

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

Summary Comparison of HMO Medical Plan Options

Available under the

Retiree Health Plan

in the state of

California

January 2018

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.

For *specific benefits* available, please call the appropriate **Member Service** numbers indicated below.

Member Service Phone Numbers

Kaiser Permanente	800-464-4000
<i>Senior Advantage</i>	800-777-1238
United Healthcare	800-624-8822
<i>Medicare Advantage</i>	800-457-8506
Health Net	800-522-0088
<i>Seniority Plus</i>	800-275-4737

Your Monthly Self-Pay Contributions

Please refer to the "**Retiree Self-Pay Rates for Calendar Year 2018**" for your

<i>Retiree - CA</i>	United Healthcare		Kaiser		Health Net	
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
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
Annual Out of Pocket Maximum on Allowable Charges	Plan pays 100% after eligible out-of-pocket costs reach \$3,000 in a year (<i>\$6,000 for a family</i>)	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 (<i>\$6,000 for a family</i>)	Plan pays 100% after co-payments reach \$1,500 in a year (<i>\$3,000 for a family</i>)	Plan pays 100% after eligible out-of-pocket costs reach \$3,000 in a year (<i>\$6,000 for a family</i>)	Plan pays 100% after co-payments reach \$3,400 in a year
Inpatient Hospital Care Outpatient Procedure	Plan pays 80% after deductible Plan pays 80% after deductible	Plan pays 100% Plan pays 100%	Plan pays 80% after deductible Plan pays 80% after deductible	Plan pays 100% You pay \$10 per visit	Plan pays 80% Plan pays 80%	Plan pays 100% Plan pays 100%
Extended Care Facility (Skilled Nursing)	Plan pays 80% after deductible; 100 days maximum per calendar year	Plan pays 100% 100 days maximum	Plan pays 80% after deductible; 100 days maximum per calendar year	Plan pays 100% 100 days maximum	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
Office Visits Primary Care Visit Specialist	<i>Not subject to deductible</i> You pay \$30 per visit You pay \$50 per visit	You pay \$5 per visit You pay \$5 per visit	<i>Not subject to deductible</i> You pay \$30 per visit You pay \$45 per visit	You pay \$10 per visit You pay \$10 per visit	You pay \$30 per visit You pay \$50 per visit	You pay \$5 per visit You pay \$5 per visit
Preventative Care Services <i>(as required by the Affordable Care Act)</i>	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%
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%
CAT Scans & MRI's	You pay \$100 co-pay per test after deductible	Plan pays 100%	You pay \$100 co-pay per test after deductible	Plan pays 100%	You pay \$100 co-pay per test	Plan pays 100%
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%
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%, up to 3 2-hour visits per day, 100 visits per year	You pay \$30/visit starting the 31 st day, up to 100 visits/ calendar year; requires prior authorization	Plan pays 100%
Physical 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 \$50 per visit	Plan pays 100%
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 \$50 per visit	Plan pays 100%
Chiropractic Care	Not Covered	You pay \$5 per visit, maximum of 12 visits per calendar year	Not Covered	Not Covered	Not Covered	You pay \$5 per visit, maximum of 20 visits per calendar year

Hearing Aids	Plan pays 80%; maximum benefit of \$5,000 every 3 years; deductible does not apply	\$500 allowance every 36 months	Not covered	Not covered	Not covered	Not covered
Mental Health and Substance Abuse Care						
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%
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
Prescription Drugs <i>Included in Medical Out-of-pocket limit</i>	<i>Must be obtained at a participating HMO pharmacy</i> Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible	Not subject to deductible
Short-term (outpatient)	You pay \$20 per generic, \$40 per brand name, and \$60 per non-preferred prescription; maximum of a 30-day supply	You pay \$7 per generic and \$14 per brand name prescription for a 30 day supply	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; maximum of a 30-day supply	You pay \$5 per generic, \$15 per brand name, and \$35 per non-formulary prescription, maximum of 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 for a 90 day supply	Mail order- You pay 2 co-pays per prescription for 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 for a 90 day supply	Mail order- You pay 2 co-pays per 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, \$130 materials allowance every 24 months	No charge for routine exam, lenses & frames not covered ; deductible does not apply	You pay \$10 for exam, \$150 allowance for frames & lenses every 24 months	You pay \$30 for exam; lenses & frames not covered	You pay \$5 for exam, \$100 frame allowance, one pair every 2 years
Dental Care	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Refer to Dental Brochure
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%
Emergency Room Care	You pay \$250 co-pay after deductible (<i>co-payment waived if admitted to hospital</i>)	You pay \$50 (<i>co-payment waived if admitted to hospital</i>)	You pay \$125 co-pay after deductible	You pay \$20 (<i>co-payment waived if admitted to hospital</i>)	You pay \$250 co-pay after deductible (<i>co-payment waived if admitted to hospital</i>)	You pay \$20 (<i>co-payment waived if admitted to hospital</i>)

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.

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, or Health Net's Seniority Plus, **and** assign your (*or the dependent's*) 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, 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, 2018. All benefits and self-pay contributions are subject to change.



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

P.O. Box 10067

Manhattan Beach, CA 90266

phone 800-947-4338 or 310-798-6572

fax 310-798-0766