**BAY AREA AUTOMOTIVE GROUP WELFARE FUND**

**Important Notice From the Board of Trustees**

**To Active Employees**

**Comparison of Active Employees Medical Benefits**

**December 1, 2024**

**For**

**Kaiser Health Plan HMO**

**And**

**Self-Funded Insurance Plan 17AA**

**Administrative Offices of the Fund**

**4160 Dublin Blvd., Ste 100**

**Dublin, CA 94568**

**1-800-267-3232**

Chinese (中文): 如果需要中文的幫助, 請撥打這個號碼 1-800-267-3232.

| Benefit | **Kaiser Permanente HMO** | **Blue Cross PPO Plan\*** |
| --- | --- | --- |
| Calendar Year Deductible | None | $100 per member/$300 per family  |
| Maximum Annual Benefit (per covered individual) | Unlimited | Unlimited |
| Medical Annual Out-of-Pocket Maximum (indiv/family) | $1,500/$3,000 | $1,000/$3,000 |
| Emergency Room | $35 Co-pay (waived if admitted directly to hospital) | Plan pays first $1,000; 80% thereafter; no deductible applied |
| Urgent Care Center | $15 Co-pay |
| Physician Office Visits | $15 Co-pay | 80%  |
| Surgical Benefits (No Cosmetic Surgery) | $15 Co-pay | 80%  |
| Inpatient Hospitalization | No Charge | Plan pays first $1,000; 80% thereafter |
| Skilled Nursing Facility (SNF) (Subject to Utilization Review)  | No Charge (Up to 100 days per benefit period) | 80%  |
| Physician's Services in Hospital/Skilled Nursing Facility (SNF) | No Additional Charge | 80%  |
| Organ Transplants | No Charge | 80%  |
| Specialist Consultation (including self-referral to Ob/Gyn) | $15 Co-pay | 80%  |
| Ambulance Services | No Charge when medically necessary | 80%  |
| Maternity Office Visits | No Charge | 80% |
| Normal Delivery/C-Section | No Charge | 80%  |
| 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/immunizationsAge/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) |
| X-ray, Imaging & Lab Services | No Charge | 80%  |
| Rehab Therapy (inpatient) | No Charge | Plan pays first $1,000; 80% thereafter |
| Rehab Therapy (PT, OT, SP) (outpatient) | $15 Co-pay | 80%  Subject to Utilization. Review |
| Mental Health Care - Inpatient | No Charge | Plan pays first $1,000; 80% thereafter |
| Mental Health Care - Outpatient | $15 Co-pay | 80% |
| Alcohol & Drug Treatment – InpatientAuthorization under PPO Plan Required through TAP | No Charge for detoxification | In-Network: 100% 1st admit; 80% subject to deductiblefor subsequent admits.Out-of-Network: Plan pays first $1,000; 80% thereafter subject to deductible |
| Alcohol & Drug Treatment – OutpatientPPO Network is through TAP | $15 Co-pay  | 80% |
| Hemodialysis | $15 Co-pay | 80% |
| Hospice Care | No Charge | 80% |
| Home Health Care | No Charge(limited to 3 visits per day/100 visits per year) | 80% (limited to 100 visits/year andsubject to Utilization Review |
| 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 |  **Retail: 34-day supply** $5 co-pay generic; $10 co-pay brand  $20 copay for non-formulary**Mail Order: 90-day supply** $15 co-pay generic; $30 co-pay brand, $60 co-pay non-formulary Annual out-of-pocket Rx max:$5,500 individual; $9,900 family |
| Durable Medical Equipment | No Charge – refer to Kaiser guidelines | 80% 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. **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 Care”. You do not need to create a member log-in to search for a provider. Then follow the numbered steps:

1. In your browser, type in [www.anthem.com/ca](http://www.anthem.com/ca) Important: do not use “Member Log In” to find a participating provider

2. Select “Find Care” on the right and then “Basic search as a guest”.

3. From the drop down lists, under “*Select the type of plan or network*”, select **Medical Plan or Network** and select **California** for the state.

4. Under “*Select how you get health insurance”*, select **Medical (Employer-sponsored)** and for *“Select a plan/network”*, select **Prudent Buyer PPO** and press **Continue.**

5. Then choose your location and search by doctor, hospital, procedure or type of “Care Provider”.

6. Lastly, there are filters on the right that will allow you to modify the list by miles radius, gender, language preference, etc.