Sheet Metal Workers' Health Plan
of Southern California, Arizona & Nevada

September 2012

Summary of Benefits

Available under the

Retiree Fee-for-Service

and

Medicare Supplemental

Retiree Health Plans

Important: **This is <u>not</u> a contract. This is a *summary* of the medical plans available to you. The group agreements and Plan documents must be consulted to determine the exact terms and conditions of coverage**.

All Benefits and Self-pay Contributions are subject to change.

Benefits	Fee-for-Service Comprehensive Medical Plan	Medicare Supplemental Plan
Important Notes	**This Plan is only available to:** ➢ **Retired participants who, as of December 31, 2002, resided outside a contracted HMO service area, and retired prior to January 1, 2003, and are not eligible for Medicare, *and*** ➢ **Non-Medicare eligible dependents of retirees who meet the qualifications of either the Fee-for-Service or Medicare Supplemental Plan.** **All benefits are payable based on the allowable charges as defined in the Summary Plan Description benefits booklet.** **All benefits are subject to the Deductible, Co-payment Limit, and Lifetime Maximum, unless otherwise stated.**	**This Plan is only available to:** ➢ **Retired participants who, as of December 31, 2002, resided outside a contracted HMO service area, and retired prior to January 1, 2003, and are enrolled in Medicare Parts A and B, *and*** ➢ **Medicare eligible (enrolled in Parts A and B) dependents of retirees who meet the qualifications of either the Fee-for-Service or Medicare Supplemental Plan** **Benefits are available only if Medicare has considered the expense as an allowable expense.** **If you are eligible for, but not enrolled in, both Medicare Parts A and B, your claims will be processed as though you are enrolled in Medicare Parts A and B.** **If you have assigned your Medicare to an HMO or similar organization, there may be no benefits available to you, other than for prescription drugs.** **Please contact your Social Security Office to obtain a complete explanation of covered services under Medicare.**
Annual Deductible	$250 per person	For Hospitalization - $100 per person
Annual Co-Payment Limit on Allowable Charges	When allowable charges reach $15,000 for a person in a calendar year, Plan benefits increase to 100% of allowable charges for that person for the remainder of the calendar year. **The deductible, psychiatric care and benefits with a specific dollar limit do not count toward the Co-Payment Limit**	None
Overall Lifetime Maximum	$500,000 per person *(Fee-for-Service and Medicare Supplemental Plan combined)*	$500,000 per person *(Fee-for-Service and Medicare Supplemental Plan combined)*
Hospital- **Inpatient** **Outpatient**	**Pre-authorization Recommended** Plan pays 80% of allowable charges Plan pays 80% of allowable charges for surgical or non-surgical treatment; for emergency room care, the participant pays the first $50 then the Plan pays 80% of remaining allowable charges	Plan pays Medicare Part A hospital co-insurance in full after $100 annual deductible is met
Home Nursing Care (registered nurse or licensed vocational nurse)	Plan pays 80% of allowable charges up to a maximum payment of $30 per hour ***(Pre-authorization recommended)***	Plan pays Medicare co-insurance in full
Durable Medical Equipment	Plan pays 80% of allowable charges ***(Pre-authorization recommended)***	Plan pays Medicare co-insurance in full *(limited benefits available)*

