



CMTA-IAM JOINT RETIREE HEALTH AND WELFARE TRUST FUND

ENROLLMENT GUIDE JANUARY 2020

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CMTA-IAM JOINT RETIREE HEALTH & WELFARE TRUST

About Your Plan Benefits

December 2019

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 (866) 889-7313.

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/Domestic Partner or any other person shall have any vested right to any benefits provided by the Plan.

What's New for 2020

Trust Fund Subsidy

Monthly retiree self-payments are required for coverage under the plan. Currently, employers contribute a portion of the cost of coverage for retirees which subsidizes some of your out of pocket expenses for those 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 \$1.60 for single, \$2.80 for two-party and \$4.00 for family effective January 1, 2020. 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.

| Non-Medicare Retiree Health Plan Options | | |
|---|------------------|----------------------------------|
| <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 |
| UnitedHealthcare HMO Plan | HMO | California residents only |

Effective January 1, 2020, new enrollees will not be accepted into the Kaiser HMO plan in Oregon and Hawaii. There will also be no re-entry to these plans for current participants. Please see list above for the list of available health plan options.

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 are not in the network, you may have to pay the entire cost of the service (with the exception of emergency care).

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.

| Medicare Retiree Health Plan Options | | |
|--|--|----------------------------------|
| <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 of California Senior Advantage Plan - \$10 Plan ** | Medicare Advantage HMO | California residents only |
| Kaiser of California Senior Advantage Plan - \$20 Plan ** | Medicare Advantage HMO | California residents only |
| Kaiser of Washington HMO Plan * | Medicare Advantage HMO | Washington residents only |
| UnitedHealthcare Secure Horizons HMO Plan | Medicare Advantage HMO | California residents only |
| UnitedHealthcare Senior Supplement Plan (Plan C) | Medicare Supplement Insurance | Residents of any state |
| UnitedHealthcare Prescription Drug Only Plan | Medicare Part D Prescription Drug Plan | Residents of any state |
| Effective January 1, 2020, new enrollees will not be accepted into the Kaiser HMO plan in Oregon and Hawaii. There will also be no re-entry to these plans for current participants. Please see list above for the list of available health plan options. | | |

* Retiree and any eligible dependents must all be eligible for and enrolled in Medicare Part A and Part B.

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

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

You get Medicare Part A automatically if you sign up for Social Security. You need to sign up for Medicare Part B. 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/domestic partner 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 pay a monthly premium of \$144.30 in 2020 (unless you are considered a high income beneficiary).

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 of California Senior Advantage Plan - \$10 Plan
- Kaiser of California Senior Advantage Plan - \$20 Plan
- UnitedHealthcare Secure Horizons HMO Plan

For Washington residents:

- Kaiser of Washington 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 2020 Self-payment rates. For a thorough description of your benefits, refer to the Evidence of Coverage (EOC) from the insurance company. Please note that if there is a discrepancy between the Benefit Plan Summaries and the EOC from the insurance company, the EOC language will govern.

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 UnitedHealthcare 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 20 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/domestic partner).*

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*.

| Trust Fund-Sponsored Prescription Drug Plan Option | |
|---|---|
| Plan Feature | UnitedHealthcare - \$10/\$20/\$35 Plan |
| 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.
- **UnitedHealthcare Senior Supplement Plan enrollees:** UnitedHealthcare 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 UnitedHealthcare 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.

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.

Contact the Trust Fund Office at (866) 889-7313 to request an enrollment form and instructions for completing your enrollment.

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

| If you enroll in... | And you have a Non-Medicare-eligible spouse/domestic partner, they will be enrolled in... |
|----------------------------|--|
| Kaiser HMO Plans | Kaiser HMO Plans |
| UnitedHealthcare HMO Plan | UnitedHealthcare HMO Plan |

| If you enroll in... | And you have a Medicare-eligible spouse/domestic partner, they will be enrolled in... |
|----------------------------|--|
| Kaiser HMO Plans | Kaiser Senior Advantage Plans |
| UnitedHealthcare HMO Plan | UnitedHealthcare Secure Horizons HMO 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/domestic partner’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 (866) 889-7313 to request an enrollment form and instructions for completing your enrollment.

