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

Summary Comparison
of
Medical Plan Options

January 2027

Available under the

Retiree Health Plan

in

Nevada

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

There are no claim forms to fill out, and the Fund pays the HMO/EPO 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 / EPO **service area** is defined in their enrollment packet. To enroll in an HMO/EPO, you must reside in and have all medical services performed within their defined service area. If you enroll in an HMO or EPO 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

Health Plan of Nevada HMO Plan 800-777-1840
United HealthCare Group Medicare Advantage HMO **800-457-8506**

United Healthcare Choice EPO Plan 800-377-5154
Medicare Advantage HMO **800-457-8506**

Kaiser Permanente Nevada HMO Plan 800-336-0123
(Formerly Hometown Health)

Humana Medicare Advantage PPO Plan 800-733-9064

Retiree – Nevada 2027	**United Healthcare of Nevada**		**Health Plan of Nevada**		**Kaiser Permanente Nevada (Formerly Hometown Health)** ***Northern Nevada Only***	**Humana**
Plan Feature	***"United Healthcare Choice EPO Plan"*** **Not Eligible for Medicare**	***"Medicare Advantage"*** **Enrolled in Medicare** **Available in Southern Nevada Only**	***"HPN Solutions Value HMO"*** **Not Eligible for Medicare**	**United Healthcare Group Medicare Advantage HMO** **Enrolled in Medicare**	**Not Eligible for Medicare** ***Note:* If you or your spouse become eligible for Medicare, it will be necessary for you to switch medical HMO plans at that time. If there are no HMO Plans available, your coverage will be terminated.**	***"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	$500 per person; $1,000 family maximum. **Deductible applies unless otherwise noted**	$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 eligible out-of-pocket costs reach $2,000 in a year *($6,000 for a family)*	Plan pays 100% after co-payments reach $2,500 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 $147 in a year
Hospital / Surgical Center **Inpatient**	Plan pays 80% after deductible	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%	Play pays 80% after deductible	Plan pays 100%
Hospital / Surgical Center **Outpatient**	Plan pays 80% after deductible	Plan pays 100%	You pay $350 per procedure at hospital; $200 per procedure at surgical center, after deductible	Plan pays 100%	You pay $200 per procedure after deductible	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	You pay $300 per admission after deductible, waived if admitted from an acute care facility; 100 days maximum per calendar year	Plan pays 100% for 1st 20 days. You pay $25 per day for days 21 to 100. 100 days maximum per calendar year	Plan pays 80% after deductible; 100 day maximum per calendar year	Plan pays 100%; 100 days maximum per calendar year
Office Visits	***Not subject to deductible***		***Not subject to deductible***		***Not subject to deductible***	
Primary Care	You pay $30 per visit	You pay $5 per visit	You pay $25 per visit	Plan pays 100%	You pay $30 per visit	Plan pays 100% after deductible
Specialist	You pay $50 per visit	You pay $5 per visit	You pay $50 per visit	Play pays 100%	You pay $50 per visit	Plan pays 100% after deductible
Diagnostic X-Ray and Lab	Plan pays 100%; deductible does not apply	Plan pays 100%	You pay $15 for lab work and $25 for x-rays; deductible does not apply	Plan pays 100%	Plan pays 100% for lab work; you pay $50 for x-rays; deductible does not apply	Plan pays 100% after deductible
CAT Scans & MRI's	You pay $100 per test after deductible	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%	You pay $100 per test; deductible does not apply	Plan pays 100% after deductible
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 100%	Plan pays 100%; deductible does not apply	Plan pays 20% of Medicare approved amount for insulin pumps & supplies; 100% for all other DME, including crutches.	Plan pays 80% after deductible	Plan pays 100% after deductible
Home Health Care	Plan pays 80% after deductible, up to 100 visits per calendar year	Plan pays 100%	You pay $35 per visit; deductible does not apply, prior *authorization required*	Plan pays 100%	You pay $50 per visit, up to 30 visits per calendar year; deductible does not apply	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	You pay $25 per visit, up to 20 visits per calendar year; deductible does not apply *referral required*	Plan pays 100%	You pay $50 per visit, up to 20 visits per calendar year/100 visits per lifetime; deductible does not apply	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*	You pay $25 per visit, up to 60 days/visits per calendar year; deductible does not apply	You pay $15 per visit	You pay $30 per visit, up to 90 visits per calendar year for all 3 therapies; deductible does not apply	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*	You pay $25 per visit, up to 60 days/visits per calendar year; deductible does not apply	You pay $15 per visit	You pay $30 per visit, up to 90 visits per calendar year for all 3 therapies; deductible does not apply	Plan pays 100% after deductible
