



**CMTA-IAM JOINT RETIREE  
HEALTH AND WELFARE TRUST FUND**

**ENROLLMENT GUIDE  
JANUARY 2016**



## CMTA- IAM JOINT RETIREE HEALTH & WELFARE TRUST

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*About Your Plan Benefits*

*March 2016*

### **A Message from Our Trustees**

Rising health care costs are a major concern for all of us, and those on a fixed income are hit the hardest. Health care inflation has left our retirees paying more for doctor visits, hospital stays, and prescription drugs. In addition, retirees eligible for a subsidy provided through employer contributions have seen that subsidy decrease—leaving our retirees responsible for a larger portion of the self-payment required for coverage.

Yet, while we are faced with very real challenges on the health care front, the CMTA-IAM Joint Retiree Health and Welfare Trust remains committed to providing retired members with access to affordable, quality health care coverage. The plans can protect against the high costs of treating major illness or injury, and cover many day-to-day health care needs. This gives you greater flexibility to match a medical plan to your personal health situation at a price you can afford.

We encourage you to review this *Benefits Guide*. It describes your health plan options, eligibility for these plans, and the steps you should take to enroll in a plan. If you have questions after reading this *Guide*, please contact the Trust Fund Office at 800-662-0738, option 1.

***This Retiree Plan has been determined to be a “Retiree only Plan” meaning that is not subject to many of the group health requirements under HIPAA and the PPACA (Health Reform).***

*This Benefit Guide provides only highlights of certain features of the CMTA-IAM Joint Retiree Health & Welfare Trust Plan benefits. Full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern.*

*The Trustees reserve the right to amend, modify, or discontinue all or part of the Plan at any time. No Retiree, Spouse or any other person shall have any vested right to any benefits provided by the Plan.*

## What's New for 2016

### *Trust Fund Subsidy*

Monthly self-payments are required for coverage under the plan. Currently, employers contribute a portion of the cost of coverage for retirees who are entitled to a subsidy. The applicable subsidy amount is loaded on a debit card that you can use for copayments. The flat monthly subsidy amounts are \$13 for single, \$23 for two-party and \$35 for family effective January 1, 2016. Note that the subsidy amount is loaded twice a year (January and July).

### Your Health Plan Options

Information regarding the Trust-sponsored health plan options is organized in two sections: for *Non-Medicare Retirees* and for *Medicare Retirees*.

#### *Health Plan Options for Non-Medicare Retirees*

Non-Medicare Retirees are our retired members under age 65, who are not yet eligible for Medicare. The following plans are available, based on where you live.

<b>Non-Medicare Retiree Health Plan Options</b>		
<i>Plan Option</i>	<i>Plan Type</i>	<i>New enrollment open to...</i>
Kaiser HMO Plan	HMO	California residents only
Kaiser Deductible HMO Plan	HMO	California residents only
United Healthcare HMO Plan	HMO	California residents only
United Healthcare PPO Plan	PPO	Residents of any state

**Current Kaiser HMO participants in Oregon and Hawaii may continue enrollment in these plans for 2016; however, new enrollees will not be accepted. If you are currently enrolled and choose a different plan for 2016, you will not be able to re-enroll in these plans during any future enrollment period.**

Before choosing a plan, it is important to understand how each plan works, the benefits provided, and the costs you may incur under each plan (self-payments and out-of-pocket expenses).

Following is an explanation of the plan types noted in the table above. Refer to these definitions, along with the Benefit Plan Summaries included with this *Guide*, when deciding which plan is right for you.

### Health Maintenance Organizations (HMOs)

The Trust Fund's HMO plans (provided through Kaiser and United Healthcare) require you to receive care and services from specific medical providers (physicians, hospitals, pharmacies, etc.) who contract with the HMO. This means you have access to network providers only, except when you need emergency care. You must select a Primary Care Physician (PCP) or medical group that coordinates your total health care, including arranging referrals to specialists and other participating providers for laboratory tests, X-rays, hospitalization, and medications.

Except for the Kaiser Deductible HMO plan, there is no deductible to meet before benefits are payable. In most cases, claim forms are not required. Some copayments apply, and you are responsible for those copayments at the point of care. If you use providers who aren't in the network, you may have to pay the entire cost of the service (with the exception of emergency care).

### Preferred Provider Organization (PPO)

Under the United Healthcare PPO Plan, you may receive care from any provider. However, you incur lower out-of-pocket expenses when you receive services from network providers, because these providers contract with the PPO network and they agree to provide services at contracted rates. If you receive care outside the PPO network, you will have higher out-of-pocket costs.

You must pay the first \$250 (\$500 for a family) in PPO and \$500 (\$1,000 for a family) in non-PPO expenses each year (this is known as the "deductible"). After meeting the deductible, you then pay a portion of covered expenses. In general, the plan pays 80% of contracted rates when you visit a PPO network provider and 60% of covered expenses when you use a non-network provider. You pay the balance.

If your annual payments (including the deductible) reach the plan's out-of-pocket maximum, the plan will cover eligible expenses at 100% of contracted rates for the balance of the policy year.

**Refer to the Benefit Plan Summaries included in this *Guide*, for highlights of benefits provided under each plan.**

## *Health Plan Options for Medicare Retirees*

Medicare Retirees are our retired members, generally age 65 and over, who are eligible for Medicare. The following plans are available, based on where you live.

<b>Medicare Retiree Health Plan Options</b>		
<i>Plan Option</i>	<i>Plan Type</i>	<i>New enrollment open to...</i>
Health Net Seniority Plus Plan **	Medicare Advantage HMO	California residents only
Kaiser Senior Advantage Plan - \$10 Plan *	Medicare Advantage HMO	California residents only
Kaiser Senior Advantage Plan - \$20 Plan *	Medicare Advantage HMO	California residents only
Group Health Cooperative HMO Plan	Medicare Advantage HMO	Washington residents only
United Healthcare Secure Horizons HMO Plan	Medicare Advantage HMO	California residents only
United Healthcare Senior Supplement Plan (Plan C)	Medicare Supplement Insurance	Residents of any state
United Healthcare Prescription Drug Only Plan	Medicare Part D Prescription Drug Plan	Residents of any state
<b>Current Kaiser HMO participants in Oregon and Hawaii may continue enrollment in these plans for 2016; however, new enrollees will not be accepted. If you are currently enrolled and choose a different plan for 2016, you will not be able to re-enroll in these plans during any future enrollment period.</b>		

\* Additional hearing aid and dental coverage is available. However, you will have to pay 100% of the premium.

\*\* Retiree and any eligible dependents must all have Medicare.

As you consider which plan is right for you, it is important to first understand how Medicare and your CMTA-IAM Joint Retiree Health and Welfare Trust plan benefits work together to provide your health care benefits.

## How Medicare Works

Some people get Part A and B automatically and others will need to sign up. Medicare coverage typically begins the first day of the month in which you turn 65, if you enroll in Medicare during the three months before the month you turn age 65.

When you become eligible for and enroll in Medicare, coverage is provided as follows:

- *Medicare Part A* provides hospital insurance. It helps pay for Medicare-approved hospital stays, care in skilled nursing facilities, hospice care, home healthcare, and hospital care from qualified Medicare providers. You typically do not pay a premium for Part A coverage if you or your spouse paid for Medicare through payroll taxes while you were working.
- *Medicare Part B* provides medical insurance. It helps pay for Medicare-approved doctor services, outpatient care, certain preventive care services, diagnostic tests, and some other services and supplies that Medicare Part A does not cover. You pay a monthly premium for Part B coverage. Most participants in 2016 pay a monthly premium of \$104.90. Some participants will pay more, depending on their income.

**Medicare Parts A and B are known as the “Original Medicare” plan. To enroll in a medical plan offered through the Trust Fund, you must be enrolled in Medicare Parts A and B.**

- *Medicare Part C* allows you to receive your Part A and B Medicare benefits through Health Care Prepayment Plans (HCPP), Cost Plans, Medicare Risk plans, Medicare Plus Choice plans or most commonly, Medicare Advantage plans. A Medicare Advantage plan is a health plan (such as an HMO) approved by Medicare and run by a private insurance company. The Trust Fund sponsors several Medicare Advantage plans for our retired members. Refer to page 6 for more information regarding Medicare Advantage plans. An individual is entitled to Part C if they are entitled to Part A and enrolled in Part B and live in a Part C service area (certain specific exceptions apply).
- *Medicare Part D* helps to cover your prescription drug costs. When you become entitled to or enrolled in Part A or enrolled in Part B, you also have the opportunity to enroll in a Medicare Part D prescription drug plan. Medicare prescription drug plans are run by insurance companies and other private companies approved by Medicare. **Please Note:** If you enroll in one of the Trust Fund’s Medicare Advantage plans or Medicare Supplement plans, your Medicare Part D prescription drug benefits are covered through that plan. Medicare Advantage and Medicare Supplement plan enrollees should not enroll in a separate Medicare prescription drug plan (please see page 9).

