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 2027

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.

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
Senior Advantage	800-443-0815
United Healthcare	800-624-8822
Medicare Advantage HMO	800-457-8506
Health Net	800-522-0088
Seniority Plus	800-275-4737
Humana Medicare Advantage PPO	800-733-9064

Retiree – CA 2027	**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 $1,000 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	***Not subject to deductible***		***Not subject to deductible***				
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 31st 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 $30 per visit	Plan pays 100%	Plan pays 100% after deductible
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		***Must be obtained at a participating HMO pharmacy***					
Included in Medical Out-of-pocket limit **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	***Not included in Medical Out-of-pocket limit***. 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 $0 per generic and preferred generic, $15 per brand name, $35 per non-formulary prescription, $0 per preventive self-injectables, and 25% per specialty drugs 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 *(co-payment waived if admitted to hospital)*	You pay $50 *(co-payment waived if admitted to hospital)*	You pay $125 co-pay after deductible *(co-payment waived if admitted to hospital)*	You pay $20 *(co-payment waived if admitted to hospital)*	You pay $250 co-pay *(co-payment waived if admitted to hospital)*	You pay $20 *(co-payment waived if admitted to hospital)*	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.

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 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, 2027. All benefits and self-pay contributions are subject to change.



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