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

| If you enroll in... | And you have a Medicare-eligible spouse/domestic partner, they will be enrolled in... |
|---|---|
| Kaiser of California Senior Advantage Plans | Kaiser of California Senior Advantage Plans |
| Health Net Seniority Plus Plan | Health Net Seniority Plus Plan |
| UnitedHealthcare Secure Horizons HMO Plan | UnitedHealthcare Secure Horizons HMO Plan |
| UnitedHealthcare Senior Supplement Plan | UnitedHealthcare Senior Supplement Plan |
| Kaiser of Washington HMO Plan | Kaiser of Washington HMO Plan |
| If you enroll in... | And you have a Non-Medicare-eligible spouse/domestic partner, they will be enrolled in... |
| Kaiser Senior Advantage Plans | Kaiser HMO Plans |
| Health Net Seniority Plus Plan | You will not be able to enroll your non-Medicare spouse or domestic partner |
| UnitedHealthcare Secure Horizons HMO Plan | UnitedHealthcare HMO Plan |
| UnitedHealthcare Senior Supplement Plan | UnitedHealthcare PPO Plan |
| Kaiser of Washington HMO Plan | You will not be able to enroll your non-Medicare spouse or domestic partner |

If you select Health Net or Kaiser of Washington, you and your dependents must be eligible and enrolled in Medicare.

You may change your election during the year as noted on page 10 of this *Guide*, or during the annual Medicare enrollment periods described in Medicare’s publication, “*Medicare and You 2020*.”

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.*

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. The 2020 Part B premium for most Medicare beneficiaries is on average \$144.30 per month (there are some exceptions for higher income individuals).

You may be eligible for Medicare earlier than age 65 if you become disabled or have End Stage Renal Disease (ESRD). Contact Social Security

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/domestic partner’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 (866) 889-7313 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 2020*" 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. If your coverage in the Plan is cancelled, you will be allowed to re-enroll for coverage under this Plan only once, subject to insurance carrier approval.

Dependent

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

- Your spouse or domestic partner (if there is a registered domestic partnership with a government body pursuant to state law);
- Your unmarried children dependent on you for support, including:
 - Biological children;
 - Legally adopted child or a child placed for adoption. Placed for adoption means the assumption and retention by the Retiree of a legal obligation for total or partial support of such child in anticipation of adoption of such child. The child's placement for adoption terminates upon the termination of such legal obligation;
 - Stepchildren
 - Foster children (**Please note: Kaiser does not cover foster children**, including 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.);

- A child named as an “alternate recipient” under a Qualified Medical Child Support Order (QMCSO) or a National Medical Support Notice.
- An unmarried grandchild of the retiree under the age of 19 (proof of relationship and age will be required) who is eligible for tax-free health coverage as a “qualifying child” or “qualifying relative” under the applicable requirements of Internal Revenue Code Section 152(c) or 152(d), respectively OR who is claimed as a dependent on the retiree’s federal income tax return for each plan year for which coverage is provided. In order to be eligible for tax-free health coverage as a “qualifying child,” the grandchild must (i) meet certain age/student limits, (ii) have the same principal place of abode as the participant for over half of the year, and (iii) not provide over half of his/her own support. To be eligible for tax-free health coverage as a “qualifying relative,” the participant must provide over half of the grandchild’s support, and the grandchild must not be the “qualifying child” of any person.

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).

- **Disabled Adult Child:** an unmarried child who, while eligible as a Dependent, becomes and remains incapable of engaging in self-sustaining employment because of mental or physical disability, and is solely dependent on the Retiree for support. A child meeting these qualifications shall continue to qualify as a Dependent so long as the parent remains continuously eligible as a Retiree. Satisfactory evidence of continued disability may be requested by the Fund from time to time.

Eligibility Date

Coverage begins upon proper self-payment on the date you have retired under a collective bargaining agreement with District Lodge 190 and (1) begin receipt of pension payments from a qualified pension plan; or (2) have reached age 55.

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 becomes an eligible dependent, if later.

If you and your eligible dependent(s) elect coverage and become eligible under the plan, but you later die, surviving spouse/domestic partner and/or eligible dependent child benefits will continue after your death. Coverage may be suspended for a spouse/domestic partner if he/she becomes employed or covered under another health and welfare program; eligibility for coverage under this Plan will be resumed when the other coverage terminates. Note that Surviving Spouse coverage is an alternative to COBRA and therefore either COBRA or Surviving spouse coverage can be elected.

The spouse/domestic partner's coverage will terminate permanently on the date of remarriage. In addition, a domestic partner's coverage will terminate permanently if he or she registers a new domestic partnership.

Re-Entry to the Plan

As a participant in the CMTA-IAM Fund, you have many different coverage options available to you (depending on whether you are an early retiree or a retiree who is eligible for Medicare).

After coverage has been cancelled, the Board of Trustees will allow a retiree and eligible dependents to re-enter the plan on a prospective basis. However, please note:

- All re-entry will be subject to the insurance carrier permitting such re-enrollment.
- There may be instances where this will not be permitted (e.g., if you were previously terminated for cause or if you are eligible for or entitled to Medicare and Medicare will not permit re-enrollment).
- There may be applicable Medicare late enrollment penalties if you go for any period of time without coverage.

