

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

Summary Comparison of Medical Plan Options

Available under the

Retiree Health Plan

in the state of

California

January 2024

To ensure the best coverage available, please review this comparison very carefully. **Once you have elected a medical plan, you may change your election only during the next Annual Open Enrollment.** Exceptions are made only if you move outside of your selected plan's service area, so please *choose carefully*.

Important: This is not a contract. This is a *summary* of the medical plan options 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.

| <i>Retiree – CA 2024</i> | United Healthcare HMO | | Kaiser HMO | | Health Net HMO | | Humana PPO |
|--|--|--|--|--|---|--|--|
| Plan Feature | Not Eligible for Medicare | “Medicare Advantage” Enrolled in Medicare | Not Eligible for Medicare | “Senior Advantage” Enrolled in Medicare | Not Eligible for Medicare | “Seniority Plus” Enrolled in Medicare | “Medicare Advantage” Both participant and Eligible dependent must be Enrolled in Medicare |
| Annual Deductible | \$500 per person, \$1,000 family maximum; Deductible applies unless otherwise noted | None | \$500 per person, \$1,000 family maximum; Deductible applies unless otherwise noted | None | None | None | \$147 per person |
| Annual Out of Pocket Maximum on Allowable Charges | Plan pays 100% after eligible out-of-pocket costs reach \$3,000 in a year (\$6,000 for a family) | Plan pays 100% after co-payments reach \$6,700 in a year | Plan pays 100% after eligible out-of-pocket costs reach \$3,000 in a year (\$6,000 for a family) | Plan pays 100% after co-payments reach \$1,500 in a year | Plan pays 100% after eligible out-of-pocket costs reach \$3,000 in a year (\$6,000 for a family) | Plan pays 100% after co-payments reach \$3,400 in a year | Plan pays 100% after co-payments reach \$147 in a year |
| Inpatient Hospital Care | Plan pays 80% after deductible | Plan pays 100% | Plan pays 80% after deductible | Plan pays 100% | Plan pays 80% | Plan pays 100% | Plan pays 100% |
| Outpatient Procedure | Plan pays 80% after deductible | Plan pays 100% | Plan pays 80% after deductible | You pay \$10 per visit | Plan pays 80% | Plan pays 100% | Plan pays 100% after deductible |
| Extended Care Facility (Skilled Nursing) | Plan pays 80% after deductible; 100 days maximum per calendar year | Plan pays 100%;100 days maximum per calendar year | Plan pays 80% after deductible; 100 days maximum per calendar year | Plan pays 100%;100 days maximum per calendar year | Plan pays 100% for days 1-10. You pay \$25 per day for days 11-100;100 days maximum per calendar year | Plan pays 100%; 100 days maximum per benefit period | Plan pays 100%; 100 days maximum per calendar year |
| Office Visits | <i>Not subject to deductible</i> | | <i>Not subject to deductible</i> | | | | |
| Primary Care Visit | You pay \$30 per visit | You pay \$5 per visit | You pay \$30 per visit | You pay \$10 per visit | You pay \$30 per visit | You pay \$5 per visit | Plan pays 100% after deductible |
| Specialist | You pay \$50 per visit | You pay \$5 per visit | You pay \$45 per visit | You pay \$10 per visit | You pay \$50 per visit | You pay \$5 per visit | Plan pays 100% after deductible |
| Preventative Care Services (as required by the Affordable Care Act) | Plan pays 100%; deductible does not apply | Plan pays 100% | Plan pays 100%; deductible does not apply | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| Diagnostic X-ray & Lab | Plan pays 100%; deductible does not apply | Plan pays 100% | Plan pays 100% after deductible | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% after deductible |
| CAT Scans & MRI's | You pay \$100 per test after deductible | Plan pays 100% | You pay 20% up to a maximum of \$100 per test after deductible | Plan pays 100% | You pay \$100 per test | Plan pays 100% | Plan pays 100% after deductible |
| Durable Medical Equipment | Plan pays 80% after deductible | Plan pays 100% | Plan pays 80%; deductible does not apply | Plan pays 100% | Plan pays 100% | Plan pays 100% | Plan pays 100% after deductible |
| Home Health Care | You pay \$30 per visit, up to 100 visits per calendar year; deductible does not apply | Plan pays 100% | Plan pays 100%, up to 100 visits per calendar year; deductible does not apply | Plan pays 100% | You pay \$30/visit starting the 31 st day, up to 100 visits/ calendar year; requires prior authorization | Plan pays 100% | Plan pays 100% |
| Physical Therapy or Speech Therapy | You pay \$30 per visit; deductible does not apply | You pay \$5 per visit | You pay \$30 per visit after deductible | You pay \$10 per visit | You pay \$50 per visit | Plan pays 100% | Plan pays 100% after deductible |

