

**JOINT BENEFIT TRUST**  
**Seasonal Medical Benefits Plan – Comparison of Benefits**  
**October 1, 2022**

Benefit	Advantage PPO Network (EXCLUDES all Sutter Physicians and Facilities)		*Prudent Buyer PPO Network (Includes all Blue Cross and Sutter Physicians and Facilities)	
	<u>Preferred Hospital</u>	<u>Non-Preferred Hospital</u>	<u>Preferred Hospital</u>	<u>Non-Preferred Hospital</u>
Hospital Inpatient	Patient pays 20% of PPO contract rate after the calendar year deductible, up to the out-of-pocket maximum (see “Other Plan Features” at the bottom of this chart) 50% penalty for failing to preauthorize Inpatient Services	No Benefit	Patient pays 20% of PPO contract rate after the calendar year deductible, up to the out-of-pocket maximum (see “Other Plan Features” at the bottom of this chart) 50% penalty for failing to preauthorize Inpatient Services	No Benefit
Outpatient (surgery)	20% of covered charges after the calendar year deductible, up to the out-of-pocket maximum for all preferred providers	No Benefit	20% of covered charges after the calendar year deductible, up to the out-of-pocket maximum for all preferred providers	No Benefit
Emergency Room	See Hospital Inpatient and Outpatient benefits above. Emergency Room and Urgent Care Center charges will be paid the same as inpatient care if you are admitted directly to a hospital, otherwise they will be paid as any other outpatient service	Will be paid at preferred provider benefit level if the visit is to treat a medical emergency. Non-emergency treatment has No Benefit.	See Hospital Inpatient and Outpatient benefits above. Emergency Room and Urgent Care Center charges will be paid the same as inpatient care if you are admitted directly to a hospital, otherwise they will be paid as any other outpatient service	Will be paid at preferred provider benefit level if the visit is to treat a medical emergency. Non-emergency treatment has No Benefit.
Doctor Visit Office visit	20% of covered charges after the deductible for any additional services that may be provided during your visit	No Benefit	20% of covered charges after the deductible for any additional services that may be provided during your visit	No Benefit
Well Baby	100% for services covered under the Affordable Care Act.	No Benefit	100% for services covered under the Affordable Care Act.	No Benefit
Preventive Services for children and adults	Must use Mammography Network Centers (MNC) Not Anthem Blue Cross Network. No coverage for failure to use MNC providers.			
	100% for services covered under the Affordable Care Act.	No Benefit	100% for services covered under the Affordable Care Act	No Benefit
Prescription Drugs	Retail (30 day supply): \$10 Generic \$20 Brand CareMark Closed formulary Mail Order (90 day supply): \$20 generic \$40 brand CareMark closed formulary		Retail (30 day supply): \$10 Generic \$20 Brand CareMark Closed formulary Mail Order (90 day supply): \$20 generic \$40 brand CareMark closed formulary	

Benefit	Advantage PPO Network (EXCLUDES all Sutter Physicians and Facilities)		Prudent Buyer PPO Network (Includes all Blue Cross and Sutter Physicians and Facilities)	
Surgeon/Anesthesiologist (for surgery)	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit
Laboratory/X-rays	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit
Radiation/Chemotherapy	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit
Physical/Speech/Occupational Therapy	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit
Supplies Durable Medical Equipment (DME)	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit
Prosthetic Devices: Surgically implanted Other	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible	<u>Non-Preferred Provider</u> No Benefit
Orthotic devices	Not covered		Not covered	
Mental Health:	<u>Preferred Provider</u> 20% of covered charges after the deductible. 50% penalty for failing to preauthorize elective mental health services	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible. 50% penalty for failing to preauthorize elective mental health services	<u>Non-Preferred Provider</u> No Benefit
Chiropractic	<u>Preferred Provider</u> 20% of covered charges after the deductible. Max allowable per day:\$50.00  \$680 maximum benefit per calendar year for all chiropractic	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 20% of covered charges after the deductible. Max allowable per day:\$50.00  \$680 maximum benefit per calendar year for all chiropractic	<u>Non-Preferred Provider</u> No Benefit