Mental Health / Substance Abuse						
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 80% after deductible	Plan pays 100%, maximum of 190 days per lifetime for mental health confinement in a Medicare approved psychiatric facility	Plan pays 80% after deductible, 40 days maximum per calendar year; *prior authorization required*	Plan pays 100%; maximum of 190 days per lifetime
Outpatient	You pay $20 per visit; deductible does not apply	You pay $5 per visit	You pay $25 per visit; deductible does not apply	You pay $15 per visit	You pay $30 per visit; deductible does not apply; *prior authorization required for more than 12 visits per calendar year*	Plan pays 100% after deductible
Prescription Drugs	*Must be obtained at a participating HMO pharmacy*					
Included in Medical Out-of-Pocket Maximum **Short-term** ***(outpatient)***	***Not subject to deductible.*** You pay $20 per formulary generic, $40 per formulary brand, and $60 per non-formulary prescription up to a 30-day supply	Not included in Medical Out-of-Pocket Maximum. You pay $7 per generic and $14 per brand name prescription, up to a 30-day supply	***Not subject to deductible.*** You pay $20 per Tier I, low cost option; $40 per Tier II, midrange cost option; and $70 per Tier III, high cost option prescription up to a 30-day supply	Not included in Medical Out-of-Pocket Maximum. You pay $0 per preferred generic, $6 per generic, $35 per preferred brand, $60 per non-preferred drug, and 33% per Specialty Tier, up to a 30-day supply	***Not subject to deductible.*** You pay $20 per formulary generic, $40 per formulary brand, and $60 per non-formulary brand, up to a 30-day supply	***Not subject to deductible, Not included in Medical Out-of-Pocket Maximum.*** 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 formulary generic, $100 per formulary brand, and $150 per non-formulary 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 $50 per Tier I, low cost option; $100 per Tier II, midrange option; and $175 per Tier III, high cost option prescription, up to a 90-day supply	**Mail order-** You pay $0 per preferred generic, $6 per generic, $35 per preferred brand, $60 per non-preferred drug, and 33% per Specialty Tier, up to a 100-day supply	**Mail order**- You pay $40 per formulary generic, $80 per formulary brand, and $120 per non-formulary 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
Hearing Aids	Plan pays 80% after deductible, maximum benefit of $2,500 every 3 years	$500 allowance every 3 years	Plan pays 100%. limited to a single purchase of a type of hearing aid, including repair & replacement, once every 3 years; deductible does not apply	$300 allowance, combined, unlimited, every year	**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
Vision Care	You pay $20 for exam, limit of 1 exam every 2 years; 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	**Not Covered**	You pay $3 for exam, limit of 1 exam every 12 months; $60 frame allowance every 24 months	**Not Covered**	Plan pays 100% after deductible (Medicare-covered services)
Ambulance	Plan pays 80% after deductible	Plan pays 100%	Plan pays 80% after deductible	Plan pays 100%	You pay $100 per trip after deductible	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)	You pay $250 per visit, plus 20% of EME (co-pay waived if admitted); deductible does not apply	You pay $25 per visit (co-payment waived if admitted)	You pay $250 per visit; deductible does not apply	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 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 plan's Medicare plan - Health Plan of Nevada's *United HealthCare Group Medicare Advantage HMO*, United Healthcare's *Medicare Advantage HMO*, or Humana's *Medicare Advantage PPO*, **and** assign your Medicare benefits to your HMO.

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, or you are enrolled in Hometown Health Plan, it will be necessary for you to change to an available plan upon your *(or the dependent's)* Medicare eligibility date. If there is no contracted Plan in your area, your coverage will terminate.

Moving?

Please contact the Administrative Office *immediately* if you change your mailing address! Unless we are aware of your change of residence, you could experience a *lapse in your 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.



Sheet Metal Workers' Health Plan

of

Southern California, Arizona & Nevada

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