## How the CMTA-IAM Joint Retiree Health and Welfare Trust plans work with Medicare

As noted in the table on page 4, the Trust Fund offers retired members the opportunity to enroll in one of several health plan options and receive benefits that include and supplement Medicare benefits. You can choose a Trust Fund-sponsored:

- Medicare Advantage HMO plan covering medical and prescription drugs
- Medicare supplement plan covering medical and prescription drugs
- Medicare prescription drug plan (prescription drug coverage only)

**Medicare Advantage Plans.** When you enroll in a **Medicare Advantage plan**, you agree to allow a private insurance company to provide your Medicare Part A and B benefits. Under a Medicare Advantage plan, you authorize Medicare to pay your benefits directly to the insurance company. The insurance company decides how benefits are covered under each plan. Generally, coverage under the Trust Fund’s Medicare Advantage plans is more generous than the coverage provided through Original Medicare. The Trust Fund’s Medicare Advantage plans also include Medicare-approved prescription drug coverage.

To join a Trust Fund-sponsored Medicare Advantage plan, you must have Medicare Part A and Part B. You will continue to pay your monthly Medicare Part B premium to Medicare, through deductions from your Social Security benefit. In addition, you will pay a monthly premium (your “self-payments”) to the Trust Fund for your Trust Fund-sponsored Medicare Advantage plan coverage—to cover the extra benefits offered through the plan.

You may choose to enroll in one of the following Trust Fund-sponsored Medicare Advantage plans. However, please note that you may not be eligible to enroll in an HMO plan if you do not live in an HMO service area.



- **HMO Plans.** When you choose an HMO plan, you must receive all services from HMO-contracted providers. Neither Medicare nor the HMO (except in emergencies or other pre-approved situations) will provide coverage for services received from outside providers.

The following Medicare Advantage HMO plans are available to you.

For California residents:

- Health Net Seniority Plus Plan
- Kaiser Senior Advantage Plan - \$10 Plan
- Kaiser Senior Advantage Plan - \$20 Plan
- United Healthcare Secure Horizons HMO Plan

For Washington residents:

- Group Health Cooperative HMO Plan

**Benefits coverage levels and monthly self-payment premiums vary by plan. Refer to the Benefit Plan Summaries included in this *Guide*, for highlights of benefits provided and the 2016 Self-payment rates.**

**Medicare Supplement Insurance.** As an alternative to electing a Medicare Advantage plan, many Medicare beneficiaries opt to purchase **Medicare supplement insurance**. A Medicare supplement plan is private health insurance designed to pay some of the health care costs not covered by Original Medicare. These plans also include Medicare-approved prescription drug coverage.

The Trust Fund offers one Medicare supplement insurance plan—the United Healthcare Senior Supplement Plan. Under this plan, you may visit any provider, but you incur lower out-of-pocket expenses when you visit a provider who accepts assignment from Medicare and does not engage in private contracting. For prescription drugs, you may use any pharmacy.

If you enroll in the United Healthcare Senior Supplement Plan, you must have Medicare Part A and Part B. In addition to your monthly Medicare Part B premium, you will also pay a premium, through your monthly self-payment to the Trust Fund, for your supplement coverage.

**Refer to the Benefit Plan Summaries, beginning on page 23 of this *Guide*, for highlights of benefits provided.**

**Prescription Drug Only Plan for Medicare Retirees.** While the Trust Fund-sponsored medical plans provide comprehensive, Medicare-creditable prescription drug coverage, the Trust Fund also provides retired members the option of electing a stand-alone **Medicare prescription drug plan**. *This plan is designed for individuals who are already covered or intend to seek coverage under a medical plan outside the Trust Fund (such as an individual plan or a plan through a spouse).*

Under the plan, you must fill your prescriptions at a United MedicareRx participating pharmacy, and mail order service is available. The plan also provides participants with phone access (1-888-556-6648) to a pharmacist 24 hours a day, seven days a week.

The following table provides a summary of the Prescription Drug Only Plan. Monthly self-payment premium for this plan is included separately with this *Guide*.

<b>Trust Fund-Sponsored Prescription Drug Plan Option</b>	
<b>Plan Feature</b>	<b>United Healthcare - \$10/\$20/\$35 Plan</b>
Annual Deductible	No deductible
Tier 1 Drugs (generics)	\$10 copayment
Tier 2 Drugs (preferred brand-name)	\$20 copayment
Tier 3 Drugs (non-preferred)	\$35 copayment
Specialty Drug Tier *	\$35 copayment
Coverage Gap	N/A
Mail Order (90-day supply)	Two times copayment for a 30-day supply at retail pharmacy.

\* Complex, high-cost drugs that usually have specialized storage, handling and delivery requirements.

The Trust Fund-sponsored Prescription Drug Only plan is offered as an alternative only to the medical/prescription drug plan options. The Trust Fund will not allow you to enroll in the Trust Fund-sponsored Prescription Drug Only Plan if you choose to enroll in one of its medical/prescription drug plans. *If you enroll in one of the medical/prescription drug plans, you should not enroll in the Prescription Drug Only plan, as Medicare-creditable drug coverage is available under all medical/prescription drug options.*

As mentioned before, the Trust Fund’s Medicare Advantage and Medicare supplement insurance plans include prescription drug coverage. Therefore, Medicare Advantage and Medicare supplement plan enrollees **should not** enroll in a separate Medicare prescription drug plan. If this is done, you may jeopardize your medical coverage or cause yourself unnecessary additional costs:

- **Medicare Advantage enrollees (HMO):** Retired members who enroll in one of the Trust Fund’s HMO Medicare Advantage plans and who enroll in a separate Medicare prescription drug plan will be automatically dis-enrolled by Medicare from their medical plan coverage, thus losing their Trust Fund-sponsored medical benefits. If you mistakenly do this, we encourage you to dis-enroll from your Medicare drug plan and file an appeal with your Medicare Advantage plan to be re-enrolled.
- **United Healthcare Senior Supplement Plan enrollees:** United Healthcare Senior Supplement Plan members who enroll in a separate Medicare prescription drug plan will no longer have access to the prescription drug benefits through the United Healthcare Senior Supplement Plan—these benefits will only be provided through the separate Medicare prescription drug plan. Your self-payment to the Trust Fund will not be reduced even though the prescription drug benefits are no longer available. This will result in unnecessary additional cost to you.

## **Enrolling in a Plan**

### **Non-Medicare Retirees**

Non-Medicare Retirees may enroll in a Trust Fund-sponsored plan or make changes to their plan election as outlined in this section.

**Contact the Trust Fund Office at 800-662-0738, option 1 to request an enrollment form and instructions for completing your enrollment.**

If you wish to change your plan election, contact the Trust Fund Office. Any change you request during this enrollment period is effective the month following receipt of complete enrollment forms.

**Please note:** The plan your spouse is enrolled in will depend on the plan you select:

<b>If you enroll in...</b>	<b>And you have a Non-Medicare-eligible spouse, your spouse will be enrolled in...</b>
Kaiser HMO Plans	Kaiser HMO Plans
United Healthcare HMO Plan	United Healthcare HMO Plan
United Healthcare PPO Plan	United Healthcare PPO Plan

<b>If you enroll in...</b>	<b>And you have a Medicare-eligible spouse, your spouse will be enrolled in...</b>
Kaiser HMO Plans	Kaiser Senior Advantage Plans
United Healthcare HMO Plan	United Healthcare Secure Horizons HMO Plan
United Healthcare PPO Plan	United Healthcare Senior Supplement Plan

**Initial Enrollment Period — For participants as they become eligible for Non-Medicare retiree benefits.** Once eligible, Non-Medicare Retirees may enroll in a medical plan at any time. Following initial enrollment, generally you will not be allowed to change your benefit elections or add/delete dependents until you remain in the plan selected for a minimum of 12 months. However, you may be eligible to change your plan election before 12 months have passed under the following circumstances:

- You move from your medical plan service area
- You lose or gain medical plan coverage due to a change in your or your spouse’s employment
- If, under certain circumstances, a change is approved by the Board of Trustees

**Enrollment and Plan change requests are effective the first day of the month following the date the enrollment form is received by the Trust Fund Office.**

Enrollment and plan change requests are effective the first day of the month following the date the Trust Fund Office receives the properly completed enrollment material. You may initiate your enrollment/change request by calling the Trust Fund Office.

**Medicare Retirees**

You may enroll in a Trust Fund-sponsored plan or make changes to your plan election as outlined in this section.

If you wish to change your plan election, contact the Trust Fund Office. Your new election (if you choose to make a change) is effective the first day of the month following the date the Trust Fund Office receives the properly completed enrollment material and subject to approval by the medical plan carrier.

