**B.A.C. LOCAL 3 HEALTH & WELFARE TRUST FUND**  
*Medical Plan Options for Active Participants and Non-Medicare Retirees*  
effective March 1, 2012

*This comparison is to assist you in picking a medical plan carrier. It does not contain the definitive descriptions of these plans. In the event there is a discrepancy between this description and information provided by the medical plan carrier, that carrier’s benefit description will prevail.*

<table>
<thead>
<tr>
<th></th>
<th><strong>Self-Funded PPO</strong></th>
<th><strong>Kaiser Permanente HMO</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$250 PPO / $500 non-PPO (3x per family)</td>
<td>none</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Office Visit Co-Pay or Coinsurance</strong></td>
<td>Plan pays 80% PPO/60% non-PPO after deductible</td>
<td>$25 copay</td>
</tr>
<tr>
<td><strong>Hospital Co-Pay or Coinsurance</strong></td>
<td>Plan pays 80% PPO/60% non-PPO after deductible</td>
<td>$100 copay per admit</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>Plan pays 80% for both PPO and non-PPO (deductible not applicable)</td>
<td>$50 co-pay</td>
</tr>
</tbody>
</table>
| **Prescription Drug Plan** | Sav Rx card:  
Retail:  
$20 generic/ 
$30 brand name-formulary  
$40 brand non-formulary (per 30-day supply)  
Mail-Order:  
2 x Copay per 90-day supply | $10 generic  
$15 brand (per 100-day supply) |
| **Annual Out of Pocket Maximum** | $1,250 PPO  
$8,500 non-PPO (per person) | $1,500 per member  
$3,000 per family |
| **Chiropractic Benefit** | Plan pays 80% PPO/60% non-PPO after deductible up to $1,000 per calendar year | Not Covered |
| **Vision Benefit**       | Vision Service Plan (VSP)  
$10 Copay for Exam and Materials  
◊ Exam and lens services once every 12 months ($120 Elective Contact Lenses Allowance),  
◊ frame services once every 24 months ($120 Retail Frame Allowance) | $175 eyewear allowance every 24 months |
| **Network Information**  | Blue Cross Prudent Buyer Network  
www.anthem.com/ca | www.kaiserpermanente.org |

**Calendar Year Deductible:** This is the amount that you will have to pay first before the Plan will pay part of your benefit cost. For example: If member A incurred a $600 claim in the PPO network, member A would have to pay $250 deductible first. After that, the Plan will pay 80% and member A will pay 20% of the remaining $350. The deductible is only applicable for the calendar year (from January 1 to December 31). You don’t have to pay the deductible again until the next calendar year.

*This is only a summary of the benefits for your comparison. For benefit details or questions, please contact BeneSys Administrator Office at (925) 208-9995.*