If permitted by the carrier, re-entry enrollment will become effective on the first day of the month following the date on which all properly completed enrollment documentation and any applicable self-payment are received by the Trust Fund Office. Please contact the Trust Fund Office if you have any questions.

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. In addition, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse/domestic partner’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 2020*,” 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. (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.

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 Health Services & Benefit Administrators (HSBA)
4160 Dublin Blvd., Suite 400
Dublin, CA 94568
Telephone (866) 889-7313
Fax (925) 588-7121

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.

**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free Or Low-Cost Health Coverage To Children And Families**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

| ALABAMA – Medicaid | FLORIDA – Medicaid |
|---|---|
| Website: http://myalhipp.com/ Phone: 1-855-692-5447 | Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268 |

| | |
|--|---|
| <p style="text-align: center;">ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p> | <p style="text-align: center;">GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p> |
| <p style="text-align: center;">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p> | <p style="text-align: center;">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p> |
| <p style="text-align: center;">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> | <p style="text-align: center;">IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563</p> |
| <p style="text-align: center;">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p> | <p style="text-align: center;">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p> |
| <p style="text-align: center;">KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p> | <p style="text-align: center;">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p> |

| | |
|--|--|
| LOUISIANA – Medicaid | NEW YORK – Medicaid |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MAINE – Medicaid | NORTH CAROLINA – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100 |
| MASSACHUSETTS – Medicaid and CHIP | NORTH DAKOTA – Medicaid |
| Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-4840 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 | Website: http://www.waimdureoklahoma.org Phone: 1-888-365-3742 |
| MISSOURI – Medicaid | OREGON – Medicaid |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005 | Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462 |
| NEBRASKA – Medicaid | RHODE ISLAND – Medicaid |
| Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 | Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line) |

| | |
|---|--|
| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
| Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: http://www.scdhhs.gov Phone: 1-888-549-0820 |
| SOUTH DAKOTA – Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |
| Website Medicaid: http://health.utah.gov/medicaid CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT – Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531 |
| VIRGINIA – Medicaid and CHIP | |
| Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 | |

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

COORDINATION OF BENEFITS WITH MEDICARE

To comply with federal Medicare coordination of benefit regulations, you must promptly furnish to the Plan Administrator, or its designee, the Social Security Number (SSN) of your eligible Dependents for which you have elected, or are electing, Plan coverage, and information on whether you or any of such dependents are currently enrolled in Medicare or have disenrolled from Medicare. This information will be requested when you first enroll for Plan coverage but may also be requested at a later date. Failure to provide the SSN or complete the CMS model form (form is available from the Trust Fund Office or <https://www.cms.gov/MandatoryInsRep/Downloads/RevisedHICNSSNForm081809.pdf>) means that claims for eligible individuals may not be processed for the affected individuals.

CMTA-IAM Joint Retiree Health & Welfare Trust

Non-Medicare Retiree Options

| GENERAL INFORMATION | UNITEDHEALTHCARE HMO <i>California Residents</i> | KAISER HMO <i>California Residents</i> | KAISER DEDUCTIBLE HMO <i>California Residents</i> |
|--|--|--|--|
| PROVIDER CHOICE | Member must choose a PCP and Medical Group. All care must be sought within the medical group's providers, and the PCP must refer for services. | 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. |
| DEDUCTIBLE (per person/per family) | None | None | \$500 per person \$1,000 per family |
| ANNUAL COPAY MAXIMUM | \$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 | \$1,500 per person \$3,000 per family | \$3,000 per person \$6,000 per family |
| MAXIMUM POLICY BENEFIT | None | None | None |
| HOSPITAL <i>Inpatient</i> | 30% copay of contract rates for UnitedHealthcare contracted provider | 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 | \$10 per procedure at a Kaiser Permanente facility | You pay 20% of covered charges after deductible |

This Comparison is only a summary of the coverages actually provided by each of the above-specified Benefit Programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

