LITHOGRAPHERS AND PHOTOENGRAVERS LOCAL 285 WELFARE FUND
KAISER PERMANENTE PLANS – 2014-15 PLAN YEAR

For the 2014-15 plan year, the Fund is offering 3 benefit plan options for employees within the Kaiser region – the Select "Deductible HMO" ("DHMO"), Signature HMO, and Select HMO. Out-of-area employees may choose an Out of Area PPO plan.

Here are highlights of the plans to be offered. Please see carrier materials for full details about any plan.

	SELECT DHMO	**SIGNATURE HMO**	**SELECT HMO**	**Out of Area**
Description	Kaiser Medical Centers and providers	Kaiser Medical Centers only	Kaiser Medical Centers and providers	PPO Plan (Kaiser not available)
Deductible *(per calendar year)*	$750 Individual $1,500 Family	None	None	$300 Individual $600 Family
Coinsurance	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%	Plan pays 90% after deductible
Out of Pocket Maximum *(per contract year)*	$3,000 Individual $6,000 Family	$3,500 Individual $9,400 Family	$3,500 Individual $9,400 Family	$3,000 Individual $6,000 Family
Select Copays:				
Preventive Care	$0 (no deductible)	$0	$0	
Primary Care	$25 (no deductible)	$30	$15	$15 (no deductible)
Specialty and Urgent Care	$35 (no deductible)	$40	$25	$25 (no deductible)
Emergency Room	$100 (no deductible)	$100	$100	$100 (no deductible)
Outpatient Surgery	20% after deductible	$50	$25	10% (after deductible)
Inpatient Hospital	20% after deductible	$250	$0	10% (after deductible)
Prescription Drug Copays:	(Generic/Preferred/NonPreferred) 30 days = 1 copay, 90 days = 3 copays, 90 days w/Mail Order = 2 copays			
KAISER Pharmacy	$20/30/45	$10/20/35	$10/20/35	N/A
PARTICIPATING Pharmacy	$30/50/65	$30/50/75	$30/50/75	$10/20/35
MAIL ORDER	$18/28/43	$8/18/33	$8/18/33	N/A $5,000 annual max
Out-of-Network Benefits	No benefits	No benefits	No benefits	Ded: $600/1,200 OOP: $6,000/12,000 Coinsurance: 30%