patient)	Not covered	\$25 per visit; limited to 60 days per calendar year	\$30 per visit; limited to 30 visits per calendar year
Alcoholism & Drug			
In-Patient	Not covered	\$400 per admission	\$500 per day, \$2,000 maximum per admission
Out-Patient	Not covered	\$50 per visit for individual or family therapy; \$25 per visit for group therapy	\$30 per visit; none for outpatient facility
Nervous & Mental Conditions			
In-Patient Hospital (As defined by AB88, Health & Safety Code 1374.72)	50% of allowable charges up to a maximum of 31 days per calendar year, for full time confinement (partial confinement not covered)	\$400 per admission	\$500 per day, \$2,000 maximum per admission
Out-Patient Physician Only	Not covered	\$50 per visit for individual or family therapy; \$25 per visit for group therapy	\$30 per visit; none for outpatient facility
Other Covered Services and Supplies	By a contracting provider, 80% of allowable charges By a non-contracting provider, 50% of allowable charges	Varying co-pays may apply (see EOC)	Varying co-pays may apply

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PRESCRIPTION DRUGS (no annual deductible)			
When Obtained at Participating Pharmacy (all plans have mandatory generic substitution and formulary management programs)			
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RETAIL (30 day supply) Generic Formulary Brand Non-Formulary Limit on Maintenance Medication at Retail	Using Medco Card – you pay the lower of the cost of the drug or the co-pay \$10 \$40* \$60* After the first refill of a maintenance medication, you pay 100% of the discounted cost of the medication if you continue to have it dispensed at a retail pharmacy	\$10 \$30 \$50* None	You pay the lower of the cost of the drug or the co-pay \$15 \$30* Not covered None
MAIL (90 day supply) Generic Formulary Brand Non-Formulary	\$25 \$100* \$150*	\$20 \$60 Not covered	\$15 \$60* Not covered
<i>*If a generic is available, and you or your doctor indicate "Do not substitute" on the Rx, you will be charged the brand co-payment, plus the difference in cost between the generic and the brand named drug.</i>			
When Obtained at a Non-Participating Pharmacy	Reimbursed at 80% of contracted rates as if purchased at a participating pharmacy, (after a \$60 co-payment per prescription); you also pay the difference in cost between generic and brand if a brand is dispensed and a generic is available	Not covered except in case of emergency or urgent care; pay full price, submit receipt for reimbursement, less co-pay	Not covered except in case of emergency or urgent care. Pay full price and submit receipt for reimbursement, less co-pay

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IMPORTANT: *All new or reinstated retirees must enroll in an HMO/EPO plan unless they reside outside an HMO/EPO service area.*

PPO Networks: For a listing of participating Fee-For-Service medical providers in California visit www.bluecrossca.com. For services rendered outside of California, the provider network is Anthem Blue Cross BlueCard at www.anthem.com. Once at www.anthem.com please select the state where services will be rendered. Or you can dial 1-800-810-BLUE.

FFS Notes: The term “allowable charges” has a specific meaning under the Fee-For-Service Plan. Refer to the Summary Plan Description booklet for the definition of allowable charges.

Non-PPO emergency room visit and emergency out-patient surgery are paid at the PPO benefit level if treatment is due to “A sudden unexpected onset of a medical condition, not normally treatable in the provider’s office that manifests itself by acute symptoms of enough severity that urgent and immediate attention is required without regard to the hour of the day or night to prevent significant impairment in bodily functions or serious and/or permanent damage to any bodily organ or part.” Non-PPO inpatient confinement for an emergency is also payable at the PPO level if preauthorized within 48 hours.

THIS IS ONLY A SUMMARY: The above Plan benefits show only a partial summary of benefits. Please refer to the applicable Evidence of Coverage (EOC) booklet or Summary Plan Description booklet for prior-authorization requirements and specific restrictions, exclusions, and limitations. The co-payments are applicable for covered services received as described in the EOC, however, the Trust’s eligibility rules, as detailed in the Summary Plan Description booklet issued by the Trust, apply to all retired eligible participants, even those enrolled in an HMO, EPO or PPO Plan. All charges associated with non-covered services or denied claims will be the member’s responsibility.

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