**Contact the Trust Fund Office at 800-662-0738, option 1 to request an enrollment form and instructions for completing your enrollment.**

**Please note:** The plan your spouse is enrolled in will depend on the plan you select:

<b>If you enroll in...</b>	<b>And you have a Medicare-eligible spouse, your spouse will be enrolled in...</b>
Kaiser Senior Advantage Plans	Kaiser Senior Advantage Plans
Health Net Seniority Plus Plan	Health Net Seniority Plus Plan
United Healthcare Secure Horizons HMO Plan	United Healthcare Secure Horizons HMO Plan
United Healthcare Senior Supplement Plan	United Healthcare Senior Supplement Plan
Group Health Cooperative HMO Plan	Group Health Cooperative HMO Plan
<b>If you enroll in...</b>	<b>And you have a Non-Medicare-eligible spouse, your spouse will be enrolled in...</b>
Kaiser Senior Advantage Plans	Kaiser HMO Plans
Health Net Seniority Plus Plan	You will not be able to enroll your non-Medicare spouse
United Healthcare Secure Horizons HMO Plan	United Healthcare HMO Plan
United Healthcare Senior Supplement Plan	United Healthcare PPO Plan
Group Health Cooperative HMO Plan	You will not be able to enroll your non-Medicare spouse

If you select Health Net or Group Health Cooperative, you and your dependents must be eligible and enrolled in Medicare.

You may change your election during the year as noted on page 12 of this *Guide*, or during the annual Medicare enrollment periods described in Medicare’s publication, “*Medicare and You 2016*.”

**Initial Enrollment Period — For participants as they become eligible for Medicare.** The Trust Fund negotiates with its health plan carriers to set premium rates, based on the assumption that all Medicare-eligible retirees are entitled to both Medicare Part A and Part B benefits. *Thus, the plans offered through the Trust Fund require that Medicare Retirees are enrolled in Medicare Parts A and B.*

Some people get Part A and B automatically and other will need to sign up. Medicare coverage typically begins the first day of the month in which you turn 65, if you enroll in Medicare during the three months before the month you turn age 65. Generally, there is no monthly premium for Part A coverage. You must pay a monthly premium for Part B coverage. In 2016, the Part B premium for most Medicare beneficiaries is \$104.90 per month (there are some exceptions for higher income individuals).

**You may be eligible for Medicare earlier than age 65 if you become disabled. Contact Social Security Administration for more information.**

You can enroll in Medicare Part B when you are first eligible to enroll in Medicare. If you are covered through the Trust Fund’s group medical insurance (or another employer’s group insurance plan), you can also enroll in Medicare Part B later through a Part B special enrollment period as follows:

- Any time you are still covered by a group health plan through your or your spouse’s active employment
- During the eight months following the month your group health plan coverage ends, or when employment ends (whichever is first)

Once enrolled in Medicare Part B, you may elect a Trust Fund-sponsored medical plan to cover your health care needs. You are responsible for any additional premium required—payable to the Trust Fund through your monthly self-payments.

**To enroll in a Trust Fund-sponsored plan, contact the Trust Fund Office at 800-662-0738, option 1 to request an enrollment form and instructions for completing your enrollment.**

**IMPORTANT:** If you do not enroll in Medicare Part B when you first become eligible or during the other times indicated above, you may have to pay a higher Medicare Part B premium because you could have had Medicare Part B and did not take it. Call the Social Security Administration at 800-772-1213 for more information or to enroll in Medicare.

**When plan election changes are allowed.** You may change your plan election outside of the enrollment periods described previously, as follows:

- If you no longer live in your medical plan's service area
- If you lose your group health plan coverage
- If you are entitled to Medicare and are in a situation that Medicare has decided is an exception

Refer to Medicare's publication "*Medicare and You 2016*" for more information on the annual Medicare enrollment periods and special enrollment events. If necessary, contact the Trust Fund Office to discuss your circumstances and initiate a request to change your medical plan election.

## Eligibility for Trust Fund-Sponsored Health Care Benefits

*Who is Eligible?*

### Retiree

You are eligible for retiree benefits if:

- You have retired under a collective bargaining agreement with District Lodge 190 and (a) are receiving benefits from the Automotive Industries Pension Fund or IAM National Plan, or (2) are at least 55 years of age.
- You make the proper self-payments for coverage.

You may not enroll in this plan both as a retiree and as a dependent. In addition, you will not be allowed to re-enroll for coverage under this plan once your coverage has been cancelled.

### Dependent

If YOU qualify for benefits, the following dependents may be covered:

- Your spouse or domestic partner
- Your unmarried children dependent on you for support, including:
  - Natural children
  - Adopted children from the date of placement
  - Stepchildren
  - Foster children
  - Other children living with you

You can cover children up to age 19 (or to age 23, if full-time students at accredited educational institutions and dependent on you for at least half of their support).

**Please note:** Kaiser will not cover foster children. This includes a foster child who (1) is claimed as an income tax deduction by the retiree, (2) is solely dependent on the retiree for support, and (3) lives in the retiree's home.



### *Eligibility Date*

Coverage begins upon proper self-payment on the date you begin receipt of pension payments from a Qualified Pension Plan.

If you do not wish your coverage to begin on this date, you may apply at a later date. In this case, coverage would begin on the first day of the month after proper application is made to the Trust Fund Office. Application for Non-Medicare plans may be made at any time after you are eligible. Medicare Retirees should take note of the Part A and Part B enrollment requirement and the timeframes for enrolling in Part A and Part B noted previously in this *Guide*.

Dependents become eligible under the plan at the same time you become eligible, or on the date the dependent is acquired, if later.

If you and your spouse/eligible dependent(s) elect coverage and become eligible under the plan, but you later die, surviving spouse and/or eligible dependent child benefits will continue after your death. Coverage may be suspended for a spouse if the spouse becomes employed or covered under another health and welfare program; coverage will be resumed under this plan when the other coverage terminates. The spouse's coverage will terminate permanently on the date of remarriage.

### **Paying for Your Health Plan Coverage**

Monthly self-payments are required for coverage under the plan. Your monthly self-payments depend on which health care plan you elect, and whether you cover just yourself, or yourself and your dependents.

The self-payment rates are subject to change as determined by the Trustees to reflect changes in the actual cost of the benefits, administrative costs, and reserve funding. Failure to submit your monthly self-payment in a timely manner will be interpreted as a voluntary request to terminate your coverage.

**Please note:** Some retirees are eligible for a subsidy provided by employer contributions. Retirees with at least 24 employer contributions made on their behalf in the amount required by the Retiree Plan during the last 48 months prior to employment termination are entitled to a subsidy under the plan. To receive the subsidy, they must also be eligible and apply for their pension within 24 months following the month of termination of employment. Retirees eligible for a subsidy will have the applicable subsidy amount loaded on a debit card that can be used for copayments.

## **Class 2 Participants**

Class 2 Employees who have participated in the Automotive Industries Welfare Fund may be eligible for retiree benefits under the Trust Fund, without any subsidy, based on the following requirements:

- The participant was an active Class 2 Employee in the Automotive Industries Welfare Fund with at least 5 years of consecutive coverage immediately prior to retirement.
- The participant has attained age 60.

## **Important Notices**

### *Your COBRA Rights*

COBRA Continuation Coverage can become available to members of your family who are covered under the Trust Fund plan, when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Trust Fund plan and under federal law, refer to the “General Notice of COBRA Continuation Coverage Rights” available upon request from the Trust Fund Office.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace if you are not eligible for Medicare. By enrolling in coverage through the Marketplace, you may qualify for a tax credit which will lower costs on your monthly premiums. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit. For more information about the Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov). Also, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse’s plan), if you request enrollment in that plan within 30 days of a qualifying event, even if that plan generally does not accept late enrollees.

### *Private Health Information*

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as “protected health information” (PHI), and it will not be used or disclosed without your written authorization, except as described in the HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws.

The HIPAA Privacy Notice is available by request from the insurance company that provides your medical coverage. It spells out what the plans are required by law to do and how the plans will comply, as well as provides an explanation of your rights regarding your own health information. If you have any immediate questions or concerns, please contact the Trust Fund Office.

### **Help for People with Limited Financial Resources**

There is financial help available to pay for some health care and prescription drug costs. If you have limited income and resources, you might qualify for the programs, including the Low Income Subsidy (LIS), which provides assistance with prescription drug costs.

Refer to Medicare’s publication, “*Medicare and You 2016*,” or contact your health plan carrier for more information.

### **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA’s website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## **Keep Your Plan Informed of Address Changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Trust Fund Office. Plan contact information:

CMTA-IAM Joint Retiree Health & Welfare Trust  
c/o ATPA  
1640 South Loop Road  
Alameda, CA 94502  
Phone: 510-433-4450, option 9 or Toll Free 800-662-0738, option 1  
Fax: 510-337-3080

Contact the "COBRA Unit" at the group health plan at the address and phone numbers shown above.

## **Benefit Plan Summaries**

Use the following charts to compare the medical options of the CMTA-IAM Joint Retiree Health and Welfare Trust and pick the plan that best meets your health care needs.

The charts provide only highlights of certain features of the CMTA-IAM Joint Retiree Health & Welfare Trust Plan benefits. Full details are contained in the documents that establish the plan provisions. If there is a discrepancy between the wording here and the documents that establish the plan, the language in the documents that establish the plan will govern plan administration and benefit payment.