CMTA-IAM Joint Retiree Health & Welfare Trust

Non-Medicare Retiree Options

| GENERAL INFORMATION | UNITEDHEALTHCARE HMO <i>California Residents</i> | KAISER HMO <i>California Residents</i> | KAISER DEDUCTIBLE HMO <i>California Residents</i> |
|--------------------------------------|---|---|---|
| EMERGENCY SERVICES | \$100 copay per visit (copay is waived if admitted) | \$50 per visit (waived if admitted) | You pay 20% of covered charges after deductible |
| SKILLED NURSING FACILITY CARE | 30% copay of contract rates for UnitedHealthcare contracted provider Up to 100 days per benefit period | 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 |
| HOME HEALTH CARE | \$10 copay per visit 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 |
| HOSPICE CARE | Inpatient: 30% copay for life expectancy of 12 months or less Outpatient: No charge for life expectancy 1 year or Less | 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 |
| PHYSICIAN OFFICE VISITS | \$25 per visit (including specialist) | 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) |
| VISION CARE | \$25 per visit for exam only | Provided at \$10 per visit for eye exams | Provided at \$20 per visit for eye exams; service not subject to deductible |
| HEARING CARE | \$25 per visit for exam only | Provided at \$10 per visit for hearing tests | Provided at \$20 per visit for hearing tests; service not subject to deductible |

This Comparison is only a summary of the coverages actually provided by each of the above-specified Benefit Programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

CMTA-IAM Joint Retiree Health & Welfare Trust

Non-Medicare Retiree Options

| GENERAL INFORMATION | UNITEDHEALTHCARE HMO <i>California Residents</i> | KAISER HMO <i>California Residents</i> | KAISER DEDUCTIBLE HMO <i>California Residents</i> |
|---|---|---|---|
| X-RAY, & LABORATORY SERVICES | Laboratory: Provided at no charge at your Participating Medical Group X-ray: Standard provided at no charge; Specialized with a \$50 copay | Provided at no charge at a Kaiser Permanente facility | \$10 copay after deductible (deductible does not apply to some preventive screenings) 20% coinsurance up to \$50 per procedure after deductible for MRI, CT and PET |
| ROUTINE PHYSICAL EXAM | Provided at no charge | In Kaiser Permanente Office (including specialist): \$10 per visit | \$20 copay; services are not subject to deductible |
| OUTPATIENT PHYSICAL THERAPY | \$25 per visit (referral required) | \$10 per visit | \$20 per visit after deductible |
| AMBULANCE | \$50 copay per trip | Provided at no charge when medically necessary and authorized by a Kaiser physician | \$150 copay per trip after deductible |
| ALCOHOL AND SUBSTANCE ABUSE | Inpatient No charge Outpatient No copay | 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 20% up to \$100 per admission, unlimited days per calendar year. Outpatient care provided at \$20 per individual visit (\$5 for group therapy); services not subject to deductible |

This Comparison is only a summary of the coverages actually provided by each of the above-specified Benefit Programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

CMTA-IAM Joint Retiree Health & Welfare Trust

Non-Medicare Retiree Options

| GENERAL INFORMATION | UNITEDHEALTHCARE HMO <i>California Residents</i> | KAISER HMO <i>California Residents</i> | KAISER DEDUCTIBLE HMO <i>California Residents</i> |
|----------------------------------|---|---|--|
| MENTAL HEALTH | | | |
| <i>Inpatient</i> | 30% copay of contract rates for UnitedHealthcare contracted provider | No charge at Kaiser Permanente Facility | 20% copay after deductible Unlimited days per calendar year |
| <i>Outpatient</i> | \$25 per visit | \$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 individual visit (\$10 for group therapy) |
| IMMUNIZATIONS | Provided at no charge | Provided at no charge | Provided at no charge; service not subject to deductible |
| ALLERGY | | | |
| <i>Testing</i> | \$25 per visit | Provided at \$10 per visit | Provided at \$20 per visit; service not subject to deductible. |
| <i>Medication</i> | Provided at no charge | Provided at \$3 per visit | Covered at 100% after deductible |
| DURABLE MEDICAL EQUIPMENT | \$50 copay per item \$5,000 annual benefit maximum per calendar year | 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 |
| PROSTHETIC APPLIANCES | \$50 copay per item | Covered devices provided at no charge | Provided at no charge when prescribed by Health Plan Physician. Some limitations and exclusions apply |

This Comparison is only a summary of the coverages actually provided by each of the above-specified Benefit Programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

CMTA-IAM Joint Retiree Health & Welfare Trust

Non-Medicare Retiree Options

| GENERAL INFORMATION | UNITEDHEALTHCARE HMO <i>California Residents</i> | KAISER HMO <i>California Residents</i> | KAISER DEDUCTIBLE HMO <i>California Residents</i> |
|---------------------------|---|--|--|
| PRESCRIPTION DRUGS | Prescriptions must be obtained at 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>Retail</i> | | | |
| Generic | \$100 Deductible, then \$20 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) | \$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>Mail Order</i> | | Impotence drugs have a 50% coinsurance (Refills Only) | |
| Generic | \$100 Deductible, then \$40 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) | \$10 copay per prescription (100-day supply) Must be filled in accordance with Kaiser formulary guidelines Impotence drugs have a 50% coinsurance. | After \$100 deductible, \$30 copay per prescription (100-day supply) |
| RATES * | | | |
| SINGLE | ☐ \$2,333 | ☐ \$1,314 | ☐ \$998 |
| TWO-PARTY | ☐ \$4,666 | ☐ \$2,627 | ☐ \$1,997 |
| FAMILY | ☐ \$6,980 | ☐ \$3,704 | ☐ \$2,813 |

