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

Summary Comparison
of
Medicare Plan Options

Available under the

Retiree Health Plans

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 Medicare 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.

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 service areas, the retiree remains continuously retired and the required self-pay contribution is made on a timely basis. If you move into a covered service area, become eligible for a Medicare Advantage HMO or Medicare Advantage PPO plan in your area due to newly acquired Medicare eligibility, or a non-FFS/non-Medicare Supplement Retiree Health Plan option becomes available in your area, you will be required to enroll in an HMO or Medicare Advantage PPO 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.

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

Humana Medicare Advantage PPO 800-733-9064

Sheet Metal Workers' Retiree Medicare Supplemental 800-947-4338

Benefits	Humana Medicare Advantage PPO Plan	Sheet Metal Workers' Retiree Medicare Supplemental Plan
Important Notes	**This Plan is available to:** **Medicare eligible participants who are entitled to Medicare Part A, enrolled in Medicare Part B, and live in the service area. Both participant and spouse must be enrolled in Medicare.** **You must keep Medicare Parts A and B as the Humana Group Medicare plan is a Medicare Advantage plan. You must also continue to pay your Part B premium. If you are assessed a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium.** **Please note that some services require prior authorization.** **For more information, please call Humana Group Medicare Customer Care at 1-800-733-9064.**	**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/PPO 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	$147 per person	For Hospitalization - $100 per person
Annual Co-Payment Limit on Allowable Charges	$147 out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; COVID-19 Testing; COVID-19 Treatment; Fitness Program; Health Education Services; Meal Benefit; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Worldwide Coverage; and the Plan Premium.	None
Overall Lifetime Maximum	None	$500,000 per person *(Fee-for-Service and Medicare Supplemental Plan combined)*
Hospital- **Inpatient** **Outpatient**	 Plan pays 100% Plan pays 100% after deductible	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 100%	Plan pays Medicare co-insurance in full
Durable Medical Equipment	Plan pays 100% after deductible	Plan pays Medicare co-insurance in full *(limited benefits available)*

Physician Services- **Routine Physical** **Inpatient Surgery** **Outpatient Surgery** **Hospital Visits** **Office Visits**	Plan pays 100% Plan pays 100% Plan pays 100% after deductible Plan pays 100% Plan pays 100% after deductible	All allowable services are subject to the Medicare Part B deductible ($292 effective January 1, 2027). 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 100% after deductible	
Chiropractic Care	Plan pays 100% after deductible	
Physical Therapy (short-term therapy only)	Plan pays 100% after deductible	
Psychiatric Care- **Inpatient** **Outpatient**	Plan pays 100%; up to 190 days lifetime maximum in a psychiatric facility Plan pays 100% after deductible	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 100%	Plan pays Medicare co-insurance in full *(limited benefits available)*
Extended Care or Skilled Nursing Facility	Plan pays 100%; up to a 100 days maximum per calendar year	Plan pays Medicare co-insurance in full *(from the 21st through the 100th day)*
Substance Abuse	Plan pays 100%	Plan pays up to Medicare's allowable charge, if any
Prescription Drugs **Retail** **Mail Order**	**Standard Retail Pharmacy** You pay $5 per generic, $20 per preferred brand name, $50 per non-preferred prescription, and $80 per Specialty Tier, for each Rx filled or refilled, for a 30-day supply **Standard Mail Order Pharmacy** You pay $0 per generic, $40 per preferred brand name, $100 per non-preferred prescription, for 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	Plan pays 100% after deductible for Medicare-covered services Hearing Aids: Maximum benefit of $50 for routine hearing exams every 2 years and maximum benefit of $3,000 for both hearing aid(s) (all types) up to 2 every 3 years; deductible does not apply	**Not Covered**

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*.

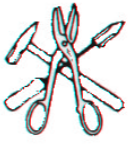
Your Monthly Self-pay Contribution

Please refer to the ***"Retiree Self-Pay 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.

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.



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

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Retiree-Med.Sup. *mm 10/26*