Contact the Trust Fund Office to request booklets for the plans in which you are most interested.

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE HMO</b> <i>California Residents</i>	<b>UNITEDHEALTHCARE PPO</b> <i>Residents of any state</i>	<b>KAISER HMO</b> <i>California Residents</i>	<b>KAISER DEDUCTIBLE HMO</b> <i>California Residents</i>
<b>PROVIDER CHOICE</b>	You may use any provider but you have the least out of pocket expense when you use a United Healthcare contracted provider.	You may use any provider but you have the least out-of-pocket expense when you use a UnitedHealthcare contracted provider.	Services are provided by Kaiser staff at Kaiser facilities. No benefits are provided for treatment outside of the HMO, except for emergency treatment and referral situations.	Services are provided by Kaiser staff at Kaiser facilities. No benefits are provided for treatment outside of the HMO, except for emergency treatment and referral situations.
<b>DEDUCTIBLE</b> (per person/per family)	None	PPO: \$250 / \$500 Non-PPO: \$500 / \$1,000	None	\$500 per person \$1,000 per family
<b>ANNUAL COPAY MAXIMUM</b>	\$2,000 per individual (2 individual maximum per family) Copays for prescription drugs do not accrue toward this maximum nor are any copays required once this maximum is reached	PPO: \$2,250 per person / \$4,500 per family Non-PPO: \$4,500 per person / \$9,000 per family Copayments do not accumulate towards the maximum	\$1,500 per person \$3,000 per family	\$3,000 per person \$6,000 per family
<b>MAXIMUM POLICY BENEFIT</b>	None	None	None	None
<b>HOSPITAL</b> <i>Inpatient</i>	30% copay of contract rates for UnitedHealthcare contracted provider	PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible	Provided at no charge at a Kaiser Permanente Hospital	You pay 20% of covered charges after deductible
<i>Outpatient Surgery</i>	30% copay of contract rates for UnitedHealthcare contracted provider	PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible	\$10 per procedure at a Kaiser Permanente facility	You pay 20% of covered charges after deductible

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE HMO</b> <i>California Residents</i>	<b>UNITEDHEALTHCARE PPO</b> <i>Residents of any state</i>	<b>KAISER HMO</b> <i>California Residents</i>	<b>KAISER DEDUCTIBLE HMO</b> <i>California Residents</i>
<b>EMERGENCY SERVICES</b>	\$100 copay per visit (copay is not waived if admitted)	PPO/non-PPO: \$100 per visit (waived if admitted)	\$50 per visit (waived if admitted)	You pay 20% of covered charges after deductible
<b>SKILLED NURSING FACILITY CARE</b>	30% copay of contract rates for UnitedHealthcare contracted provider Up to 100 days per benefit period	PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible Up to 60 days per calendar year	Provided at no charge Up to 100 days per benefit period when referred by a Kaiser physician	You pay 20% of covered charges after deductible Up to 100 days per benefit period when referred by a Kaiser physician
<b>HOME HEALTH CARE</b>	\$10 copay per visit Up to 100 visits per calendar year	PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible Up to 100 visits per calendar year	Provided at no charge Up to 100 visits per calendar year as prescribed by the Kaiser physician	Provided at no charge; services are not subject to deductible Up to 100 visits per calendar year
<b>HOSPICE CARE</b>	Inpatient: 30% copay for life expectancy of 12 months or less Outpatient: No charge for life expectancy 1 year or Less	PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible	Provided at no charge if a Kaiser physician has diagnosed you with a terminal illness and determines that your life expectancy is 12 months or less	Provided at no charge; services are not subject to deductible

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE HMO</b> <i>California Residents</i>	<b>UNITEDHEALTHCARE PPO</b> <i>Residents of any state</i>	<b>KAISER HMO</b> <i>California Residents</i>	<b>KAISER DEDUCTIBLE HMO</b> <i>California Residents</i>
<b>PHYSICIAN OFFICE VISITS</b>	\$25 per visit (including specialist)	PPO: \$15 per visit (including specialist) Non-PPO: 40% copay of UCR after deductible	In Kaiser Permanente Office (including specialist): \$10 per visit (\$5 per visit for well-child preventive care visits (through age 23 months) and scheduled prenatal care and first post-partum visit)	In Kaiser Permanente Office (including specialist): \$20 per visit. (\$10 per visit for well-child preventive care visits (through age 23 months) and scheduled prenatal care and first post-partum visit)
<b>X-RAY, &amp; LABORATORY SERVICES</b>	Laboratory: Provided at no charge at a your Participating Medical Group  X-ray: Standard provided at no charge; Specialized with a \$50 copay	PPO: Provided at no charge Non-PPO: 40% copay of UCR after deductible  *** CT, PET, MRI, MRA and Nuclear Medicine  PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible	Provided at no charge at a Kaiser Permanente facility	\$10 copay after deductible (deductible does not apply to some preventive screenings)  \$50 copay after deductible for MRI, CT and PET
<b>ROUTINE PHYSICAL EXAM</b>	Provided at no charge	PPO: Provided at no charge Non-PPO: Not covered	In Kaiser Permanente Office (including specialist): \$10 per visit	\$20 copay; services are not subject to deductible

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE HMO</b> <i>California Residents</i>	<b>UNITEDHEALTHCARE PPO</b> <i>Residents of any state</i>	<b>KAISER HMO</b> <i>California Residents</i>	<b>KAISER DEDUCTIBLE HMO</b> <i>California Residents</i>
<b>OUTPATIENT PHYSICAL THERAPY</b>	\$25 per visit (referral required)	PPO: \$15 per visit (including specialist) Non-PPO: 40% copay of UCR after deductible Up to 20 visits	\$10 per visit	\$20 per visit after deductible
<b>ALCOHOL AND SUBSTANCE ABUSE</b>	Inpatient 30% copay of contract rates for UnitedHealthcare contracted provider Outpatient \$25 per visit	Inpatient PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible Up to 30 days per year Outpatient PPO: \$15 per visit Non-PPO: 40% copay of UCR after deductible Up to 20 visits per year	Inpatient detoxification provided at no charge Transitional (non-medical) residential recovery services provided at no charge. Outpatient care provided at \$10 per visit (\$5 for group therapy)	20% copay for detoxification after deductible Transitional (non-medical) residential recovery services provided at \$100 per admission, unlimited days per calendar year. Outpatient care provided at \$20 per visit (\$5 for group therapy); services not subject to deductible



<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE HMO</b> <i>California Residents</i>	<b>UNITEDHEALTHCARE PPO</b> <i>Residents of any state</i>	<b>KAISER HMO</b> <i>California Residents</i>	<b>KAISER DEDUCTIBLE HMO</b> <i>California Residents</i>
<b>MENTAL HEALTH</b>				
<i>Inpatient</i>	30% copay of contract rates for UnitedHealthcare contracted provider	PPO: 20% copay of contract rates after deductible Non-PPO: 40% copay of UCR after deductible Up to 30 days per year	Up to 45 days per calendar year provided at no charge at Kaiser Permanente Facility	20% copay after deductible Unlimited days per calendar year
<i>Outpatient</i>	\$25 per visit	PPO: \$15 per visit Non-PPO: 40% copay of UCR after deductible Up to 20 visits per year	\$10 charge per visit (\$5 for group therapy) up to 20 visits per calendar year evaluation, crisis intervention, and treatment when a Plan Physician or other Plan mental health professional believes the condition will significantly improve with relatively short-term therapy  Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses	\$20 per visit (\$10 for group therapy)
<b>VISION CARE</b>	\$25 per visit for exam only	PPO: \$15 per visit for exam only (limited to 1 exam every 2 years) Non-PPO: Not covered	Provided at \$10 per visit for eye exams	Provided at \$20 per visit for eye exams; service not subject to deductible
<b>AMBULANCE</b>	\$50 copay per trip	PPO/Non-PPO: 20% copay of contract rates after deductible	Provided at no charge when medically necessary and authorized by a Kaiser physician	\$150 copay per trip after deductible

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE HMO</b> <i>California Residents</i>	<b>UNITEDHEALTHCARE PPO</b> <i>Residents of any state</i>	<b>KAISER HMO</b> <i>California Residents</i>	<b>KAISER DEDUCTIBLE HMO</b> <i>California Residents</i>
<b>HEARING CARE</b>	\$25 per visit for exam only	Hearing Aids limited to \$2,500 per year  PPO: 20% copay of contract rates after deductible  Non-PPO: 40% copay of UCR after deductible	Provided at \$10 per visit for hearing tests	Provided at \$20 per visit for hearing tests; service not subject to deductible
<b>ALLERGY</b>				
<i>Testing</i>	\$25 per visit	PPO: \$15 per visit Non-PPO: 40% copay of UCR after deductible	Provided at \$10 per visit	Provided at \$20 per visit; service not subject to deductible.
<i>Medication</i>	Provided at no charge	Provided at no charge	Provided at \$3 per visit	Covered at 100% after deductible
<b>IMMUNIZATIONS</b>	Provided at no charge	PPO: \$15 per visit Non-PPO: 40% copay of UCR after deductible	Provided at no charge	Provided at no charge; service not subject to deductible
<b>DURABLE MEDICAL EQUIPMENT</b>	\$50 copay per item \$5,000 annual benefit maximum per calendar year	PPO: 20% copay of contract rates after deductible  Non-PPO: 40% copay of UCR after deductible  (Prior Authorization is required for Durable Medical Equipment in excess of \$1,000.)	Provided at no charge in accordance with Kaiser DME formulary guidelines	20% copay; service not subject to deductible; covered in accordance with Kaiser DME formulary guidelines
<b>PROSTHETIC APPLIANCES</b>	\$50 copay	PPO: 20% copay of contract rates after deductible  Non-PPO: 40% copay of UCR after deductible	Covered devices provided at no charge	Provided at no charge when prescribed by Health Plan Physician. Some limitations and exclusions apply