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

This Comparison is only a summary of the coverages actually provided by each of the above-specified Benefit Programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

CMTA-IAM Joint Retiree Health & Welfare Trust

Medicare HMO Plan Options

| GENERAL INFORMATION | UNITEDHEALTHCARE Medicare Advantage (Plan O6G) <i>California Residents</i> | KAISER Senior Advantage (\$10 Copay Plan) ² <i>California Residents</i> | KAISER Senior Advantage (\$20 Copay Plan) ² <i>California Residents</i> | HEALTH NET Seniority Plus (Plan #69907S, #69908S) <i>California Residents</i> | KAISER Medicare Advantage <i>Washington Residents</i> |
|--|---|--|--|---|---|
| PROVIDER CHOICE | 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 Kaiser Permanente Washington contracted facilities. No benefits are provided for treatment outside of the HMO, except for emergency treatment and referral situations. |
| DEDUCTIBLE | None | None | None | None | None |
| ANNUAL COPAYMENT MAXIMUM ¹ | \$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 |
| LIFETIME MAXIMUM | None | None | None | None | None |
| INPATIENT HOSPITAL | \$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 |
| OUTPATIENT SURGERY | \$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 |

¹ Annual copayment maximum applies to most medical benefits except office visits.

² Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 devices every 36 months. The additional cost for dental and hearing aid benefits is \$23 per person.

This comparison is only a summary of the coverages actually provided by each of the above-specified benefit programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, Summary Plan Description), the document language will govern.

CMTA-IAM Joint Retiree Health & Welfare Trust

Medicare HMO Plan Options

| GENERAL INFORMATION | UNITEDHEALTHCARE Medicare Advantage (Plan O6G) <i>California Residents</i> | KAISER Senior Advantage (\$10 Copay Plan)² <i>California Residents</i> | KAISER Senior Advantage (\$20 Copay Plan)² <i>California Residents</i> | HEALTH NET Seniority Plus (Plan #69907S, #69908S) <i>California Residents</i> | KAISER Medicare Advantage <i>Washington Residents</i> |
|---|--|---|---|---|--|
| SKILLED NURSING FACILITY CARE | 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 | Days 1-3: \$20 per day Days 4-150: No copay | Provided at no charge, up to 100 days per benefit period |
| HOME HEALTH CARE | 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 |
| HOSPICE CARE | 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 |
| PHYSICIAN OFFICE VISITS | \$15 per visit (including specialist) | \$10 per visit | \$20 per visit | \$15 per visit | \$20 per visit |
| X-RAY, & LABORATORY SERVICES | 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 Kaiser Permanente Washington provider |
| HEARING CARE | \$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 |

² Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 devices every 36 months. The additional cost for dental and hearing aid benefits is \$23 per person.

CMTA-IAM Joint Retiree Health & Welfare Trust

Medicare HMO Plan Options

| GENERAL INFORMATION | UNITEDHEALTHCARE Medicare Advantage (Plan O6G) <i>California Residents</i> | KAISER Senior Advantage (\$10 Copay Plan) ² <i>California Residents</i> | KAISER Senior Advantage (\$20 Copay Plan) ² <i>California Residents</i> | HEALTH NET Seniority Plus (Plan #69907S, #69908S) <i>California Residents</i> | KAISER Medicare Advantage <i>Washington Residents</i> |
|------------------------------------|---|--|--|---|--|
| ROUTINE PHYSICAL EXAM | Provided at no charge | Provided at no charge | Provided at no charge | Provided at no charge, annually, in addition to the Medicare-covered Annual Wellness visit. | Provided at no charge (when in accordance with the Kaiser Permanente Washington well-care schedule) |
| VISION CARE | \$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 |
| ALCOHOL AND SUBSTANCE ABUSE | 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: no charge, unlimited days per calendar year Outpatient: \$10 per visit (\$5 for group therapy) | Inpatient detoxification: \$250 per admission Transitional (non-medical) residential recovery services: \$100 per admission 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: \$20 per visit |
| | | | | | |

² Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 devices every 36 months. The additional cost for dental and hearing aid benefits is \$23 per person.

