

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA
SUMMARY OF HMO BENEFIT PLAN CHANGES EFFECTIVE JULY 1, 2016 - CALIFORNIA ACTIVES**

CA Actives Plan A & Plan B	Kaiser		UnitedHealthcare CA		Health Net	
	Current	Effective 7/1/16	Current	Effective 7/1/16	Current	Effective 7/1/16
Medical (including mental health/substance abuse)						
Annual deductible	None	\$500 per person/ \$1,000 family maximum	None	\$500 per person/ \$1,000 family maximum	None	None
Annual out-of-pocket maximum (medical and Rx combined unless noted otherwise)	Employee \$1,500 Family \$3,000	Employee \$3,000 Family \$6,000	Employee \$1,500 Family \$4,500	Employee \$3,000 Family \$6,000	Medical: Employee \$1,500, Family \$4,500 Rx: Employee \$2,000, Family \$4,000	Employee \$3,000 Family \$6,000
Inpatient hospital care	\$500 copay per admit	20% (deductible applies)	\$1,000 copay per admit	20% (deductible applies)	\$1,000 copay per admit	20%
Emergency room	\$100 copay	\$125 copay (deductible applies)	\$100 copay	\$250 copay (deductible applies)	\$100 copay	\$250 copay
Office visits		Not subject to deductible		Not subject to deductible		
Primary Care Physician	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Specialist	\$50 copay	\$45 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Therapy	\$30 copay	\$30 copay (deductible applies)	\$50 copay	\$50 copay	No charge	\$50 copay
Preventive services (as required by the Affordable Care Act)	No charge	No copay, no deductible	No charge	No copay, no deductible	No charge	No charge
Outpatient diagnostic tests	\$30 copay	No copay except \$100 copay for major tests (deductible applies)	\$30 copay; \$50 for major tests	No copay except \$100 copay for major tests (deductible applies)	\$30 copay; \$50 for major tests	No copay except \$100 copay for major tests
Durable medical equipment	No charge	20%, no deductible	No charge	20% (deductible applies)	No charge	No charge
Prescription Drugs	No deductible	Not subject to deductible	No deductible	Not subject to deductible	No deductible	No deductible
Retail						
Generic	\$15	\$15	\$15	\$20	\$15	\$20
Formulary brand	\$35	\$35	\$35	\$40	\$30	\$40
Non-formulary brand	N/A	N/A	\$50	\$60	\$50	\$60
Mail Service						
Generic	\$30	\$30	\$30	\$50	\$30	\$40
Formulary brand	\$70	\$70	\$70	\$100	\$60	\$100
Non-formulary brand	N/A	N/A	\$100	\$150	\$100	\$150

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA
SUMMARY OF HMO BENEFIT PLAN CHANGES EFFECTIVE JULY 1, 2016 - CALIFORNIA NON-MEDICARE RETIREES**

CA Non-Medicare Retirees	Kaiser		UnitedHealthcare CA		Health Net	
	Current	Effective 7/1/16	Current	Effective 7/1/16	Current	Effective 7/1/16
Medical (including mental health/substance abuse)						
Annual deductible	None	\$500 per person/ \$1,000 family maximum	None	\$500 per person/ \$1,000 family maximum	None	None
Annual out-of-pocket maximum (medical and Rx combined unless noted otherwise)	Medical: Employee \$1,500 Family \$3,000 Rx: None	Employee \$3,000 Family \$6,000	Medical: Employee \$1,500 Family \$4,500 Rx: None	Employee \$3,000 Family \$6,000	Medical: Employee \$1,500 Family \$4,500 Rx: None	Employee \$3,000 Family \$6,000
Inpatient hospital care	\$500 copay per admit	20% (deductible applies)	\$400 copay per admit	20% (deductible applies)	\$400 copay per admit	20%
Emergency room	\$35 copay	\$125 copay (deductible applies)	\$35 copay	\$250 copay (deductible applies)	\$35 copay	\$250 copay
Office visits		Not subject to deductible		Not subject to deductible		
Primary Care Physician	\$20 copay	\$30 copay	\$20 copay	\$30 copay	\$20 copay	\$30 copay
Specialist	\$20 copay	\$45 copay	\$20 copay	\$50 copay	\$20 copay	\$50 copay
Therapy	\$20 copay	\$30 copay (deductible applies)	\$20 copay	\$50 copay	No charge	\$50 copay
Preventive services (as required by the Affordable Care Act)	\$20 copay	No copay, no deductible	\$20 copay	No copay, no deductible	\$20 copay	No charge
Outpatient diagnostic tests	\$20 copay	No copay except \$100 copay for major tests (deductible applies)	\$20 copay	No copay except \$100 copay for major tests (deductible applies)	\$20 copay	No copay except \$100 copay for major tests
Durable medical equipment	No charge	20%, no deductible	No charge	20% (deductible applies)	No charge	No charge
Prescription Drugs	No deductible	Not subject to deductible	No deductible	Not subject to deductible	No deductible	No deductible
Retail						
Generic	\$10	\$15	\$15	\$20	\$10	\$20
Formulary brand	\$25	\$35	\$35	\$40	\$25	\$40
Non-formulary brand	N/A	N/A	N/A	\$60	\$35	\$60
Mail Service						
Generic	\$10	\$30	\$30	\$50	\$20	\$40
Formulary brand	\$25	\$70	\$70	\$100	\$50	\$100
Non-formulary brand	N/A	N/A	N/A	\$150	\$70	\$150

