

Benefit Summary

What you pay per month for single or family coverage:



EVENT CENTER PLAN

Health Net \$25/mo
Kaiser \$50/mo

Medical Coverage Options (Choose One):

	MLK Care	Health Net	Kaiser*
Deductible	None	None	None
Preventive Care	\$0 (Plus, MLK Care pays you \$250, plus \$250 for your spouse for getting your annual checkup- total of \$500!) Primary care available at the  UNITE HERE Health Center	\$0	\$0
Primary Care Doctor Visit	\$0	\$5	\$15
Specialist Visit	\$0	\$5	\$15
Emergency Room	\$150	\$150	\$150
Hospital Stay (Inpatient)	\$0	\$0	\$0
Vision Visit (Optometry)	\$0 (with VSP network)	\$5	\$15
Medical Equipment (CPAP machines, crutches, etc.)	\$0	\$0	\$0
Mental Health and Substance Use Disorder Treatment	(with Carelon Network) \$0 Doctor Visit; \$0 Hospital Stay	\$5 Doctor Visit; \$0 Hospital Stay	\$15 Doctor Visit; \$0 Hospital Stay

*You may enroll in the Kaiser Permanente HMO plan if you are in the UNITE HERE Plan or the Event Center Plan, and if you have had coverage under the Health Net Plan and/or the MLK Care Plan for at least 24 consecutive months.



Prescription Drugs provided by Express Scripts*:

Generic Drugs (30-day supply)	\$3
Brand Drugs (30-day supply)	\$6
Mail Order (3-month supply) Generic Drugs	\$3
Mail Order (up to 90-day supply) Brand Drugs	\$5

*Use in-network pharmacies like CVS. Kaiser pharmacies and Walgreen's are NOT in-network.

See more on the back

Dental Options (Choose One):

	Liberty Dental HMO	Dental Office	Delta Dental PPO
		at the  1122 W. Washington Blvd. Los Angeles, CA 90015	(available only to UNITE HERE and Event Center Plan members who live more than 20 miles from the UNITE HERE Health Center)
Deductible (per year)	None	None	\$50 Individuals/\$150 Family
Preventive (Exams, X-rays, Cleanings)	\$0 (1 cleaning every 6 months- additional cleaning \$45)	\$0 (2 cleanings per year; additional cleaning \$25)	\$0 (1 cleaning every 6 months)
Fillings	\$34	\$30	You pay 20% (Estimated cost = \$32)
Crowns	\$0	\$100	You pay 50% (Estimated cost = \$378)
Dentures	\$0	\$200	You pay 50% (Estimated cost = \$908)
Implants	\$3313	\$300	You pay 50% (Estimated cost = \$1700)
Orthodontia	\$1300	\$1300	Delta pays 50%, up to \$1500 lifetime payment

Vision care provided by VSP at (800) 877-7195:

Lenses (Single, Bifocal, Trifocal, or Standard Progressive)	\$0
Frames (includes new lenses and frames every two years)	You pay 80% of the cost above \$120 allowance

For vision visits, see Medical Coverage chart on first page

Life Insurance (You do not need to be enrolled in other benefits to qualify):

Death of a member, or their dependent (member must be eligible at the time of death)	\$50,000
Accidental Death (member only)	Additional \$20,000
Dismemberment (member only)	\$10-20,000

Employee Assistance Program provided by Carelon* at (888) 479-6606:

Counseling by phone	6 per year per problem
Texting with a counselor	6 weeks per year per problem

*EOC with full details can be found at benefits11.org. MLK members get full behavioral health services plus EAP.