

**JOINT BENEFIT TRUST**  
**Full-Time Health 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) *Only available if you first became eligible prior to 10/1/2022		Kaiser
	<u>Preferred Hospital</u>	<u>Non-Preferred Hospital</u>	<u>Preferred Hospital</u>	<u>Non-Preferred Hospital</u>	
<b>Hospital Inpatient</b>	<u>Preferred Hospital</u> Patient pays 10% 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	<u>Non-Preferred Hospital</u> No Benefit	<u>Preferred Hospital</u> Patient pays 10% 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	<u>Non-Preferred Hospital</u> No Benefit	Patient pays 20% coinsurance of covered charge per admission after deductible is met
<b>Outpatient (surgery)</b>	<u>Preferred Hospital</u> 20% of covered charges after the calendar year deductible, up to the out-of-pocket maximum for all preferred providers	<u>Non-Preferred Hospital</u> No Benefit	<u>Preferred Hospital</u> 20% of covered charges after the calendar year deductible, up to the out-of-pocket maximum for all preferred providers	<u>Non-Preferred Hospital</u> No Benefit	20% coinsurance of covered charge per procedure after deductible is met
<b>Emergency Room</b>	<u>Preferred Hospital</u> 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	<u>Non-Preferred Hospital</u> Will be paid at preferred provider benefit level if the visit is to treat a medical emergency. Non-emergency treatment has No Benefit.	<u>Preferred Hospital</u> 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	<u>Non-Preferred Hospital</u> Will be paid at preferred provider benefit level if the visit is to treat a medical emergency. Non-emergency treatment has No Benefit.	Emerg. Rm: 20% coinsurance of covered charge after deductible is met  Urgent Care: 20% coinsurance of covered charges (deductible does not apply) Non-Contracted Provider: 20% of covered charge after deductible met
<b>Doctor Visit Office visit</b>	<u>Preferred Provider</u> \$20 per visit for the basic office visit charges. 20% of covered charges after the deductible for any additional services that may be provided during your visit	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> \$20 per visit for the basic office visit charges, 20% of covered charges after the deductible for any additional services that may be provided during your visit	<u>Non-Preferred Provider</u> No Benefit	20% coinsurance. Deductible does not apply (No charge per visit for prenatal care and first post-partum visit)
<b>Well Baby</b>	<u>Preferred Provider</u> 100% for services covered under the Affordable Care Act.	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 100% for services covered under the Affordable Care Act.	<u>Non-Preferred Provider</u> No Benefit	No charge. Deductible does not apply (for child 23 months old or younger)
<b>Preventive Services for adults and children</b>	<b>Must use Mammography Network Centers (MNC) Not Anthem Blue Cross Network.</b>				
	<u>Preferred Provider</u> 100% for services covered under the Affordable Care Act.	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> 100% for services covered under the Affordable Care Act	<u>Non-Preferred Provider</u> No Benefit	No Charge. Deductible does not apply
<b>Prescription Drugs</b>	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		Retail (30 days): \$10 Generic \$30 Brand Kaiser closed formulary Mail Order (100 day supply): \$20 generic \$60 brand  In accordance with Kaiser's formulary, 50% for drugs for treatment of sexual dysfunction

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<b>Surgeon/Anesthesiologist (for surgery)</b>	<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	20% coinsurance of covered charge per procedure after deductible is met
<b>Laboratory/X-rays</b>	<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	20% of covered charge per procedure after deductible is met No charge for Preventive X-rays, screening, and laboratory tests as described in the EOC
<b>Radiation/Chemotherapy</b>	<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	No Charge, deductible applies to radiation
<b>Physical/Speech/Occupational Therapy</b>	<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	20% coinsurance after deductible is met
<b>Supplies Durable Medical Equipment (DME)</b>	<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	20% coinsurance of covered charge per item deductible does not apply
<b>Prosthetic Devices: Surgically implanted Other</b>	<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	Internally implanted devices no charge after deductible is met  External devices no charge after deductible is met
<b>Orthotic devices</b>	Not covered		Not covered		No charge;except shoes and arch supports are not covered
<b>Mental Health:</b>	<b>50% penalty for failing to preauthorize inpatient mental health services</b>				
<b>Inpatient</b>	<u>Preferred Provider</u> Patient pays 10% of PPO contract rate after the calendar year deductible, up to the out-of-pocket maximum.	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> Patient pays 10% of PPO contract rate after the calendar year deductible, up to the out-of-pocket maximum.	<u>Non-Preferred Provider</u> No Benefit	20% coinsurance per admit after deductible is met; unlimited visits
<b>Outpatient Private Counseling</b>	<u>Preferred Provider</u> \$20 per visit for the basic office visit charges.	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> \$20 per visit for the basic office visit charges.	<u>Non-Preferred Provider</u> No Benefit	20% coinsurance per visit for individual or group visits; Deductible does not apply
<b>Chiropractic</b>	<u>Preferred Provider</u> \$20 per visit for the office visit charges, then 20% of covered charges after the deductible for any x-rays, up to maximum of \$50 per day  \$680 maximum benefit per calendar year for all chiropractic	<u>Non-Preferred Provider</u> No Benefit	<u>Preferred Provider</u> \$20 per visit for the office visit charges, then 20% of covered charges after the deductible for any x-rays, up to maximum of \$50 per day  \$680 maximum benefit per calendar year for all chiropractic	<u>Non-Preferred Provider</u> No Benefit	Not covered

Benefit	Advantage PPO Network (EXCLUDES all Sutter Physicians and Facilities)		Prudent Buyer PPO Network (Includes all Blue Cross and Sutter Physicians and Facilities)		Kaiser
Out of Network Benefit (if HMO services not used)	Not Applicable		Not Applicable		No coverage
Other Plan Features	<u>Preferred Provider</u>	<u>Non-Preferred Provider</u>	<u>Preferred Provider</u>	<u>Non-Preferred Provider</u>	
<b>Calendar Year Deductible</b>	\$300 per individual \$750 per family		\$300 per individual \$750 per family		\$300 per individual \$600 per family
<b>Calendar Year Out-of-Pocket Maximum</b>	\$3,000 per individual \$6,000 per family		\$3,000 per individual \$6,000 per family		\$4,000 per individual \$8,000 per family
<b>Other</b>	Preferred Provider Network is Anthem Blue Cross Advantage PPO. To access Anthem Blue Cross Network for a directory of preferred providers in your area follow instructions on back page  <b>Sutter facilities and providers are NOT covered under the Advantage Plan</b>		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  <b>Sutter facilities are covered, but the monthly co-contribution is \$200.00 higher</b>		<ul style="list-style-type: none"> <li>• Infertility: office visits &amp; some outpatient services; 50% coinsurance per visit (deductible does not apply)</li> <li>• Allergy injections 20% coinsurance per visit for after deductible is met</li> <li>• Ambulance \$150 copay after deductible is met.</li> </ul>

This summary chart is provided to facilitate comparison only. Refer to JBT Full-Time Health Benefits Plan Summary Plan Description for exclusions, limitations, and exact term conditions. Kaiser contains exclusions and limitations not listed above. Kaiser's Plan Contract and Combined Evidence of Coverage and Disclosures must be consulted to determine the exact terms and conditions. Kaiser furnishes these documents upon request.

**(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](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. 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 preferent 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 preferent etc.

**Note: If you are a Kaiser participant, you must use Kaiser for your medical and prescription drug services.**