Benefit	Advantage PPO Network (EXCLUDES all Sutter Physicians and Facilities)	Prudent Buyer PPO Network (Includes all Blue Cross and Sutter Physicians and Facilities)																				
Out of Network Benefit (if HMO services not used)	Not Applicable	Not Applicable																				
Other Plan Features	<table border="0"> <tr> <td data-bbox="562 316 730 337"><u>Preferred Provider</u></td> <td data-bbox="919 316 1129 337"><u>Non-Preferred Provider</u></td> </tr> <tr> <td data-bbox="562 344 730 365">Calendar Year Deductible</td> <td data-bbox="562 344 730 365">\$300 per individual</td> </tr> <tr> <td></td> <td data-bbox="562 371 730 393">\$750 per family</td> </tr> <tr> <td data-bbox="562 399 730 420">Calendar Year Out-of-Pocket Maximum</td> <td data-bbox="562 399 730 420">\$3,000 per individual</td> </tr> <tr> <td></td> <td data-bbox="562 427 730 448">\$6,000 per family</td> </tr> </table>	<u>Preferred Provider</u>	<u>Non-Preferred Provider</u>	Calendar Year Deductible	\$300 per individual		\$750 per family	Calendar Year Out-of-Pocket Maximum	\$3,000 per individual		\$6,000 per family	<table border="0"> <tr> <td data-bbox="1289 316 1457 337"><u>Preferred Provider</u></td> <td data-bbox="1625 316 1835 337"><u>Non-Preferred Provider</u></td> </tr> <tr> <td data-bbox="1289 344 1457 365">Calendar Year Deductible</td> <td data-bbox="1289 344 1457 365">\$300 per individual</td> </tr> <tr> <td></td> <td data-bbox="1289 371 1457 393">\$750 per family</td> </tr> <tr> <td data-bbox="1289 399 1457 420">Calendar Year Out-of-Pocket Maximum</td> <td data-bbox="1289 399 1457 420">\$3,000 per individual</td> </tr> <tr> <td></td> <td data-bbox="1289 427 1457 448">\$6,000 per family</td> </tr> </table> <p data-bbox="1207 597 1890 669">Preferred Provider Network is Anthem Blue Cross Prudent Buyer. To access Anthem Blue Cross Network for a directory of preferred providers in your area follow instructions on back page</p> <p data-bbox="1266 695 1835 753"><b>Sutter facilities are covered but the monthly co-contribution is \$115.00 higher</b></p>	<u>Preferred Provider</u>	<u>Non-Preferred Provider</u>	Calendar Year Deductible	\$300 per individual		\$750 per family	Calendar Year Out-of-Pocket Maximum	\$3,000 per individual		\$6,000 per family
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\*The Prudent Buyer option is only available to anyone who first became eligible prior to October 1, 2022.

This summary chart is provided to facilitate comparison only. Refer to JBT Seasonal Medical Benefits Plan Summary Plan Description for exclusions, limitations, and exact term conditions.

(See Over for Instructions on Locating an Anthem Blue Cross Preferred Provider in Your Area)

## Quick, Easy Way to Find Indemnity Plan Preferred Providers

Effective January 1, 2016 the JBT Medical Plan will no longer provide any coverage for an out-of-network provider. This means, if you selected the Advantage Network there is no benefit for Sutter doctors or facilities because they are not in the Advantage Network. If you selected the Prudent Buyer network you have benefits at Sutter and all other Blue Cross providers but there will be no benefit for a provider who is not in the Blue Cross network. Both preferred provider networks for the JBT Medical Plan are provided through Anthem Blue Cross of California. When you enroll in the JBT Medical Plan, you will receive an Anthem Blue Cross ID card indicating your chosen preferred network (Advantage or Prudent Buyer). Because there is no out-of-network coverage, it is important whether you elected the Advantage or Prudent Buyer network to know that any doctor you select or are referred to is in the network you chose. To find a doctor near you in either Anthem Blue Cross network, call the JBT Doctor/Facility Helpline at (833) 346-3365 or log into the Anthem Blue Cross website at: [www.anthem.com/ca](http://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.

### Advantage PPO Network Provider Finder:

- 1) Log in to [anthem.com/ca](http://anthem.com/ca) Important: do not use "Member Log In" to find a participating provider.
- 2) Under *Useful Tools* on the right, select **Find a Doctor**.
- 3) Under *Search by selecting a plan/network*, go to *Select a State*. You can enter California from the drop-down list.
- 4) Under *Select a plan/network*, enter the name **Advantage PPO** from the drop-down list, then choose **Select and Continue**.  
Advantage PPO will be shown under the category **Medical, Employer sponsored**.
- 5) Then choose your category (doctor, hospital etc) and specialty (family practice, dermatology etc.)
- 6) Finally, choose your location and click enter. A list of providers within your selected mile radius will populate.

### Prudent Buyer Network Provider Finder:

- 1) Log in to [anthem.com/ca](http://anthem.com/ca) Important: do not use "Member Log In" to find a participating provider.
- 2) Under *Useful Tools* on the right, select **Find a Doctor**.
- 3) Under *Search by selecting a plan/network*, go to *Select a State*. You can enter California from the drop-down list.
- 4) Under *Select a plan/network*, enter the name **Blue Cross PPO (Prudent Buyer) Large Group**, from the drop-down list, then choose **Select and Continue**.  
CA Prudent Buyer Network will be shown under the category **Medical, Employer sponsored**.
- 5) Then choose your category (doctor, hospital etc.) and specialty (family practice, dermatology etc.).
- 6) Lastly, choose your location and click enter. A list of providers within your selected mile radius will populate.

**REMEMBER:** You can also call the JBT Doctor/Facility Helpline at (833) 346-3365