CMTA-IAM Joint Retiree Health & Welfare Trust

Medicare HMO Plan Options

| GENERAL INFORMATION | UNITEDHEALTHCARE Medicare Advantage (Plan O6G) <i>California Residents</i> | KAISER Senior Advantage (\$10 Copay Plan) ² <i>California Residents</i> | KAISER Senior Advantage (\$20 Copay Plan) ² <i>California Residents</i> | HEALTH NET Seniority Plus (Plan #69907S, #69908S) <i>California Residents</i> | KAISER Medicare Advantage <i>Washington Residents</i> |
|--|--|--|--|---|---|
| AMBULANCE | 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 |
| DURABLE MEDICAL EQUIPMENT | 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% |
| PROSTHETIC/ ORTHOPEDIC APPLIANCES | Provided at no charge | Provided at no charge | 20% copay in accordance with Kaiser DME formulary guidelines | Provided at no charge | Covered at 80% |
| DENTAL | 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 1st cleaning and \$25 copay for 2nd cleaning X-rays: No charge | Not applicable |
| ALLERGY | 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 |

² Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 devices every 36 months. The additional cost for dental and hearing aid benefits is \$23 per person.

CMTA-IAM Joint Retiree Health & Welfare Trust

Medicare HMO Plan Options

| GENERAL INFORMATION | UNITEDHEALTHCARE Medicare Advantage (Plan O6G) <i>California Residents</i> | KAISER Senior Advantage (\$10 Copay Plan) ² <i>California Residents</i> | KAISER Senior Advantage (\$20 Copay Plan) ² <i>California Residents</i> | HEALTH NET Seniority Plus (Plan #69907S, #69908S) <i>California Residents</i> | KAISER Medicare Advantage <i>Washington Residents</i> |
|------------------------------------|---|---|--|--|---|
| MENTAL HEALTH | Inpatient: \$250 copayment per admission. \$50 copay per day for partial hospitalization. 190-day lifetime maximum. Outpatient: \$15 per visit | Inpatient: provided at no charge; unlimited days per calendar year 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. Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses. | Inpatient: \$250 per admission 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. Visit and day limits do not apply to serious emotional disturbances of children and severe mental illnesses. | Inpatient: \$250 copayment 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 (190 days lifetime maximum) Outpatient: \$20 copay per visit |
| EMERGENCY SERVICES | \$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 |
| OUTPATIENT PHYSICAL THERAPY | \$15 per visit | \$10 per visit | \$20 per visit | Provided at no charge, limitation applies | \$20 per visit |

² Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 devices every 36 months. The additional cost for dental and hearing aid benefits is \$23 per person.

CMTA-IAM Joint Retiree Health & Welfare Trust

Medicare HMO Plan Options

2020 MEDICARE PLAN OPTIONS

| GENERAL INFORMATION | UNITEDHEALTHCARE Medicare Advantage (Plan O6G) <i>California Residents</i> | KAISER Senior Advantage (\$10 Copay Plan) ² <i>California Residents</i> | KAISER Senior Advantage (\$20 Copay Plan) ² <i>California Residents</i> | HEALTH NET Seniority Plus (Plan #69907S, #69908S) <i>California Residents</i> | KAISER Medicare Advantage <i>Washington Residents</i> |
|----------------------------|---|--|--|--|---|
| PRESCRIPTION DRUGS | <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 ³ Preferred Brand: \$20 copay³ Non-preferred Brand: \$40 copay³ Preferred Specialty: \$40 copay³</p> <p><u>Mail Order (90-day supply)</u> Generic: \$20 copay ³ Preferred Brand: \$40 copay³ Non-preferred Brand: \$80 copay³ Preferred Specialty: \$80 copay³</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>Impotence drugs have a 25% coinsurance.</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>Impotence drugs have a 25% coinsurance.</p> | <p>Prescriptions must be obtained at a Health Net pharmacy and prescribed by a Health Net contracted physician.</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 & specialty drugs: 25%</u></p> | <p>Prescriptions must be obtained at a Kaiser Permanente Washington pharmacy and written by your PCP.</p> <p><u>Retail (30-day supply)</u> Preferred Generic: \$3 copay Non-Preferred Generic: \$7 copay Preferred Brand: \$40 copay Non-Preferred Brand: \$90 copay Specialty: \$150 copay Injectable Part D vaccines: No charge</p> <p><u>Mail Order (90-day supply)</u> Preferred Generic: no charge Non-preferred Generic: \$14 copay Preferred Brand: \$80 copay Non-preferred Brand \$180 copay Specialty: Not Offered</p> |

² Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 devices every 36 months. The additional cost for dental and hearing aid benefits is \$23 per person.

