

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 23AA**

**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	\$250 per member/\$500 per family
Maximum Annual Benefit (per covered individual)	Unlimited	Unlimited
Medical Annual out-of-pocket maximum (indiv/family)	\$1,500 per member/\$3,000 family	\$4,000/\$8,000 In-network \$8,000/\$16,000 Out-of-network
Emergency Room For medical "Emergency"	20% coinsurance (waived if admitted directly to the hospital)	Plan pays 1st \$1,000; thereafter, 80%; no deductible applied
Urgent Care Center	\$20 Co-pay	Plan pays 1st \$1,000; thereafter, 80% In-network, 60% Out-of-network; no deductible applied
Physician Office Visits	\$20 Co-pay	\$20 Co-pay In-Network 60% Out-of-Network
Surgical Benefits (No Cosmetic Surgery)	20% coinsurance	80% In-network 60% Out-of-network
Inpatient Hospitalization	20% coinsurance	80% In-network 60% Out-of-network
Skilled Nursing Facility (SNF) (Subject to Utilization Review)	20% coinsurance (up to 100 days per benefit period)	80% In-network 60% Out-of-network
Physician's Services in Hospital/Skilled Nursing Facility (SNF)	No additional Charge	80% In-network 60% Out-of-network
Organ Transplants	20% coinsurance	80% In-network 60% Out-of-network
Specialist Consultation (including self-referral to Ob/Gyn)	\$20 Co-pay	\$20 Co-pay In-Network 60% Out-of-Network
Ambulance Services	\$150 per trip	80% In-network 60% Out-of-network
Maternity Office Visits	No Charge	80% In-network 60% Out-of-network
Normal Delivery/C-Section	20% coinsurance	80% In-network 60% Out-of-network
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	No Charge (exam only)	Covered under Vision Service Plan (VSP) (Hearing not covered)
X-ray, Imaging & Lab Services	No charge, except \$50 per procedure for MRI, CT & PET scans	80% In-network 60% Out-of-network

Benefit	Kaiser Permanente HMO	Blue Cross PPO Plan*
Rehab Therapy (inpatient)	20% coinsurance	80% In-network 60% Out-of-network
Rehab Therapy (PT, OT, SP) (outpatient)	\$20 Co-pay	80% In-network 60% Out-of-network; subject to Util. Review
Infertility Services	50% coinsurance	Not Covered
Mental Health Care – Inpatient	20% coinsurance	80% In-network 60% Out-of-network
Mental Health Care - Outpatient	\$20 Co-pay	\$20 Co-pay In-Network 60% Out-of-Network
Alcohol & Drug Treatment – Inpatient Authorization under PPO Plan Required through TAP	20% coinsurance for detoxification	In-network: 100% 1 st admit; 80% subject to deductible for subsequent admits. Out-of-Network: 60% subject to deductible
Alcohol & Drug Treatment – Outpatient PPO Network is through TAP	\$20 Co-pay	80% In-network 60% Out-of-network
Hemodialysis	\$20 Co-pay	80% In-network 60% Out-of-network
Hospice Care	No Charge	80% In-network 60% Out-of-network
Home Health Care	No Charge (limited to 3 visits per day/100 visits per year)	80% In-network; 60% Out-of-network; 100 visits/year limit
Prescription Drug Under Blue Cross PPO Plan, Prescription Drugs are administered through Optum	Retail: 30-day supply \$10 Co-pay/generic; \$20 Co-pay/ brand. Mail Order: 31-100 day supply \$20 Co-pay generic; \$40 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 \$10 co-pay generic; \$25 co-pay brand \$50 copay for non-formulary Mail Order: 90-day supply \$20 co-pay generic; \$50 co-pay brand, \$100 co-pay non- formulary Annual out-of-pocket Rx max: \$2,350 individual; \$4,700 family
Durable Medical Equipment	20% coinsurance	80% In-network; 60% Out-of-network; subject to Utilization Review
Chiropractic Care	Not Covered	80% In-network; 60% Out-of-network; 20 visits allowed 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 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 , 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 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.