**SHEET METAL WORKERS' HEALTH PLAN OF SOUTHERN CALIFORNIA, ARIZONA AND NEVADA
SUMMARY OF HMO BENEFIT PLAN CHANGES EFFECTIVE JULY 1, 2016 - NEVADA ACTIVES**

Nevada Actives Plan A and Plan B	UnitedHealthcare NV		Health Plan of Nevada		Hometown Health	
	Current	Effective 7/1/16	Current	Effective 7/1/16	Current	Effective 7/1/16
Medical (including mental health/substance abuse)						
Annual deductible	None	\$500 per person/ \$1,000 family maximum	None	\$500 per person/ \$1,000 family maximum	None	\$500 per person/ \$1,000 family maximum
Annual out-of-pocket maximum (medical and Rx combined unless noted otherwise)	Employee \$1,500 Family \$4,500	Employee \$3,000 Family \$6,000	Employee \$6,250 Family \$12,500	Employee \$2,000 Family \$6,000	Medical: Employee \$4,750 Family \$9,500 Rx: Employee \$2,000 Family \$4,000	Employee \$3,000 Family \$6,000
Inpatient hospital care	\$1,000 copay per admit	20% (deductible applies)	\$1,000 copay per admit	20% (deductible applies)	\$1,000 copay per admit	20% (deductible applies)
Emergency room	\$100 copay	\$250 copay (deductible applies)	\$150 copay	\$250 copay plus 20%	\$100 copay	\$250 copay
Office visits		Not subject to deductible		Not subject to deductible		Not subject to deductible
Primary Care Physician	\$30 copay	\$30 copay	\$30 copay	\$25 copay	\$30 copay	\$30 copay
Specialist	\$50 copay	\$50 copay	\$60 copay	\$50 copay	\$50 copay	\$50 copay
Therapy	\$30 copay	\$50 copay	\$30 copay	\$25 copay	\$30 copay	\$30 copay
Preventive services (as required by the Affordable Care Act)	No charge	No copay, no deductible	No charge	No copay, no deductible	No charge	No copay, no deductible
Outpatient diagnostic tests	No charge; \$50 copay major tests	No copay except \$100 copay for major tests (deductible applies)	\$25 copay x-ray; \$15 copay lab; \$100 copay major tests	\$25 copay x-ray, \$15 copay lab; 20% major tests (deductible applies)	No charge; \$100 copay major tests	No copay except \$100 copay for major tests (office visit copays apply), no deductible
Durable medical equipment	No charge	20% (deductible applies)	No charge up to limits	No charge, no deductible	No charge	20% (deductible applies)
Prescription Drugs	No deductible	Not subject to deductible	No deductible	Not subject to deductible	No deductible	Subject to deductible
Retail						
Generic	\$15	\$20	\$15	\$20	\$15	\$20
Formulary brand	\$35	\$40	\$40	\$40	\$35	\$40
Non-formulary brand	\$50	\$60	\$60	\$70	\$50 up to 40%	\$60
Mail Service						
Generic	\$30	\$50	\$37.50	\$50	\$30	\$40
Formulary brand	\$70	\$100	\$100	\$100	\$70	\$80
Non-formulary brand	\$100	\$150	\$150	\$175	\$100	\$120

