

**LOS ANGELES MACHINISTS BENEFIT TRUST
2017 MEDICAL PLANS COMPARISON
CURRENT BLUE SHILED OPTIONS COMPARED TO BRONZE, SILVER AND GOLD PLANS - ACTIVE EMPLOYEES**

Benefit	Current BSC High Option	Current BSC Medium Option	Current BSC Low Option	BSC Bronze	BSC Silver	BSC Gold
Deductible	None	None	None	Facility: \$5,800/person; \$11,600 family	Facility: \$2,000/person; \$4,000 family	Facility: \$2,000/person; \$4,000 family
Ambulance	No charge	No charge	No charge	\$100 per trip	\$100 per trip	\$100 per trip
Annual Co-pay limit						
Individual	\$600/person; \$1,200/2-party	\$1,000/person; \$2,000/2-party	\$1,000/person; \$2,000/2-party	\$6,450	\$5,000	\$3,000
Family	\$1,800	\$3,000	\$3,000	\$12,000	\$10,000	\$6,000
Clinical Trials coverage	Covered as required by legislation	Covered as required by legislation	Covered as required by legislation	Covered as required by legislation	Covered as required by legislation	Covered as required by legislation
Durable Medical Equipment	No charge	No charge	No charge	50% coinsurance	50% coinsurance	50% coinsurance
Emergency Services	No charge	\$100 copay/visit	\$100 copay/visit	\$250 copay/visit	\$100 copay/visit	\$100 copay/visit
Urgent care	\$3 copay	\$15 copay/visit	\$25 copay/visit	\$25 copay/visit	\$40 copay/visit	\$30 copay/visit
Home Health Care	No charge	No charge	No charge	40% coinsurance 100 visits/yr	40% coinsurance 100 visits/yr	30% coinsurance 100 visits/yr
Hospital						
Inpatient	No charge	\$100 copay/admit	\$100 copay/admit	40% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
Outpatient	No charge	\$50 copay/surgery	\$50 copay/surgery	40% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
Mental Health and Substance Use	MHN	MHN	MHN	MHN	MHN	MHN
Inpatient	No charge	\$100 copay/admit	\$100 copay/admit	40% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible
Outpatient	\$3 copay	\$15 copay	\$50 copay/ substance abuse - \$25 copay	\$50 copay/ substance abuse - \$25 copay	\$40 copay/visit	\$30 copay/visit
Outpatient Diagnostic-X-ray and Laboratory	No charge	No charge	No charge	No charge	No charge	No charge
Physical exam	No charge	No charge	No charge	No charge	No charge	No charge
Physical therapy	\$3 copay/visit	\$15 copay/visit	\$25 copay/visit	\$25 copay/visit	\$40 copay/visit	\$30 copay/visit
Physician Services -						
Office/Home visit	\$3 copay; \$20 copay for Access+specialist	\$15 copay; \$20 copay for Access+specialist	\$25 copay; \$30 copay for Access+specialist	\$40 copay/visit; Access + - \$50 copay	\$40 copay/visit; Access + - \$50 copay	\$30 copay/visit; Access + - \$45 copay
Well baby care	No charge to age 2	No charge to age 2	No charge to age 2	No charge	No charge	No charge
Preventive health	No charge - preventive	No charge - preventive	No charge - preventive	No charge - preventive	No charge - preventive	No charge - preventive
Prenatal and postnatal care	No charge - preventive	No charge - preventive	No charge - preventive	No charge - preventive	No charge - preventive	No charge - preventive
Prescription Drugs	30-day retail; 90-day mail	30-day retail; 90-day mail	30-day retail; 90-day mail	30-day retail; 90-day mail	30-day retail; 90-day mail	30-day retail; 90-day mail
Generic	\$2 copay retail and mail	\$10 copay retail and mail	\$10 copay retail and mail	\$10 copay retail; mail \$20	\$10 copay retail; mail \$20	\$10 copay retail; mail \$20
Brand	\$2 copay retail and mail	\$30 copay retail and mail	\$30 copay retail and mail	\$10 copay retail; mail \$20	\$10 copay retail; mail \$20	\$10 copay retail; mail \$20
Brand non-formulary	\$2 copay retail and mail	\$30 copay retail and mail	\$30 copay retail and mail	\$30 copay retail; mail \$60	\$30 copay retail; mail \$60	\$30 copay retail; mail \$60
Specialty drugs	\$2 copay retail and mail	\$30 copay retail and mail	\$30 copay retail and mail	\$30 copay retail; mail \$60	\$30 copay retail; mail \$60	\$30 copay retail; mail \$60
Skilled Nursing Facility	No charge	No charge	No charge	40% coinsurance after deductible	40% coinsurance after deductible	30% coinsurance after deductible