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|---|---|---|---|--|--|--|--|
| Chiropractic Care | Not Covered | You pay \$5 per visit, max. 12 visits per calendar year | Not Covered | Not Covered | Not Covered | You pay \$5 per visit, max. 20 visits per calendar year | Plan pays 100% after deductible (Medicare-covered services) |
| Hearing Aids | Plan pays 80%; maximum benefit of \$5,000 every 3 years; deductible does not apply | \$500 allowance every 3 years | Not Covered | Not Covered | Not Covered | Not Covered | Maximum benefit of \$50 for routine hearing exams every 2 years; maximum benefit of \$3,000 for both hearing aid(s) (all types) up to 2 every 3 years; deductible does not apply |
| Mental Health & Substance Abuse | | | | | | | |
| Inpatient | Plan pays 80% after deductible | Plan pays 100%, maximum of 190 days per lifetime | Plan pays 80% after deductible | Plan pays 100% | Plan pays 80% | Plan pays 100% | Plan pays 100%; maximum of 190 days per lifetime |
| Outpatient | You pay \$40 per visit; deductible does not apply | You pay \$5 per visit | You pay \$15 per group session (\$5 for substance abuse group session), or \$30 per individual session; deductible does not apply | You pay \$5 per group visit or \$10 per individual visit | You pay \$15 per group session, or \$30 per individual session | You pay \$5 per visit | Plan pays 100% after deductible |
| Prescription Drugs <i>Included in Medical Out-of-pocket limit</i> | | Must be obtained at a participating HMO pharmacy | | | | | |
| Short-term (outpatient) | Not subject to deductible. You pay \$20 per generic, \$40 per brand name, and \$60 per non-preferred prescription, up to a 30-day supply | You pay \$7 per generic and \$14 per brand name prescription, up to a 30-day supply | Not subject to deductible. You pay \$15 per generic and \$35 per brand name prescription, up to a 30-day supply | You pay \$10 per prescription, up to a 100-day supply | You pay \$20 per generic, \$40 per brand name, and \$60 per non-preferred prescription, up to a 30-day supply | You pay \$5 per generic, \$15 per brand name, and \$35 per non-formulary prescription, up to a 30-day supply | Not subject to deductible; Not included in Medical Out-of-pocket limit. You pay \$5 per generic, \$20 per preferred brand name, \$50 per non-preferred prescription, and \$80 per Specialty Tier, up to a 30-day supply |
| Maintenance (30-day supply or more) | Mail order- You pay \$50 per generic, \$100 per brand name, and \$150 per non-preferred prescription, up to a 90-day supply | Mail order- You pay 2 co-pays per prescription, up to a 90-day supply | Mail order- You pay 2 co-pays per prescription, up to a 100-day supply | Mail order- You pay \$10 per prescription, up to a 100-day supply | Mail order- You pay \$40 per generic, \$100 per brand name, and \$150 per non-preferred prescription, up to a 90-day supply | Mail order- You pay 2 co-pays per prescription, up to a 90-day supply | Mail order- You pay \$0 per generic, \$40 per preferred brand name, \$100 per non-preferred prescription, up to a 90-day supply |
| Vision Care | You pay \$30 for exam, lenses & frames not covered ; deductible does not apply | You pay \$5 for exam, limit of 1 exam every 12 mos. \$130 frame allowance every 24 mos. | No charge for routine exam, lenses & frames not covered; deductible does not apply | You pay \$10 for exam; \$150 frame allowance every 24 mos. | You pay \$30 for exam; lenses & frames not covered | You pay \$5 for exam, limit of 1 exam every 12 mos.; \$100 frame allowance every 24 mos. | Plan pays 100% after deductible (Medicare-covered services) |
| Dental Care | Not Covered | Not Covered | Not Covered | Not Covered | Not Covered | Refer to Dental Brochure | Plan pays 100% after deductible (Medicare-covered services) |
| Ambulance | You pay \$100 per transport; deductible does not apply | Plan pays 100% | Plan pays 100% after deductible | Plan pays 100% | You pay \$100 per transport | Plan pays 100% | Plan pays 100% after deductible |
| Emergency Room Care | You pay \$250 co-pay after deductible (<i>co-payment waived if admitted to hospital</i>) | You pay \$50 (<i>co-payment waived if admitted to hospital</i>) | You pay \$125 co-pay after deductible (<i>co-payment waived if admitted to hospital</i>) | You pay \$20 (<i>co-payment waived if admitted to hospital</i>) | You pay \$250 co-pay after deductible (<i>co-payment waived if admitted to hospital</i>) | You pay \$20 (<i>co-payment waived if admitted to hospital</i>) | Plan pays 100% |

THIS IS ONLY A SUMMARY: The above Plan benefits show only a partial summary of benefits. Please refer to the applicable Evidence of Coverage (EOC) booklet or Summary Plan Description booklet for prior-authorization requirements and specific restrictions, exclusions, and limitations.