Physician Services- **Routine Physical** **Inpatient Surgery** **Outpatient Surgery** **Hospital Visits** **Office Visits**	**Not Covered** Plan pays 80% of allowable charges Plan pays 80% of allowable charges Plan pays 80% of allowable charges Plan pays 80% of allowable charges	All allowable services are subject to the Medicare Part B deductible ($140 effective January 1, 2012). After the Part B deductible is satisfied by the participant, the Medicare Supplemental Plan pays the difference between the amount allowed by Medicare, and the amount paid by Medicare. No benefits are available for services not allowed by Medicare, or charges in excess of Medicare's allowable.
Diagnostic X-Ray and Lab	Plan pays 80% of allowable charges	
Chiropractic Care	Plan pays 80% of allowable charges up to a $15 payment per visit, maximum benefit of $300 per calendar year	
Physical Therapy (short-term therapy only)	Plan pays 80% of allowable charges; maximum of 32 visits in six consecutive months	
Psychiatric Care- **Inpatient** **Outpatient**	**Pre-authorization Recommended** Plan pays 50% of all covered services up to a maximum of 31 days per calendar year Plan pays 50% of all covered services up to a maximum of 40 visits per calendar year	Plan pays Medicare Part A hospital co-insurance in full after $100 annual deductible is met Plan pays Medicare Part B co-insurance in full *(Medicare Part B deductible **not** paid)*
Immunizations	Plan pays 80% of allowable charges	Plan pays Medicare co-insurance in full *(limited benefits available)*
Extended Care or Skilled Nursing Facility	Plan pays 80% of allowable charges; 60 days maximum per calendar year	Plan pays Medicare co-insurance in full *(from the 21st through the 100th day)*
Substance Abuse	**Not Covered**	Plan pays up to Medicare's allowable charge, if any
Prescription Drugs **Maintenance medications only** ***(30 day supply or more)*** **Note: Prescription drugs are not subject to a deductible or lifetime maximum**	***ExpressScripts* Network retail pharmacy** You pay $10 per generic, $20 per brand name and $35 per non-preferred prescription filled or refilled, for a minimum and maximum of a 30-day supply ***ExpressScripts* Mail Order Pharmacy** - You pay $15 per generic, $30 per brand name and $50 per non-preferred prescription filled or refilled; minimum of a 30-day supply, maximum of a 90-day supply	***ExpressScripts* Network retail pharmacy** You pay $10 per generic, $20 per brand name and $35 per non-preferred prescription filled or refilled, for a minimum and maximum of a 30-day supply ***ExpressScripts* Mail Order Pharmacy** - You pay $15 per generic, $30 per brand name and $50 per non-preferred prescription filled or refilled; minimum of a 30-day supply and maximum of a 90-day supply
Hearing Aids, Vision & Dental Care	**Not Covered**	**Not Covered**

Effective January 1, 2003, the Retiree Fee-for-Service and Medicare Supplemental Plans were eliminated for Retirees (and their dependents), with the exception of Retirees (and their eligible dependents) who, as of December 31, 2002, did not reside in an area covered by one of the contracted HMO Plans, and they retired prior to January 1, 2003. These retirees and their eligible dependents shall be eligible for the Medicare Supplemental and Fee-for-Service Plans, but only while they continuously reside outside any of the Plan's contracted HMO service areas, the retiree remains continuously retired and the required self-pay contribution is made on a timely basis. If you move into an HMO service area, or an HMO becomes available in your area, you will be required to enroll in an HMO at that time.

The **Fee-for-Service Plan** *(also referred to as Indemnity Plan)*- is a comprehensive major medical plan which allows you to use *any* licensed doctor and medical facility. All claims for services incurred must be submitted to the Administrative Office for processing and payment. **There are deductibles to be met and out-of-pocket expenses for most care received**.

The **Medicare Supplemental Plan** provides benefits only for services and supplies covered by Medicare, with one exception. Medicare does not provide coverage for prescription drugs unless you are enrolled in Medicare Part D, however, the Medicare Supplemental Plan provides coverage for maintenance medications.

Under this Plan, you may use *any* licensed doctor and medical facility. However, if you use a provider who does not accept Medicare's assignment, the Medicare Supplemental Plan will not pay for any charges which exceed Medicare's allowable limit.

For detailed information or ***specific benefits*** on the above plans, or to check the status of a claim submitted, please contact the **Claims Department** of the Administrative Office, at **800-947-4338.**

Eligible for Medicare?

If you *(or your spouse)* are eligible for Medicare, you **must** enroll in Medicare Part A **and** Part B. **Failure to comply may result in termination of your coverage under the Retiree Health Plan!**

If you (or your spouse) become eligible for Medicare before reaching age 65, you must submit a copy of your Medicare card to the Administrative Office *immediately*.

Your Monthly Self-pay Contribution

Please refer to the ***"Retiree Self-Pay Contribution Rates as of April 1, 2012"*** for your appropriate monthly contribution. These rates are current as of the printing of this material, and are subject to change.

Please review and retain this Summary:

The information contained within includes the benefits as of September, 2012.

Sheet Metal Workers' Retiree Health Plan of Southern California, Arizona & Nevada
P.O. Box 10067
Manhattan Beach, CA 90266
800-947-4338 *or* 310-798-6572