

# **BAY AREA AUTOMOTIVE GROUP WELFARE FUND**

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

### **Comparison of Active Employees Medical Benefits December 1, 2025**

**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.

<b>Benefit</b>	<b>Kaiser Permanente HMO</b>	<b>Blue Cross PPO Plan*</b>
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	\$20 Co-pay	
Physician Office Visits	\$20 Co-pay	80%
Surgical Benefits (No Cosmetic Surgery)	\$20 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	\$20 Co-pay	80%
Specialist Consultation (including self-referral to Ob/Gyn)	\$20 Co-pay	80%
Ambulance Services	No Charge when medically necessary	80%
Maternity Office Visits	No Charge	80%
Normal Delivery/C-Section	\$20 Co-pay	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/immunizations Age/frequency guidelines apply	No Charge	In-network: No charge for services required by Health Reform Law. Out-of-network: Not covered
Vision (Eye exam for refraction)	No Charge	Covered under Vision Service Plan (VSP) (Hearing not Covered)

Benefit	Kaiser Permanente HMO	Blue Cross PPO Plan*
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)	\$20 Co-pay	80% Subject to Utilization. Review
Mental Health Care - Inpatient	No Charge	Plan pays first \$1,000; 80% thereafter
Mental Health Care - Outpatient	\$20 Co-pay	80%
Alcohol & Drug Treatment – Inpatient Authorization under PPO Plan Required through TAP	No Charge for detoxification	In-Network: 100% 1 <sup>st</sup> admit; 80% subject to deductible for subsequent admits. Out-of-Network: Plan pays first \$1,000; 80% thereafter subject to deductible
Alcohol & Drug Treatment – Outpatient PPO Network is through TAP	\$20 Co-pay	80%
Hemodialysis	\$20 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 and subject to Utilization Review)
Prescription Drug	Up to 100 day supply \$10 Co-pay/generic \$ Co-pay/ brand (KFHP Formulary only); Member pays full cost for "brand" when a generic drug can be substituted and is refused	<b>Retail: 34-day supply</b> \$5 co-pay generic; \$10 co-pay brand \$20 copay for non-formulary <b>Mail Order: 90-day supply</b> \$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.