The **HMO Plans** (*Health Maintenance Organizations*) - provide quality care under a **managed care** environment, within a **defined service area**. When you enroll in an HMO plan, you **must** use their medical providers and hospitals for all of your medical care and prescription medication needs. **No benefits are provided if you, or your eligible dependents, use non-HMO providers or providers of a different HMO**, except for certain medical emergencies.

There are no claim forms to fill out, and the Fund pays the HMO directly for your health care needs. Most routine health care services are provided to you for specified co-payment amounts at the time of service, but deductibles and co-insurances apply to others if you are not eligible for Medicare.

Each HMO's **service area** is defined in their enrollment packet. To enroll in an HMO, you must reside in and have all medical services performed within their defined service area. If you enroll in an HMO and *frequently* travel, there may be **no benefits available** while you are outside of your selected plan's service area.

The **Medicare Advantage Plan** participant authorizes Medicare to pay their benefits directly to the insurance company and the insurance company decides how benefits are covered under each plan for Medicare Part A and B benefits. Generally, coverage under a Medicare Advantage plan is more generous than the coverage provided through Original Medicare. Most Medicare Advantage plans also include Medicare-approved prescription drug coverage.

For *specific benefits* available, please call the appropriate **Member Service** numbers indicated below.

Member Service Phone Numbers

| | |
|-------------------------------|--------------|
| Kaiser Permanente | 800-464-4000 |
| <i>Senior Advantage</i> | 800-777-1238 |
| United Healthcare | 800-624-8822 |
| <i>Medicare Advantage HMO</i> | 800-457-8506 |
| Health Net | 800-522-0088 |
| <i>Seniority Plus</i> | 800-275-4737 |
| Humana Medicare Advantage PPO | 800-733-9064 |

Your Monthly Self-Pay Contributions

Please refer to the ***“Retiree Self-Pay Rates for Calendar Year 2024”*** for your appropriate monthly self-pay contribution. These rates are current as of the printing of this material, and are subject to change. All rates are currently based on the retiree’s years of Pension Credit, and whether the retiree and/or his eligible dependents are eligible for Medicare.

Self-pay contributions will be deducted from your monthly pension benefit check. If your pension benefit is not large enough for the self-pay deduction, however, you will be required to remit monthly payments to the Administrative Office, in order to continue coverage under the Retiree Health Plan. All payments for coverage are due in the Administrative Office no later than the 20th of the month prior to the month of coverage. Failure to remit a timely payment will result in a termination of coverage.

These rates apply only to retirees and surviving spouses who have elected and continuously maintained coverage under the Sheet Metal Workers’ Retiree Health Plan. **These rates do not apply to retirees or surviving spouses who have initially declined or previously terminated their coverage.** For current “Reinstate Rates”, please contact the Administrative Office.

Eligible for Medicare?

If you (*or an eligible dependent*) are eligible for Medicare, you (*or the dependent*) **must** enroll in Medicare Parts A **and** B. In addition, you (*or the dependent*) **must** enroll in your HMO’s Medicare plan - Kaiser’s Senior Advantage, United Healthcare’s Medicare Advantage HMO, Health Net’s Seniority Plus, or Humana’s Medicare Advantage PPO, **and** assign your (*or the dependent’s*) Medicare benefits to your HMO or PPO. **Failure to comply may result in a termination of your coverage under the Retiree Health Plan!** If your HMO Plan does not contract with Medicare in your area, it may be necessary for you to change plans upon your (*or the dependent’s*) Medicare eligibility date. If there is no contracted Plan in your area, your coverage may be terminated.

Moving?

Please contact the Eligibility Department at the Administrative Office immediately if you change your mailing address! If you are enrolled in an HMO, *a change of residence could result in a lapse of coverage!*

Please review and retain this Summary. The information contained within includes the current plans available, as well as the current benefits effective January 1, 2024. All benefits and self-pay contributions are subject to change.



Sheet Metal Workers' Health Plan of

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