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

Medicare HMO Plan Options

| GENERAL INFORMATION | UNITEDHEALTHCARE Medicare Advantage (Plan O6G) <i>California Residents</i> | KAISER Senior Advantage (\$10 Copay Plan) ² <i>California Residents</i> | KAISER Senior Advantage (\$20 Copay Plan) ² <i>California Residents</i> | HEALTH NET Seniority Plus (Plan #69907S, #69908S) <i>California Residents</i> | KAISER Medicare Advantage <i>Washington Residents</i> |
|----------------------------|---|---|---|--|--|
| RATES ⁴ | | | | | |
| SINGLE | <input type="checkbox"/> \$514 | <input type="checkbox"/> \$510 | <input type="checkbox"/> \$404 | <input type="checkbox"/> \$508 | <input type="checkbox"/> \$422 |
| TWO PARTY | <input type="checkbox"/> \$1,028 | <input type="checkbox"/> \$1,020 | <input type="checkbox"/> \$807 | <input type="checkbox"/> \$1,016 | <input type="checkbox"/> \$844 |
| FAMILY (all Medicare) | <input type="checkbox"/> \$1,525 | <input type="checkbox"/> \$1,511 | <input type="checkbox"/> \$1,193 | <input type="checkbox"/> \$1,505 | <input type="checkbox"/> \$1,249 |

² Additional dental and hearing aid benefits are available for your choice - Hearing Aid Benefit: \$250 allowance per device; 1 device per ear; 2 devices every 36 months. The additional cost for dental and hearing aid benefits is \$23 per person.

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

**CMTA-IAM Joint Retiree Health & Welfare Trust – 2020 Health Care Plan Summary – Medicare Retirees
UnitedHealthcare® Senior Supplement Plan C**

| GENERAL INFORMATION | UNITEDHEALTHCARE® SENIOR SUPPLEMENT – PLAN C | | |
|---------------------------------|--|---|---|
| PROVIDER CHOICE | 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. | | |
| DEDUCTIBLE | None | | |
| ANNUAL COPAYMENT MAXIMUM | None | | |
| LIFETIME MAXIMUM | None | | |
| | Medicare | UnitedHealthcare® | You |
| INPATIENT HOSPITAL | Days 1-60: Paid at 100% after \$1,408 ¹ Days 61-90: Paid at 100% after \$352 per day ¹ Over 90 days: Paid at 100% after \$704 per day ¹ 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: \$1,408 ¹ Days 61-90: \$352 per day ¹ Over 90 days, up to 60 lifetime days: \$704 per day ¹ 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 ¹ Days 61-90: \$0 ¹ Over 90 days, up to 60 lifetime days: \$0 ¹ Over 90 days, lifetime days over 60 and up to 365: \$0 ¹ Beyond the 365 additional lifetime reserve days: All charges – 100% |
| OUTPATIENT SURGERY | Paid at 80% ¹ after Part B deductible. | Pays Part B deductible, then 20% ¹ | \$0 ¹ |

(1) Limited to Medicare approved amounts – you are responsible for payment of any amounts over Medicare approved amounts. Copayments are per benefit period, and reflect 2020 amounts (may change every January 1). UnitedHealthcare® will not pay for any expenses not covered/certified by Medicare.

This comparison is only a summary of the coverages actually provided by each of the above-specified benefit programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

**CMTA-IAM Joint Retiree Health & Welfare Trust – 2020 Health Care Plan Summary – Medicare Retirees
UnitedHealthcare® Senior Supplement Plan C**

| GENERAL INFORMATION | UNITEDHEALTHCARE® SENIOR SUPPLEMENT – PLAN C | | |
|---|---|--|--|
| | Medicare | UnitedHealthcare® | You |
| SKILLED NURSING FACILITY CARE | Days 1-20: Paid at 100% ¹ Days 21-100: Paid at 100% after \$176 per day ¹ 101 Days after: Not covered | Days 1-20: \$0 Days 21-100: \$176 per day ¹ 101 Days after: Not covered | Days 1-20: \$0 ¹ Days 21-100: \$0 ¹ 101 Days after: pay 100% |
| HOME HEALTH CARE | Paid at 100% ¹ up to 100 visits | Balance | \$0 ¹ |
| HOSPICE CARE | All but very limited coinsurance for outpatient drugs and inpatient respite care ¹ | 100% | \$0 ¹ |
| PHYSICIAN OFFICE VISITS | | | |
| Expense until Part B deductible is satisfied ² | \$0 | 100% ¹ | \$0 ¹ |
| Expense after Part B deductible is satisfied ² | 80% ¹ | 20% ¹ | \$0 ¹ |
| X-RAY, & LABORATORY SERVICES | | | |
| Expense until Part B deductible is satisfied ² | \$0 | 100% ¹ | \$0 ¹ |
| Expense after Part B deductible is satisfied ² | 80% ¹ | 20% ¹ | \$0 ¹ |
| PREVENTIVE HEALTHCARE | | | |
| Periodic Health Screenings | Paid at 100% | Balance | \$0 |

