

JOINT BENEFIT TRUST
Seasonal Medical Benefits Plan – Comparison of Benefits
July 1, 2024

| 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 | |

Si usted gustaría una copia en español, por favor contactar la oficina de administración de JBT a (800) 528-4357

| 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 <u>(EXCLUDES all Sutter Physicians and Facilities)</u> | Prudent Buyer PPO Network <u>(Includes all Blue Cross and Sutter Physicians and Facilities)</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Out of Network Benefit (if HMO services not used) | Not Applicable | Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Plan Features | <table border="0"> <thead> <tr> <th data-bbox="558 250 722 269"><u>Preferred Provider</u></th> <th data-bbox="915 250 1121 269"><u>Non-Preferred Provider</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="558 277 722 297">Calendar Year Deductible</td> <td data-bbox="915 277 1121 297"></td> </tr> <tr> <td data-bbox="558 305 722 324">\$300 per individual</td> <td data-bbox="915 305 1121 324"></td> </tr> <tr> <td data-bbox="558 332 722 352">\$750 per family</td> <td data-bbox="915 332 1121 352"></td> </tr> <tr> <td data-bbox="558 360 722 380">Calendar Year Out-of-Pocket Maximum</td> <td data-bbox="915 360 1121 380"></td> </tr> <tr> <td data-bbox="558 388 722 407">\$3,000 per individual</td> <td data-bbox="915 388 1121 407"></td> </tr> <tr> <td data-bbox="558 415 722 435">\$6,000 per family</td> <td data-bbox="915 415 1121 435"></td> </tr> <tr> <td data-bbox="558 443 722 462"></td> <td data-bbox="915 443 1121 462"></td> </tr> <tr> <td data-bbox="558 470 722 490"></td> <td data-bbox="915 470 1121 490"></td> </tr> <tr> <td data-bbox="558 498 722 518"></td> <td data-bbox="915 498 1121 518"></td> </tr> <tr> <td data-bbox="558 526 722 545">Other</td> <td data-bbox="915 526 1121 545"></td> </tr> <tr> <td data-bbox="558 553 722 573"></td> <td data-bbox="915 553 1121 573">Preferred Provider Network is Anthem Blue Cross Advantage PPO. 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| <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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| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Sutter facilities and providers are NOT covered under the Advantage Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <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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| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | Sutter facilities are covered but the monthly co-contribution is \$115.00 higher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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

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 1-833-346-3365 or log into the Anthem Blue Cross website at: 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. If you use the Anthem Blue Cross website, please confirm their network by contacting the provider directly.

Advantage PPO Network Provider Finder:

- 1) Log in to **anthem.com/ca** Important: do not use "Member Log In" to find a participating provider.
- 2) Select "Find Care" on the right and then "Basic search as a guest".
- 3) From the drop down lists, under "*Select the type of plan or network*" select **Medical Plan or Network** and select **California** for the state.
- 4) Under "*Select how you get health insurance*" select **Medical, Employer sponsored** and for "*Select a plan/network*" select **Advantage PPO** and press **Continue**.
- 5) Then choose your location and search by doctor, hospital, procedure or type of "Care Provider".
- 6) Lastly, there are filters on the right side that will allow you to modify the list by miles radius, gender, language preference etc.

Prudent Buyer Network Provider Finder:

- 1) Log in to **anthem.com/ca** Important: do not use "Member Log In" to find a participating provider.
- 2) Select "Find Care" on the right and then "Basic search as a guest".
- 3) From the drop down lists, under "*Select the type of plan or network*" select **Medical Plan or Network** and select **California** for the state.
- 4) Under "*Select how you get health insurance*" select **Medical, Employer sponsored** and for "*Select a plan/network*" select **Prudent Buyer PPO** and press **Continue**.
- 5) Then choose your location and search by doctor, hospital, procedure or type of "Care Provider".
- 6) Lastly, there are filters on the right side that will allow you to modify the list by miles radius, gender, language preference etc.

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