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE HMO</b> <i>California Residents</i>	<b>UNITEDHEALTHCARE PPO</b> <i>Residents of any state</i>	<b>KAISER HMO</b> <i>California Residents</i>	<b>KAISER DEDUCTIBLE HMO</b> <i>California Residents</i>
<b>PRESCRIPTION DRUGS</b>	Prescriptions must be obtained at UnitedHealthcare pharmacy and written by your Primary Care Physician.	Prescriptions must be obtained at a UnitedHealthcare pharmacy and written by your Primary Care Physician.	Prescriptions must be obtained at a Kaiser pharmacy and written by a Kaiser physician.	Prescriptions must be obtained at a Kaiser pharmacy and written by a Kaiser physician.
<i><b>Retail</b></i>				
Generic	\$100 Deductible, then \$20 copay per prescription (30-day supply)	\$10 copay per prescription (30-day supply)	\$5 copay per prescription (100-day supply)	\$10 copay per prescription; no deductible (100-day supply)
Brand-Name	\$100 Deductible, then \$35 copay per prescription for formulary brand (30-day supply)	\$25 copay per prescription for formulary brand, \$50 copay per prescription for non-formulary brand (30-day supply)	\$10 copay per prescription (100-day supply) Must be filled in accordance with Kaiser formulary guidelines	After \$100 deductible, \$30 copay per prescription (100-day supply)
<i><b>Mail Order</b></i>			(Refills Only)	
Generic	\$100 Deductible, then \$40 copay per prescription (90-day supply)	\$25 copay per prescription (90-day supply)	\$5 copay per prescription (100-day supply)	\$10 copay per prescription; no deductible (100-day supply)
Brand-Name	\$100 Deductible, then \$70 copay per brand name prescription (90-day supply)	\$62.50 copay per brand name prescription, \$125 copay per prescription for non-formulary brand up (90-day supply)	\$10 copay per prescription (100-day supply) Must be filled in accordance with Kaiser formulary guidelines	After \$100 deductible, \$30 copay per prescription (100-day supply)
<b>RATES *</b>				
SINGLE	Δ \$1,718	Δ \$1,935	Δ \$1,348	Δ \$1,021
TWO-PARTY	Δ \$3,437	Δ \$4,082	Δ \$2,695	Δ \$2,042
FAMILY	Δ \$5,146	Δ \$5,837	Δ \$3,807	Δ \$2,882

\* If you or any of your dependents are on Medicare, please refer to the Rate Sheets for applicable rates.

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE Secure Horizons (Plan O6G)</b> <i>California Residents</i>	<b>KAISER Senior Advantage (\$10 Copay Plan) <sup>2</sup></b> <i>California Residents</i>	<b>KAISER Senior Advantage (\$20 Copay Plan) <sup>2</sup></b> <i>California Residents</i>	<b>HEALTH NET Seniority Plus (Plan C53)</b> <i>California Residents</i>	<b>GROUP HEALTH COOPERATIVE Medicare Advantage</b> <i>Washington Residents</i>
<b>PROVIDER CHOICE</b>	Services provided by UnitedHealthcare contracted facilities. No benefits provided for treatment outside of the HMO, except for emergency treatment and referral situations.	Services provided by Kaiser staff at Kaiser facilities. No benefits provided for treatment outside of the HMO, except for emergency treatment and referral situations.	Services provided by Kaiser staff at Kaiser facilities. No benefits provided for treatment outside of the HMO, except for emergency treatment and referral situations.	Services provided by Health Net contracted facilities. No benefits provided for treatment outside of the HMO, except for emergency treatment and referral situations.	Services are provided by GHC contracted facilities. No benefits are provided for treatment outside of the HMO, except for emergency treatment and referral situations.
<b>DEDUCTIBLE</b>	None	None	None	None	None
<b>ANNUAL COPAYMENT MAXIMUM <sup>1</sup></b>	\$6,700	\$1,500 per person \$3,000 per family	\$1,500 per person \$3,000 per family	\$3,400 per person	\$2,500 per person
<b>LIFETIME MAXIMUM</b>	None	None	None	None	None
<b>INPATIENT HOSPITAL</b>	\$250 copay per admission at a UnitedHealthcare contracted hospital.	Provided at no charge at a Kaiser Permanente Hospital	\$250 copay per admission	\$250 copay per admission	Days 1-5: \$200 copay per day Days 6 or more: \$0 copay
<b>OUTPATIENT SURGERY</b>	\$125 copay per surgery	Outpatient surgery provided at \$10 per procedure at a Kaiser Permanente facility.	\$200 copay per procedure	Provided at no charge	\$200 copay per surgery

<sup>1</sup> Annual copayment maximum applies to most medical benefits except office visits.

<sup>2</sup> Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 device every 36 months. The additional cost for dental and hearing aid benefits is \$21 per person.

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE Secure Horizons (Plan O6G)</b> <i>California Residents</i>	<b>KAISER Senior Advantage (\$10 Copay Plan)<sup>2</sup></b> <i>California Residents</i>	<b>KAISER Senior Advantage (\$20 Copay Plan)<sup>2</sup></b> <i>California Residents</i>	<b>HEALTH NET Seniority Plus (Plan C53)</b> <i>California Residents</i>	<b>GROUP HEALTH COOPERATIVE Medicare Advantage</b> <i>Washington Residents</i>
<b>SKILLED NURSING FACILITY CARE</b>	Days 1-20: No copay Days 21-100: \$50 copay per day	Provided at no charge up to 100 days benefit period	Days 1-20: No copay Days 21-100: \$75 copay per day	\$40 per day; \$120 maximum per admit; limited to 150 days per benefit period	Provided at no charge, up to 100 days per benefit period
<b>HOME HEALTH CARE</b>	Provided at no charge	Provided at no charge as prescribed by the Kaiser physician	Provided at no charge as prescribed by the Kaiser physician	Provided at no charge	Provided at no charge
<b>HOSPICE CARE</b>	Covered on the Medicare portion of the member's plan	Generally provided at no charge if a Kaiser physician has diagnosed you with a terminal illness and determines that your life expectancy is 12 months or less	Generally provided at no charge if a Kaiser physician has diagnosed you with a terminal illness and determines that your life expectancy is 12 months or less	Not covered. Hospice is administered through Medicare.	Provided at no charge. No visit limit
<b>PHYSICIAN OFFICE VISITS</b>	\$15 per visit	\$10 per visit	\$20 per visit	\$15 per visit	\$20 per visit
<b>X-RAY, &amp; LABORATORY SERVICES</b>	Provided at no charge at a Member's Participating Medical Group	Provided at no charge at a Kaiser Permanente facility	\$10 per encounter No charge for preventive x-ray, screenings, and laboratory tests	Provided at no charge	Provided at no charge at a GHC provider

<sup>2</sup> Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 device every 36 months. The additional cost for dental and hearing aid benefits is \$21 perperson.

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE Secure Horizons (Plan O6G) <i>California Residents</i></b>	<b>KAISER Senior Advantage (\$10 Copay Plan)<sup>2</sup> <i>California Residents</i></b>	<b>KAISER Senior Advantage (\$20 Copay Plan)<sup>2</sup> <i>California Residents</i></b>	<b>HEALTH NET Seniority Plus (Plan C53) <i>California Residents</i></b>	<b>GROUP HEALTH COOPERATIVE Medicare Advantage <i>Washington Residents</i></b>
<b>ROUTINE PHYSICAL EXAM</b>	Provided at no charge	Provided at no charge	Provided at no charge	Provided at no charge for Periodic Health Evaluations as a preventive service and for the Welcome to Medicare /Annual Wellness visit.  Routine physical exams are not covered.	Provided at no charge (when in accordance with the GHC well-care schedule)
<b>VISION CARE</b>	\$15 per visit for refraction; up to one exam per year	\$10 per visit for eye exams and glaucoma screening only  Optical dispensing: \$150 eyewear allowance incl. medically necessary eyewear every 24 months	\$20 per visit for eye exams and glaucoma screening only  Optical dispensing: \$150 eyewear allowance incl. medically necessary eyewear every 24 months	\$15 per visit for eye exam  Optical dispensing: \$100 retail allowance for frames every 24 months	\$20 per visit for exam only; up to one exam per year
<b>HEARING CARE</b>	\$15 per visit for exam only	\$10 per visit for tests only	\$20 per visit for tests only	\$15 per visit for tests only	\$20 per visit for exam only
<b>ALLERGY</b>	Testing: \$15 per visit Medication: Provided at no charge	Testing: \$10 per visit Injection: \$3 copay	Testing: \$20 per visit Injection: \$5 per visit	Testing: No charge Injection: No charge	Testing: \$20 per visit Medication: Covered subject to applicable prescription drug cost share for 30-day supply

<sup>2</sup> Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 device every 36 months. The additional cost for dental and hearing aid benefits is \$21 perperson.