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SUMMARY OF HMO BENEFIT PLAN CHANGES EFFECTIVE JULY 1, 2016 - NEVADA NON-MEDICARE RETIREES**

NV Non-Medicare Retirees	UnitedHealthcare NV		Health Plan of Nevada		Hometown Health	
	Current	Effective 7/1/16	Current	Effective 7/1/16	Current	Effective 7/1/16
Medical (including mental health/substance abuse)						
Annual deductible	None	\$500 per person/ \$1,000 family maximum	None	\$500 per person/ \$1,000 family maximum	None	\$500 per person/ \$1,000 family maximum
Annual out-of-pocket maximum (medical and Rx combined unless noted otherwise)	None	Employee \$3,000 Family \$6,000	Medical: Employee \$6,000 Family \$12,000 Rx: None	Employee \$2,000 Family \$6,000	Medical: Employee \$3,500 Family \$7,000 Rx: None	Employee \$3,000 Family \$6,000
Inpatient hospital care	\$400 copay per admit	20% (deductible applies)	\$400 copay per admit	20% (deductible applies)	\$200 copay per day; \$1,000 copay per admit max	20% (deductible applies)
Emergency room	\$35 copay	\$250 copay (deductible applies)	\$100 copay	\$250 copay plus 20%	\$100 copay	\$250 copay
Office visits		Not subject to deductible		Not subject to deductible		Not subject to deductible
Primary Care Physician	\$20 copay	\$30 copay	\$20 copay	\$25 copay	\$20 copay	\$30 copay
Specialist	\$20 copay	\$50 copay	\$40 copay	\$50 copay	\$40 copay	\$50 copay
Therapy	\$20 copay	\$50 copay	\$20 copay	\$25 copay	\$20 copay	\$30 copay
Preventive services (as required by the Affordable Care Act)	\$20 copay	No copay, no deductible	\$20 copay	No copay, no deductible	\$20 copay	No copay, no deductible
Outpatient diagnostic tests	No charge	No copay except \$100 copay for major tests (deductible applies)	\$25 copay x-ray; \$10 copay lab	\$25 copay x-ray, \$15 copay lab; 20% major tests (deductible applies)	No charge	No copay except \$100 copay for major tests (office visit copays apply), no deductible
Durable medical equipment	No charge	20% (deductible applies)	No charge up to limits	No charge, no deductible	No charge	20% (deductible applies)
Prescription Drugs	No deductible	Not subject to deductible	No deductible	Not subject to deductible	No deductible	Subject to deductible
Retail						
Generic	\$10	\$20	\$10	\$20	\$10	\$20
Formulary brand	\$25	\$40	\$35	\$40	\$30	\$40
Non-formulary brand	\$50	\$60	\$60	\$70	\$45 up to 40%	\$60
Mail Service						
Generic	\$25	\$50	\$25	\$50	\$20	\$40
Formulary brand	\$62.50	\$100	\$87.50	\$100	\$60	\$80
Non-formulary brand	\$125	\$150	\$150	\$175	\$90	\$120

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SUMMARY OF HMO BENEFIT PLAN CHANGES EFFECTIVE JULY 1, 2016 - ARIZONA NON-MEDICARE RETIREES**

AZ Non-Medicare Retirees	UnitedHealthcare AZ	
	Current	Effective 7/1/16
Medical (including mental health/substance abuse)		
Annual deductible	None	\$500 per person/ \$1,000 family maximum
Annual out-of-pocket maximum (medical and Rx combined unless noted otherwise)	None	Employee \$3,000 Family \$6,000
Inpatient hospital care	\$100 copay per admit	20% (deductible applies)
Emergency room	\$35 copay	\$250 copay (deductible applies)
Office visits		Not subject to deductible
Primary Care Physician	\$10 copay	\$30 copay
Specialist	\$10 copay	\$50 copay
Therapy	\$10 copay	\$50 copay
Preventive services (as required by the Affordable Care Act)	\$10 copay	No copay, no deductible
Outpatient diagnostic tests	\$10 copay	No copay except \$100 copay for major tests (deductible applies)
Durable medical equipment	No charge	20% (deductible applies)
Prescription Drugs	No deductible	Not subject to deductible
Retail		
Generic	\$10	\$20
Formulary brand	\$25	\$40
Non-formulary brand	\$50	\$60
Mail Service		
Generic	\$25	\$50
Formulary brand	\$62.50	\$100
Non-formulary brand	\$125	\$150