

WESTERN STATES HEALTH AND WELFARE TRUST FUND OF THE OPEIU

2010 PLAN YEAR

Retiree Benefit Options

	LIFEWISE		KAISER PERMANENTE
	PPO		HMO
	PPO Network Provider	Non-Network Provider	
Providers / Hospitals	LifeWise of Oregon providers and facilities	Any licensed provider or facility	Kaiser Permanente providers and facilities
Lifetime Maximum	\$2,000,000		Unlimited
Calendar Year Deductible	\$300 / Individual - \$600 / Family		N/A
Medical Calendar Year Out-of-Pocket Maximum	\$2,000 + Deductible / Individual \$4,000 + Deductible / Family	\$6,000 + Deductible / Individual \$12,000 + Deductible / Family	\$1,250 / Individual \$2,500 / Family
Physician Services	INSURED PAYS:		INSURED PAYS:
<ul style="list-style-type: none"> ▪ Office Visits ▪ Routine Physical Exams ▪ Well Baby/Child Care ▪ Maternity 	<ul style="list-style-type: none"> ▪ \$20 office visit copay*¹ ▪ \$20 office visit copay*² ▪ \$20 office visit copay*² ▪ \$250 copay per pregnancy*³ 	<ul style="list-style-type: none"> ▪ 40% after deductible¹ ▪ 40% after deductible² ▪ 40% after deductible² ▪ 40% after deductible 	<ul style="list-style-type: none"> ▪ \$15 office visit copay ▪ \$15 office visit copay ▪ \$15 office visit copay⁴ ▪ Covered in Full
Other Professional Services	INSURED PAYS:		INSURED PAYS:
<ul style="list-style-type: none"> ▪ Routine Lab and X-Ray ▪ CT SCANS, MRI, PET Scans ▪ DME/Supplies ▪ Alternative Care 	<ul style="list-style-type: none"> ▪ 20%, deductible waived ▪ 20%, deductible waived ▪ 20% after deductible ▪ \$20 office visit copay*⁵ 	<ul style="list-style-type: none"> ▪ 40% after deductible ▪ 40% after deductible ▪ 40% after deductible ▪ 40% after deductible 	<ul style="list-style-type: none"> ▪ \$20 copay per visit ▪ \$20 copay per visit ▪ 20% ▪ Not Covered
Hospital Services	INSURED PAYS:		INSURED PAYS:
<ul style="list-style-type: none"> ▪ Inpatient Services ▪ Surgeon/Anesthesiologist Services ▪ Inpatient Rehab Care 	<ul style="list-style-type: none"> ▪ 20% after deductible ▪ 20% after deductible ▪ 20% after deductible⁶ 	<ul style="list-style-type: none"> ▪ 40% after deductible ▪ 40% after deductible ▪ 40% after deductible⁶ 	<ul style="list-style-type: none"> ▪ \$100 copay/day (\$500 Maximum Per Calendar Year) ▪ Covered in Full ▪ Covered in Full
Outpatient Surgery Facility Fee and Procedure	20% after deductible	40% after deductible	\$15 copay per procedure
Emergency Room Services	\$75 copay, then 20% after deductible – waived if admitted		\$75 copay plus any supplemental charges
Mental Health / Chemical Depend.	As required by Oregon State Mandates		
Prescription Drugs	<i>Benefit through Express Scripts</i>		
<ul style="list-style-type: none"> ▪ Pharmacy – Retail (30 days) ▪ Mail Order (90 days) 	<ul style="list-style-type: none"> ▪ \$10/20% Generic / \$20/20% Preferred Brand / 50% non-Preferred Brand ▪ \$20/20% Generic / \$40/20% Preferred Brand / 50% non-Preferred Brand ▪ \$10,000 per Individual 		<ul style="list-style-type: none"> ▪ \$15 Generic / \$30 Brand ▪ \$30 Generic / \$60 Brand ▪ None
Prescription Drug Calendar Year Out-of-Pocket Maximum			

* Deductible waived.

DISCLAIMER: This is a summary of benefits only. Any errors or omissions are purely unintentional.

¹ Allergy Shots & Therapeutic injections (serum not included) and other office procedures are covered at 20% after the deductible for In-Network providers and at 40% after the deductible for Non-Network providers.

² \$500 per calendar year (PCY) maximum for preventive service. Routine Immunizations/Vaccinations are covered in full and not included in PCY limit for In-Network providers and 40% for Non-Network providers.

³ Maternity In-Network copay covers Prenatal, Delivery & Postnatal Physician Services. Mother and newborn are subject to separate deductible and coinsurance for hospital services.

⁴ \$0 copay for prenatal care; \$15 copay for children over age 2.

⁵ Alternative Care includes: Chiropractic, Naturopathic, and Acupuncture. Providers are the LifeWise network and limited to \$1,500 PCY.

⁶ Inpatient Rehab Care: 60 day maximum PCY.