GENERAL INFORMATION	UNITEDHEALTHCARE Secure Horizons (Plan O6G) <i>California Residents</i>	KAISER Senior Advantage (\$10 Copay Plan) <sup>2</sup> <i>California Residents</i>	KAISER Senior Advantage (\$20 Copay Plan) <sup>2</sup> <i>California Residents</i>	HEALTH NET Seniority Plus (Plan C53) <i>California Residents</i>	GROUP HEALTH COOPERATIVE Medicare Advantage <i>Washington Residents</i>
<b>ALCOHOL AND SUBSTANCE ABUSE</b>	Inpatient: \$250 copayment per admission. \$50 copay per day for partial hospitalization. 190 day lifetime maximum.  Outpatient: \$15 per visit	Inpatient detoxification: Provided at no charge  Transitional (non-medical) residential recovery services: \$100 per admission, unlimited days per calendar year, not to exceed 120 days in any 5 year period  Outpatient: \$10 per visit (\$5 for group therapy)	Inpatient detoxification: \$250 per admission  Transitional (non-medical) residential recovery services: \$100 per admission, up to 60 days per calendar year, not to exceed 120 days in any 5 year period  Outpatient: \$20 per visit (\$5 for group therapy)	Inpatient detoxification: \$250 per admission  Transitional (non-medical) residential recovery services: \$250 per admission, unlimited days per calendar year  Outpatient: \$15 per visit, unlimited days per calendar year.	Inpatient: Days 1-5: \$200 copay per day Days 6 or more: \$0 copay  Outpatient: Provided at no charge

<sup>2</sup> Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 device every 36 months. The additional cost for dental and hearing aid benefits is \$21 perperson.

<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE Secure Horizons (Plan O6G)</b> <i>California Residents</i>	<b>KAISER Senior Advantage (\$10 Copay Plan)<sup>2</sup></b> <i>California Residents</i>	<b>KAISER Senior Advantage (\$20 Copay Plan)<sup>2</sup></b> <i>California Residents</i>	<b>HEALTH NET Seniority Plus (Plan C53)</b> <i>California Residents</i>	<b>GROUP HEALTH COOPERATIVE Medicare Advantage</b> <i>Washington Residents</i>
<b>MENTAL HEALTH</b>	<p>Inpatient: \$250 copayment per admission. \$50 copay per day for partial hospitalization. 190 day lifetime maximum.</p> <p>Outpatient: \$15 per visit</p>	<p>Inpatient: provided at no charge; unlimited days per calendar year; up to 190 lifetime days at Kaiser Permanente Facility. Certain severe mental illnesses not subject to the day limit.</p> <p>Outpatient: \$10 charge (\$5 for group therapy) per visit evaluation and treatment for mental health services in accord with Medicare guidelines. Limited to treatment for psychiatric conditions that are amenable to active treatment, and for which active treatment provides a reasonable prospect of improvement or maintenance at a functional level.</p> <p>Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses.</p>	<p>Inpatient: \$250 per admission up to 190 lifetime days then 45 days per calendar year provided at no charge at Kaiser Permanente Facility. Certain severe mental illnesses not subject to the day limit.</p> <p>Outpatient: \$20 charge (\$10 for group therapy) per visit evaluation and treatment for mental health services in accord with Medicare guidelines. Limited to treatment for psychiatric conditions that are amenable to active treatment, and for which active treatment provides a reasonable prospect of improvement or maintenance at a functional level.</p> <p>Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses.</p>	<p>Inpatient: \$250 copayment per admission, unlimited days per calendar year.</p> <p>Outpatient: \$15 per visit, unlimited days per calendar year.</p>	<p>Inpatient: Days 1-5: \$200 copay per day Days 6 or more: \$0 copay (190 days lifetime maximum)</p> <p>Outpatient: \$20 copay per visit</p>

<sup>2</sup> Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 device every 36 months. The additional cost for dental and hearing aid benefits is \$21 perperson.



<b>GENERAL INFORMATION</b>	<b>UNITEDHEALTHCARE Secure Horizons (Plan O6G) <i>California Residents</i></b>	<b>KAISER Senior Advantage (\$10 Copay Plan)<sup>2</sup> <i>California Residents</i></b>	<b>KAISER Senior Advantage (\$20 Copay Plan)<sup>2</sup> <i>California Residents</i></b>	<b>HEALTH NET Seniority Plus (Plan C53) <i>California Residents</i></b>	<b>GROUP HEALTH COOPERATIVE Medicare Advantage <i>Washington Residents</i></b>
<b>AMBULANCE</b>	Provided at \$50 per trip when determined to be medically necessary.	Provided at no charge when medically necessary and authorized by a Kaiser physician.	\$100 copay per trip	Provided at no charge	\$0-\$150 copay depending on the service
<b>EMERGENCY SERVICES</b>	\$50 copayment per visit (waived if admitted)	\$50 copayment per visit (waived if admitted).	\$50 copayment per visit (waived if admitted)	\$50 copayment per visit (waived if admitted)	\$75 copay
<b>OUTPATIENT PHYSICAL THERAPY</b>	\$15 per visit	\$10 per visit	\$20 per visit	Provided at no charge, limitation applies	\$20 per visit
<b>DURABLE MEDICAL EQUIPMENT</b>	Provided at no charge when authorized by Primary Medical Group	Provided at no charge in accordance with Kaiser DME formulary guidelines	20% copay in accordance with Kaiser DME formulary guidelines	Provided at no charge	Covered at 80%
<b>PROSTHETIC/ ORTHOPEDIC APPLIANCES</b>	Provided at no charge	Provided at no charge	20% copay in accordance with Kaiser DME formulary guidelines	Provided at no charge	Covered at 80%
<b>DENTAL</b>	Not applicable	Additional dental coverage is available (100% self-pay of the premium)	Additional dental coverage is available (100% self-pay of the premium)	Office visit: \$40 copay Teeth Cleaning: No charge for 1 <sup>st</sup> cleaning and \$25 copay for 2 <sup>nd</sup> cleaning X-rays: No charge	Not applicable

<sup>2</sup> Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 device every 36 months. The additional cost for dental and hearing aid benefits is \$21 perperson.

GENERAL INFORMATION	UNITEDHEALTHCARE Secure Horizons (Plan O6G) <i>California Residents</i>	KAISER Senior Advantage (\$10 Copay Plan) <sup>2</sup> <i>California Residents</i>	KAISER Senior Advantage (\$20 Copay Plan) <sup>2</sup> <i>California Residents</i>	HEALTH NET Seniority Plus (Plan C53) <i>California Residents</i>	GROUP HEALTH COOPERATIVE Medicare Advantage <i>Washington Residents</i>
<b>PRESCRIPTION DRUGS</b>	<p>Prescriptions must be obtained at a UnitedHealthcare pharmacy and written by your PCP.</p> <p><u>Retail (30-day supply)</u> Generic: \$10 copay<sup>3</sup> Preferred Brand: \$20 copay<sup>3</sup> Non-preferred Brand: \$40 copay<sup>3</sup> Preferred Specialty: \$40 copay<sup>3</sup></p> <p><u>Mail Order (90-day supply)</u> Generic: \$20 copay<sup>3</sup> Preferred Brand: \$40 copay<sup>3</sup> Non-preferred Brand: \$80 copay<sup>3</sup> Preferred Specialty: \$80 copay<sup>3</sup></p>	<p>Prescriptions must be obtained at a Kaiser pharmacy, written by a Kaiser physician, and filled in accordance with Kaiser formulary guidelines.</p> <p><u>Retail (100-day supply)</u> Generic: \$5 copay Brand-name: \$10 copay</p> <p><u>Mail Order (100-day supply)</u> Generic: \$5 copay Brand-name: \$10 copay</p>	<p>Prescriptions must be obtained at a Kaiser pharmacy, written by a Kaiser physician, and filled in accordance with Kaiser formulary guidelines.</p> <p><u>Retail (100-day supply)</u> Generic: \$10 copay Brand-name: \$35 copay</p> <p><u>Mail Order (100-day supply)</u> Generic: \$10 copay Brand-name: \$35 copay</p>	<p>Prescriptions must be obtained at a Health Net pharmacy and written by your PCP.</p> <p><u>Retail (30-day supply)</u> Generic: \$10 copay Formulary Brand: \$20 copay Non-formulary brand: \$40 copay</p> <p><u>Mail Order (90-day supply)</u> Generic: \$20 copay Formulary Brand: \$40 copay Non-formulary brand: \$80 copay</p> <p><u>Self-injectable &amp; specialty drugs: 25%</u></p>	<p>Prescriptions must be obtained at a Group Health Cooperative pharmacy and written by your PCP.</p> <p><u>Retail (30-day supply)</u> Preferred Generic: \$10 copay Non-Preferred Generic: \$20 copay Preferred Brand: \$40 copay Non-Preferred Brand: \$90 copay Specialty: \$150 copay</p> <p><u>Mail Order (90-day supply)</u> Preferred Generic: \$20 copay Non-preferred Generic: \$40 copay Preferred Brand: \$80 copay Non-preferred Brand \$180 copay Specialty: Not Offered</p>
<b>RATES</b> <sup>4</sup>					
SINGLE	Δ \$495	Δ \$466	Δ \$382	Δ \$406	Δ \$251
TWO PARTY	Δ \$990	Δ \$931	Δ \$764	Δ \$813	Δ \$503
FAMILY (all Medicare)	Δ \$1,477	Δ \$1,388	Δ \$1,137	Δ \$1,210	Δ \$745

<sup>2</sup> Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 device every 36 months. The additional cost for dental and hearing aid benefits is \$21 perperson.

