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

Summary Comparison
of
Medical Plan Options

Available under the

Retiree Health Plan
in the state of
Arizona

January 2027

Important: This is <u>not</u> a contract. This is a *summary* of the benefits 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.

The HMO and EPO plans

(Health Maintenance Organization and Exclusive Provider Organization) provide quality care under a **managed care** environment, within a **defined service area.** When you enroll in an EPO or 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-EPO or non-HMO providers**, except for certain medical emergencies.

There are no claim forms to fill out, and the Fund pays United HealthCare 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.

United Healthcare EPO / Medicare Advantage HMO of Arizona's **Service Area** is defined in their enrollment packet. To enroll in United Healthcare or Medicare Advantage of Arizona, you must reside in and have all medical services performed within their defined service area. If you enroll in United HealthCare or Medicare Advantage and ***frequently*** travel, there may be **no benefits available** while you are outside of their 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:

United HealthCare Choice
EPO Plan
800-377-5154
United HealthCare Medicare Advantage HMO Plan
800-457-8506
Humana Medicare Advantage PPO Plan
800-733-9064

Plan Feature	Not Eligible for Medicare ***"United Healthcare Choice EPO Plan"***	Enrolled in Medicare ***"Medicare Advantage HMO Plan"***	Enrolled in Medicare ***"Humana Medicare Advantage PPO Plan"***
Annual Deductible	$500 per person $1,000 family maximum **Deductible applies unless otherwise noted**	None	$147 per person
Annual Out-of-Pocket Maximum	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 co-payments reach $147 in a year
Hospital / Surgical Center			
Inpatient	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%
Outpatient	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible
Extended Care Facility *Skilled Nursing*	Plan pays 80% after deductible ; 60 days maximum per calendar year	Plan pays 100%; 100 days maximum per calendar year	Plan pays 100%; 100 days maximum per benefit calendar year
Office Visits	***Not subject to deductible***		
Primary Care	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	Plan pays 100% after deductible
Diagnostic X-Ray and Lab	Plan pays 100%; deductible does not apply	Plan pays 100% *(You pay $5 per office visit)*	Plan pays 100% after deductible
CAT Scans & MRI's	You pay $100 per test after deductible	Plan pays 100% *(You pay $5 per office visit)*	Plan pays 100% after deductible
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible
Home Health Care	Plan pays 80% after deductible, up to 100 visits per calendar year	Plan pays 100%	Plan pays 100%
Chiropractic Care	You pay $50 per visit, up to 24 visits per calendar year; deductible does not apply	You pay $5 per visit, maximum of 12 visits per calendar year	Plan pays 100% after deductible (Medicare-covered services)

Physical Therapy	You pay $50 per visit, up to 20 visits per calendar year; deductible does not apply	You pay $5 per visit, *referral required*	Plan pays 100% after deductible
Speech Therapy	You pay $50 per visit, up to 20 visits per calendar year; deductible does not apply	You pay $5 per visit, *referral required*	Plan pays 100% after deductible
Mental Health and Substance Abuse Care **Inpatient**	Plan pays 80% after deductible	Plan pays 100%, maximum of 190 days per lifetime for mental health confinement in a Medicare approved psychiatric facility	Plan pays 100%; maximum of 190 days per lifetime
Outpatient	You pay $20 per visit; deductible does not apply	You pay $5 per visit	Plan pays 100% after deductible
Prescription Drugs	***Not Subject to Deductible*** ***Not included in Medical Out-of-Pocket Maximum***		***Not Subject to Deductible*** ***Not included in Medical Out-of-Pocket Maximum***
Included in Medical Out-of-Pocket Maximum **Short-term** ***(outpatient)*** **Maintenance** ***(30-day supply or more)***	You pay $20 per formulary generic, $40 per formulary brand name and $60 per non-formulary prescription, up to a 30-day supply. **Mail order**- You pay $50 per formulary generic, $100 per formulary brand name and $150 per non-formulary prescription, up to a 90-day supply	You pay $7 per generic and $14 per brand name prescription, up to a 30-day supply **Mail order**- You pay 2 co-pays per prescription up to a 90-day supply	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 **Mail order**- You pay $0 per generic, $40 per preferred brand name, $100 per non-preferred prescription, up to a 90 day supply
Hearing Aids	Plan pays 80% after deductible, maximum benefit of $2,500 every 3 years	$500 allowance every 3 years	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
Vision Care	You pay $20 for exam, limit of 1 exam every 24 months; deductible does not apply; **lenses & frames not covered**	You pay $5 for exam, limit of 1 exam every 12 months; $130 frame allowance every 24 months	Plan pays 100% after deductible (Medicare-covered services)
Ambulance	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100% after deductible
Emergency Room Care	You pay $250 per visit after deductible	You pay $50 per visit, co-payment waived if admitted	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. *Ret-AZ mm 10/26*

Your Monthly Self-pay Contributions

Please refer to the ***"Retiree Self-Pay Rates for Calendar Year 2027"*** 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 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 United Healthcare's *Medicare Advantage HMOs* or Humana's *Medicare Advantage PPO*, **and** assign your Medicare benefits to United HealthCare or Humana. **Failure to comply may result in a termination of your coverage under the Retiree Health Plan!**

Moving?

To avoid a *possible lapse in your coverage*, **please contact the Administrative Office *immediately* if you change your mailing address**! We will advise you of any current options available due to your change of residence.

Please review and retain this Summary.

The information contained within includes the current benefits effective January 1, 2027. All benefits and self-pay contributions are subject to change.



Sheet Metal Workers' Health Plan

of Southern California, Arizona & Nevada

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