

**BAY AREA AUTOMOTIVE GROUP WELFARE FUND**

**Important Notice From the Board of Trustees  
To Active Employees**

**Comparison of Active Employees Medical Benefits  
December 1, 2021**

**For**

**Kaiser Health Plan HMO  
And  
Self-Funded Insurance Plan 34AA**

**Administrative Offices of the Fund  
4160 Dublin Blvd., Ste 400  
Dublin, CA 94568  
1-800-267-3232**

<b>Benefit</b>	<b>Kaiser Permanente HMO</b>	<b>Blue Cross PPO Plan*</b>
Calendar Year Deductible	None	None
Maximum Annual Benefit (per covered individual)	Unlimited	Unlimited
Annual Out-of-Pocket Maximum (Combined Medical and Rx)	\$1,500/\$3,000	\$6,600 individual/\$13,200 family
Emergency Room	\$35 Co-pay (waived if admitted directly to hospital)	
Urgent Care Center	\$15 Co-pay	100%
Physician Office Visits	\$15 Co-pay	100%
Surgical Benefits (No Cosmetic Surgery)	\$15 Co-pay	100%
Inpatient Hospitalization	No Charge	100%
Skilled Nursing Facility (SNF) (Subject to Utilization Review)	No Charge (Up to 100 days per benefit period)	100%
Physician's Services in Hospital/Skilled Nursing Facility (SNF)	No Additional Charge	100%
Organ Transplants	No Charge	100%
Specialist Consultation (including self-referral to Ob/Gyn)	\$15 Co-pay	100%
Ambulance Services	No Charge when medically necessary	100%
Maternity Office Visits	No Charge	100%
Normal Delivery/C-Section	No Charge	100%
Well Child Preventive Care Age/frequency guidelines apply	No Charge	In-network: No charge for services required by Health Reform Law. Out-of-network: Not covered
Preventive care/screening/immunizations Age/frequency guidelines apply	No Charge	In-network: No charge for services required by Health Reform Law. Out-of-network: Not covered
Vision & Hearing	\$15 (exam only)	Covered under Vision Service Plan (VSP) (Hearing not Covered)

Benefit	Kaiser Permanente HMO	Blue Cross PPO Plan*
X-ray, Imaging & Lab Services	No Charge	100%
Rehab Therapy (inpatient)	No Charge	100%
Rehab Therapy (PT, OT, SP) (outpatient)	\$15 Co-pay	100% Subject to Utilization. Review
Voluntary Pregnancy Termination	\$15 Co-pay	100%
Infertility Services	\$15 Co-pay	Not Covered
Mental Health Care - Inpatient	No Charge	100%
Mental Health Care - Outpatient	\$15 Co-pay	100%
Alcohol & Drug Treatment – Inpatient Authorization under PPO Plan Required through TAP	No Charge for detoxification	100%
Alcohol & Drug Treatment – Outpatient PPO Network is through TAP	\$15 Co-pay	100%
Hemodialysis	\$15 Co-pay	100%
Hospice Care	No Charge	100%
Home Health Care	No Charge (limited to 3 visits per day/100 visits per year)	100%
Prescription Drug	Up to 100 day supply \$10 Co-pay/generic; \$15 Co-pay/ brand (KFHP Formulary only); Member pays full cost for "brand" when a generic drug can be substituted and is refused	<b>Covered under Optum Rx</b> No Co-pay Combined annual out-of-pocket maximum for medical and Rx is: \$6,600 individual; \$13,200 family
Durable Medical Equipment	No Charge – refer to Kaiser guidelines	100% subject to Utilization Review
Chiropractic Care	Not Covered	Same as Physician Office Visits; 20 visits prior to Utilization Review

- \*Plan covers contract rate if preferred provider or up to reasonable and customary allowance if non-preferred provider. \*Plan covers contract rate if preferred provider or up to reasonable and customary allowance if non-preferred provider. **See over for instructions on locating an in-network provider.**
- Note: This summary chart is provided to facilitate comparison only. Refer to the summary plan description and plan inserts for exclusions, limitations and exact terms. HMO contains exclusions and limitations not listed above, HMO medical service contract and combined evidence of coverage must be consulted to determine the exact terms and conditions. HMO will furnish these documents upon request.**

## Quick, Easy Way to Find Indemnity Plan Preferred Providers

With Bay Area Automotive Group Medical coverage, you have the option of seeing a preferred or non-preferred provider; however, you will pay more if you use a non-preferred provider. The preferred provider network for the Bay Area Automotive Group Medical Plan is provided through Anthem Blue Cross of California. When you enroll in the Bay Area Automotive Group Medical Plan, you will receive an Anthem Blue Cross ID card approximately 6 weeks after your effective date. To find a doctor near you in the Anthem Blue Cross network, call the Administrative Office at 1-800-267-3232 or log into the Anthem Blue Cross website at: [www.anthem.com/ca](http://www.anthem.com/ca) and follow the instructions below. Once in the Anthem Blue Cross website, you can search by specific provider name or find a network provider in your area:

In your browser, type in [www.anthem.com/ca](http://www.anthem.com/ca) , then Click on “Find a Doctor”. You do not need to create a member log-in to search for a provider. Then follow the numbered steps:

1. Click on the type of provider being searched (doctor, hospital, etc),
2. Type in the name of the provider you are searching for, or leave blank and just select a specific specialty,
3. Search by distance from a specific zip code,
4. Under this category, click the second option “select by plan”.
  - Under State, select “California”,
  - Under Plan Type, select “PPO”,
  - Under Plan Name, select “Blue Cross PPO (Prudent Buyer) – Large Group
5. Then click “Search”.