<sup>3</sup> Different copays apply once you have reached the plan out-of-pocket limit.

<sup>4</sup> If you or any of your dependents are non-Medicare, please refer to the Rate Sheets for applicable rates.

GENERAL INFORMATION	UNITEDHEALTHCARE SENIOR SUPPLEMENT		
<b>PROVIDER CHOICE</b>	You may use any provider but you have the least out-of-pocket expense when you use a doctor who accepts Medicare and does not engage in private contracting.		
<b>DEDUCTIBLE</b>	None		
<b>ANNUAL COPAYMENT MAXIMUM</b>	None		
<b>LIFETIME MAXIMUM</b>	None		
	Medicare	UnitedHealthcare	You
<b>INPATIENT HOSPITAL</b>	Days 1-60: Paid at 100% after \$1,288 <sup>1</sup>  Days 61-90: Paid at 100% after \$322 per day <sup>1</sup>  Over 90 days, up to 60 lifetime days: Paid at 100% after \$644 per day <sup>1</sup>  Over 90 days, lifetime days over 60 and up to 365: Not covered  Beyond the 365 additional lifetime reserve days: Not covered	Days 1-60: \$1,288 <sup>1</sup>  Days 61-90: \$322 per day <sup>1</sup>  Over 90 days, up to 60 lifetime days: \$644 per day <sup>1</sup>  Over 90 days, lifetime days over 60 and up to 365: Paid at 100% of Medicare eligible expense  Beyond the 365 additional lifetime reserve days: Not covered	Days 1-60: \$0 <sup>1</sup>  Days 61-90: \$0 <sup>1</sup>  Over 90 days, up to 60 lifetime days: \$0 <sup>1</sup>  Over 90 days, lifetime days over 60 and up to 365: \$0 <sup>1</sup>  Beyond the 365 additional lifetime reserve days: All charges – 100%
<b>OUTPATIENT SURGERY</b>	Paid at 80% <sup>1</sup> after Part B deductible.	Pays Part B deductible, then 20% <sup>1</sup>	\$0 <sup>1</sup>

<sup>(1)</sup> Limited to Medicare approved amounts – you are responsible for payment of any amounts over Medicare approved amounts. Copayments are per benefit period, and reflect 2016 amounts (may change every January 1). UnitedHealthcare will not pay for any expenses not covered/certified by Medicare.

GENERAL INFORMATION	UNITEDHEALTHCARESENIOR SUPPLEMENT		
	Medicare	UnitedHealthcare	You
<b>SKILLED NURSING FACILITY CARE</b>	Days 1-20: Paid at 100% <sup>1</sup> Days 21-100: Paid at 100% after \$161 per day <sup>1</sup> 101 Days after: Not covered	Days 1-20: \$0 Days 21-100: \$161 per day <sup>1</sup> 101 Days after: Not covered	Days 1-20: \$0 <sup>1</sup> Days 21-100: \$0 <sup>1</sup> 101 Days after: pay 100%
<b>HOME HEALTH CARE</b>	Paid at 100% <sup>1</sup> up to 100 visits	Balance	\$0 <sup>1</sup>
<b>HOSPICE CARE</b>	All but very limited coinsurance for outpatient drugs and inpatient respite care <sup>1</sup>	100%	\$0 <sup>1</sup>
<b>PHYSICIAN OFFICE VISITS</b> Expense until Part B deductible is satisfied <sup>2</sup>  Expense after Part B deductible is satisfied <sup>2</sup>	\$0  80% <sup>1</sup>	100% <sup>1</sup>  20% <sup>1</sup>	\$0 <sup>1</sup>  \$0 <sup>1</sup>
<b>X-RAY, &amp; LABORATORY SERVICES</b> Expense until Part B deductible is satisfied <sup>2</sup>  Expense after Part B deductible is satisfied <sup>2</sup>	\$0  80% <sup>1</sup>	100% <sup>1</sup>  20% <sup>1</sup>	\$0 <sup>1</sup>  \$0 <sup>1</sup>
<b>PREVENTIVE HEALTHCARE</b>  Periodic Health Screenings	Paid at 100%	Balance	\$0

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(2) \$166 is the Part B deductible for 2016.

GENERAL INFORMATION	UNITEDHEALTHCARE SENIOR SUPPLEMENT		
	Medicare	UnitedHealthcare	You
<b>VISION CARE</b>	Only eye exams are covered. Must be due to a medical reason; routine care is not covered. Covered as physician office visit. <sup>1</sup>		
<b>HEARING CARE</b>	Only hearing exams are covered. Must be due to a medical reason; routine care is not covered. Covered as physician office visit <sup>1</sup>		
<b>ALLERGY</b>			
Expense until Part B deductible is satisfied <sup>2</sup>	Testing: 80% Medication: \$0	Testing: 20% Medication: 100% <sup>1</sup>	Testing: \$0 Medication: \$0 <sup>1</sup>
Expense after Part B deductible is satisfied <sup>2</sup>	80% <sup>1</sup>	20% <sup>1</sup>	\$0 <sup>1</sup>
<b>IMMUNIZATIONS</b> (Some immunizations are not covered)			
Expense until Part B deductible is satisfied <sup>2</sup>	\$0	100% <sup>1</sup>	\$0 <sup>1</sup>
Expense after Part B deductible is satisfied <sup>2</sup>	80% <sup>1</sup>	20% <sup>1</sup>	\$0 <sup>1</sup>
<b>ALCOHOL AND SUBSTANCE ABUSE</b>	Detoxification covered as inpatient hospital. Outpatient counseling covered as physician office visit <sup>1</sup>		
<b>MENTAL HEALTH</b>			
Inpatient	Covered as inpatient hospital; limited to 190 days/lifetime <sup>1</sup>		
Outpatient			
Expense until Part B deductible is satisfied <sup>2</sup>	\$0	100% <sup>1</sup>	\$0 <sup>1</sup>
Expense after Part B deductible is satisfied <sup>2</sup>	50% <sup>1,3</sup>	50% <sup>1,3</sup>	\$0 <sup>1</sup>

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(2) \$166 is the Part B deductible for 2016.

(3) 80% covered by Medicare (20% by UnitedHealthcare) if an outpatient hospital program is utilized.

GENERAL INFORMATION	UNITEDHEALTHCARE SENIOR SUPPLEMENT		
	Medicare	UnitedHealthcare	You
<b>AMBULANCE</b>			
Expense until Part B deductible is satisfied <sup>2</sup>	\$0	100% <sup>1</sup>	\$0 <sup>1</sup>
Expense after Part B deductible is Satisfied <sup>2</sup>	80% <sup>1</sup>	20% <sup>1</sup>	\$0 <sup>1</sup>
<b>EMERGENCY SERVICES</b>	Paid at 80% <sup>1</sup> after Part B deductible	Pays Part B deductible, then 20% <sup>1</sup>	\$0 <sup>1</sup>
<b>OUTPATIENT PHYSICAL THERAPY</b>			
Expense until Part B deductible is satisfied <sup>2</sup>	\$0	100% <sup>1</sup>	\$0 <sup>1</sup>
Expense after Part B deductible is satisfied <sup>2</sup>	80% <sup>1</sup>	20% <sup>1</sup>	\$0 <sup>1</sup>
<b>DURABLE MEDICAL EQUIPMENT</b>			
Expense until Part B deductible is satisfied <sup>2</sup>	\$0	100% <sup>1</sup>	\$0 <sup>1</sup>
Expense after Part B deductible is satisfied <sup>2</sup>	80% <sup>1</sup>	20% <sup>1</sup>	\$0 <sup>1</sup>
<b>PROSTHETIC/ ORTHOPEDIC APPLIANCES</b>			
Expense until Part B deductible is satisfied <sup>2</sup>	\$0	100% <sup>1</sup>	\$0 <sup>1</sup>
Expense after Part B deductible is satisfied <sup>2</sup>	80% <sup>1</sup>	20% <sup>1</sup>	\$0 <sup>1</sup>

<sup>(1)</sup> Limited to Medicare approved amounts – you are responsible for payment of any amounts over Medicare approved amounts. Copayments are per benefit period, and reflect 2016 amounts (may change every January 1). UnitedHealthcare will not pay for any expenses not covered/certified by Medicare.

