

**SACRAMENTO AREA ELECTRICAL WORKERS  
HEALTH & WELFARE PLAN**

**2021 COMPARISON OF BENEFITS HMO PROVIDERS**

	<b>WESTERN HEALTH HMO</b>	<b>KAISER HMO</b>
<b>Pre-Existing Conditions - New Members and Dependents Resident Requirement</b>	None	None
	Must reside or work within Western Health Advantage service area and select Participating Medical Group/Primary Care Physician.	Must reside or work within Kaiser service area.
<b>Dependent Coverage</b>	Up to age 26	Up to age 26
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<b>Office Visit Copayment</b>	\$20/Visit	\$20/Visit
		<i>After reimbursements are exhausted</i>
<b>Deductible</b>	Not Applicable	\$250/Single \$500/Family
<b>Annual Out-of-Pocket Limit</b>	\$3,000/Single \$5,000/Family	\$3,000/Single \$6,000/Family
<b>Lifetime maximum</b>	Not Applicable	Not Applicable
<b>Death Benefit - \$7,500 Active Employee Only</b>	All benefits the same	All benefits the same
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<b>CHOICE OF DOCTOR/HOSPITAL</b>	Services and supplies must be provided, prescribed, authorized, or directed by a Western Health Advantage Plan physician at a Health Plan facility, unless specifically noted.	Service is provided at Kaiser Permanente facilities by their staff, unless referred by a Kaiser Permanente Physician.
<b>INPATIENT HOSPITAL</b>	30% Copayment  <i>Up to \$1,750 reimbursed by Trust Fund after first \$250 paid by member</i>	0% Coinsurance  <i>After reimbursements are exhausted</i>
<b>OUTPATIENT SURGERY</b>	30% per procedure  <i>\$250 reimbursed by Trust Fund</i>	0% Coinsurance  <i>After reimbursements are exhausted</i>
<b>EMERGENCY CARE</b>	\$100 Copayment  Waived if admitted as an inpatient	0% Coinsurance  <i>After reimbursements are exhausted</i>
<b>AMBULANCE</b>	No Charge	0% Coinsurance  <i>After reimbursements are exhausted</i>
<b>MATERNITY</b>	No Charge	No Charge
<b>WELL BABY CARE</b>	No Charge	No Charge
<b>IMMUNIZATIONS</b>	No Charge	No Charge

<b>MENTAL HEALTH *</b>	<p>Provided by Managed Health Network (MHN), pre-authorization is required. Inpatient: Up to 30 days maximum per calendar year at no charge</p> <p>Outpatient: 30 visits per calendar year at \$0 co-payment</p> <p>Severe Mental Illness: Covered - see member materials for details.</p>	<p>Inpatient: Up to 45 days per calendar year at 0% coinsurance after \$250 deductible is met. *</p> <p>Outpatient: 20 visits per calendar year at \$20 co-payment after \$250 deductible is met.</p> <p>* No limit for serious emotional disturbances of children and severe mental illnesses as described in the Evidence of Coverage.</p>
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<b>CHEMICAL DEPENDENCY / SUBSTANCE ABUSE *</b>	<p>Provided by Managed Health Network (MHN), pre-authorization is required.</p> <p>Inpatient: Detoxification and rehabilitation provided at no charge.</p> <p>Outpatient: Rehabilitation provided at \$0 co-payment per visit.</p> <p>* \$750,000 Annual Maximum; Unlimited Lifetime Maximum</p>	<p>Inpatient: Detoxification provided at \$0 per admission.</p> <p><i>0% Coinsurance after reimbursements are exhausted</i></p> <p>Outpatient: Therapy provided at \$20 co-payment per visit.</p> <p><i>\$20 Copayment after reimbursements are exhausted</i></p> <p>Additional Coverage: Provided by Managed Health Network (MHN), pre-authorization is required.</p>
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<b>MEMBER ASSISTANCE PROGRAM</b>	<p>Provided by Managed Health Network (MHN), pre-authorization is required. 1-3 sessions per incident; no charge</p> <p>Services include: Clinical sessions, Work &amp; Life Services, Online Member Services &amp; Employer Services (CISDs, Training, JPR's), DOT Referrals</p>	<p>Provided by Managed Health Network (MHN), pre-authorization is required. 1-3 sessions per incident; no charge</p> <p>Services include: Clinical sessions, Work &amp; Life Services, Online Member Services &amp; Employer Services (CISDs, Training, JPR's), DOT Referrals</p>
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<b>PRESCRIPTION DRUG</b>		
Generic	\$10 Copayment	\$10 Copayment
Brand	\$30 Copayment	\$30 Copayment

**NOTE:**  
This comparison chart is merely an overview of the benefits, which are effective January 1, 2019, and does not attempt to cover all the benefit features, limitations, and exclusions in these programs.  
For details you should consult the materials prepared by Kaiser and/or Western Health Advantage or contact the HMO directly at:  
Kaiser Permanente Member Services Department: 1-800-464-4000 - Group# 1799  
Western Health Advantage Member Services : 1-888-563-2250 - Group# 106167