<sup>(2)</sup> \$166 is the Part B deductible for 2016.

GENERAL INFORMATION	UNITEDHEALTHCARE SENIOR SUPPLEMENT
<p><b>PRESCRIPTION DRUGS</b></p> <p><i>Retail (30- day supply)</i>  Generic: \$10 copayment  Preferred Brand: \$20 copayment  Non-preferred Brand: \$35 copayment  Specialty: \$35 copayment</p> <p><i>Mail Order (90-day supply)</i>  Generic: \$20 copayment  Preferred Brand: \$40 copayment  Non-preferred Brand: \$70 copayment  Specialty: \$70 copayment</p>	<p>Provided by UnitedHealthcare. Prescriptions must be obtained at a UnitedHealthcare pharmacy and written by your Primary Care Physician. Your copayments are listed below; UnitedHealthcare pays the remainder.</p> <p><i>Catastrophic coverage benefits start once \$4,850 in true out-of-pocket costs is incurred. The member is responsible for Catastrophic copayment of \$2.95 for generic or \$7.40 for brand or 5% whichever is greater.</i></p>
<p><b>RATES</b></p> <p>SINGLE</p> <p>TWO PARTY</p> <p>FAMILY (all Medicare)</p>	<p><input type="checkbox"/> \$618</p> <p><input type="checkbox"/> \$1,235</p> <p><input type="checkbox"/> \$1,844</p>

**CMTA-IAM JOINT RETIREE HEALTH & WELFARE CONTRIBUTION RATES  
EFFECTIVE JANUARY 1, 2016**

	<b>KAISER (HMO)</b> California Residents Only		<b>KAISER (Deductible HMO)</b> California Residents Only		<b>GROUP HEALTH COOPERATIVE</b> Washington State Residents Only	
	<b>2015</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>
<b>Non-Medicare</b>	<b>HMO</b>		<b>Deductible HMO</b>		<b>HMO</b>	
single	\$1,331	\$1,348	\$1,008	\$1,021	N/A	N/A
two-party	2,662	2,695	2,017	2,042	N/A	N/A
family	3,760	3,807	2,847	2,882	N/A	N/A
<b>Medicare Risk-Sr. Advantage</b>	<b>\$10 Plan</b>		<b>\$10 Plan</b>		<b>Medicare Advantage</b>	
single	\$451	\$466	\$451	\$466	\$288	\$251
two-party	902	931	902	931	576	503
3-party, all Medicare	1,344	1,388	1,344	1,388	854	745
<b>Medicare Risk-Sr. Advantage</b>	<b>\$10 Plan with Hearing Aid &amp; Dental</b>		<b>\$10 Plan with Hearing Aid &amp; Dental</b>			
single	\$472	\$487	\$472	\$487	N/A	N/A
two-party	945	974	945	974	N/A	N/A
3-party, all Medicare	1,408	1,452	1,408	1,452	N/A	N/A
<b>Medicare Risk-Sr. Advantage</b>	<b>\$20 Plan</b>		<b>\$20 Plan</b>			
single	\$368	\$382	\$368	\$382	N/A	N/A
two-party	735	764	735	764	N/A	N/A
3-party, all Medicare	1,094	1,137	1,094	1,137	N/A	N/A
<b>Medicare Risk-Sr. Advantage</b>	<b>\$20 Plan with Hearing Aid &amp; Dental</b>		<b>\$20 Plan with Hearing Aid &amp; Dental</b>			
single	\$389	\$403	\$389	\$403	N/A	N/A
two-party	777	807	777	807	N/A	N/A
3-party, all Medicare	1,157	1,201	1,157	1,201	N/A	N/A
<b>Medicare Risk Combination</b>	<b>HMO/\$10 Plan</b>		<b>Deductible HMO/\$10 Plan</b>		<b>HMO/Medicare Advantage</b>	
1 w/ Risk, 1 w/o	\$1,782	\$1,813	\$1,460	\$1,487	N/A	N/A
1 w/ Medicare, 2 w/o	2,880	2,925	2,290	2,327	N/A	N/A
1 w/ Medicare, 3 w/o	2,880	2,925	2,290	2,327	N/A	N/A
2 w/ Medicare, family	2,000	2,043	1,733	1,772	N/A	N/A
Adults (1w, 1wo), med child	2,224	2,270	1,902	1,943	N/A	N/A

**Retiree Self-Pay Rates**



**CMTA-IAM JOINT RETIREE HEALTH & WELFARE CONTRIBUTION RATES  
EFFECTIVE JANUARY 1, 2016**

	<b>KAISER (HMO)</b> California Residents Only		<b>KAISER (Deductible HMO)</b> California Residents Only		<b>GROUP HEALTH COOPERATIVE</b> Washington State Residents Only	
	<b>2015</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>
<b>Medicare Risk Combination</b>	HMO/\$10 Plan with Hearing Aid & Dental		Deductible HMO/\$10 Plan with Hearing Aid & Dental			
1 w/ Risk, 1 w/o	\$1,803	\$1,835	\$1,481	\$1,508	N/A	N/A
1 w/ Medicare, 2 w/o	2,901	2,947	2,311	2,349	N/A	N/A
1 w/ Medicare, 3 w/o	2,901	2,947	2,311	2,349	N/A	N/A
2 w/ Medicare, family	2,043	2,086	1,775	1,815	N/A	N/A
Adults (1w, 1wo), med child	2,266	2,313	1,944	1,986	N/A	N/A
<b>Medicare Risk Combination</b>	HMO/\$20 Plan		Deductible HMO/\$20 Plan			
1 w/ Risk, 1 w/o	\$1,698	\$1,730	\$1,376	\$1,403	N/A	N/A
1 w/ Medicare, 2 w/o	2,796	2,842	2,206	2,243	N/A	N/A
1 w/ Medicare, 3 w/o	2,796	2,842	2,206	2,243	N/A	N/A
2 w/ Medicare, family	1,833	1,876	1,566	1,605	N/A	N/A
Adults (1w, 1wo), med child	2,057	2,102	1,734	1,776	N/A	N/A
<b>Medicare Risk Combination</b>	HMO/\$20 Plan with Hearing Aid & Dental		Deductible HMO/\$20 Plan with Hearing Aid & Dental			
1 w/ Risk, 1 w/o	\$1,719	\$1,751	\$1,397	\$1,424	N/A	N/A
1 w/ Medicare, 2 w/o	2,818	2,863	2,227	2,265	N/A	N/A
1 w/ Medicare, 3 w/o	2,818	2,863	2,227	2,265	N/A	N/A
2 w/ Medicare, family	1,875	1,919	1,608	1,648	N/A	N/A
Adults (1w, 1wo), med child	2,099	2,145	1,777	1,819	N/A	N/A

**CMTA-IAM JOINT RETIREE HEALTH & WELFARE CONTRIBUTION RATES  
EFFECTIVE JANUARY 1, 2016**

	<b>UNITED HEALTHCARE (HMO)</b> California Residents Only		<b>UNITED HEALTHCARE (PPO)</b> Residents of Any State		<b>UNITED HEALTHCARE (Drug Only)</b> Residents of Any State	
	<b>2015</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>	<b>2015</b>	<b>2016</b>
<b>Non-Medicare</b>	HMO		PPO			
single	\$1,552	\$1,718	\$1,717	\$1,935	N/A	N/A
two-party	3,104	3,437	3,622	4,082	N/A	N/A
family	4,647	5,146	5,179	5,837	N/A	N/A
<b>Medicare Risk</b>	Secure Horizons		Medicare Supplement - Standard Plan C		\$10/\$20/\$35	
single	\$460	\$495	\$581	\$618	\$293	\$315
two-party	920	990	1,162	1,235	586	631
3-party, all Medicare	1,370	1,477	1,734	1,844	N/A	N/A
<b>Medicare Risk Combination</b>	HMO/Secure Horizons		PPO/Medicare Supplement - Standard Plan C			
1 w/ Medicare, 1 w/o	\$2,012	\$2,214	\$2,298	\$2,553	N/A	N/A
1 w/ Medicare, 2 w/o	3,555	3,923	4,042	4,519	N/A	N/A
2 w/ Medicare, family	2,462	2,700	2,719	2,990	N/A	N/A

	<b>HEALTH NET (HMO)</b> California Residents Only	
	<b>2015</b>	<b>2016</b>
<b>Medicare Risk</b>	<b>Seniority Plus</b>	
single	\$388	\$406
two-party	776	813
3-party, all Medicare	1,154	1,210

**Retiree Self-Pay Rates**