(1) Limited to Medicare approved amounts – you are responsible for payment of any amounts over Medicare approved amounts. Copayments are per benefit period, and reflect 2020 amounts (may change every January 1). UnitedHealthcare® will not pay for any expenses not covered/certified by Medicare.

(2) \$198 is the Part B deductible for 2020.

This comparison is only a summary of the coverages actually provided by each of the above-specified benefit programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

**CMTA-IAM Joint Retiree Health & Welfare Trust – 2020 Health Care Plan Summary – Medicare Retirees
UnitedHealthcare® Senior Supplement Plan C**

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

- (1) Limited to Medicare approved amounts – you are responsible for payment of any amounts over Medicare approved amounts. Copayments are per benefit period, and reflect 2020 amounts (may change every January 1). UnitedHealthcare® will not pay for any expenses not covered/certified by Medicare.
- (2) \$198 is the Part B deductible for 2020.
- (3) 80% covered by Medicare (20% by UnitedHealthcare®) if an outpatient hospital program is utilized.

This comparison is only a summary of the coverages actually provided by each of the above-specified benefit programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

**CMTA-IAM Joint Retiree Health & Welfare Trust – 2020 Health Care Plan Summary – Medicare Retirees
UnitedHealthcare® Senior Supplement Plan C**

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

- (1) Limited to Medicare approved amounts – you are responsible for payment of any amounts over Medicare approved amounts. Copayments are per benefit period, and reflect 2020 amounts (may change every January 1). UnitedHealthcare® will not pay for any expenses not covered/certified by Medicare.
- (2) \$198 is the Part B deductible for 2020.

This comparison is only a summary of the coverages actually provided by each of the above-specified benefit programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

**CMTA-IAM Joint Retiree Health & Welfare Trust – 2020 Health Care Plan Summary – Medicare Retirees
UnitedHealthcare® Senior Supplement Plan C**

| GENERAL INFORMATION | UNITEDHEALTHCARE® SENIOR SUPPLEMENT – PLAN C |
|---|--|
| <p>PRESCRIPTION DRUGS</p> <p><i>Retail (30- day supply)</i> Generic: Preferred Brand: Non-preferred Brand: Specialty:</p> <p><i>Mail Order (90-day supply)</i> Generic: Preferred Brand: Non-preferred Brand: Specialty:</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>\$10 copayment \$20 copayment \$35 copayment \$35 copayment</p> <p>\$20 copayment \$40 copayment \$70 copayment \$70 copayment</p> <p><i>Catastrophic coverage benefits start once \$6,350 in true out-of-pocket costs is incurred. The member is responsible for Catastrophic copayment of \$3.60 for generic or \$8.95 for brand or 5% whichever is greater.</i></p> |
| <p>RATES</p> <p>SINGLE</p> <p>TWO PARTY</p> <p>FAMILY (all Medicare)</p> | <p><input type="checkbox"/> \$699</p> <p><input type="checkbox"/> \$1,398</p> <p><input type="checkbox"/> \$2,079</p> |

This comparison is only a summary of the coverages actually provided by each of the above-specified benefit programs. Not all exclusions and limitations of benefit coverages have been included and may vary slightly from plan to plan. If there is a discrepancy between this comparison and the documents that establish the Plan (vendor contracts, Plan Document, and Summary Plan Description), the document language will govern.

**CMTA-IAM JOINT RETIREE HEALTH & WELFARE SELF-PAY RATES
EFFECTIVE JANUARY 1, 2020**

| | KAISER OF CA (HMO) California Residents Only | | KAISER OF CA (Deductible HMO) California Residents Only | | KAISER OF WA (HMO) Washington State Residents Only | |
|------------------------------------|--|-------------|---|-------------|--|-------------|
| | 2019 | 2020 | 2019 | 2020 | 2019 | 2020 |
| Non-Medicare | HMO | | Deductible HMO | | HMO | |
| single | \$1,351 | \$1,314 | \$1,026 | \$998 | N/A | N/A |
| two-party | 2,702 | 2,627 | 2,052 | 1,997 | N/A | N/A |
| family | 3,813 | 3,704 | 2,893 | 2,813 | N/A | N/A |
| Medicare Risk-Sr. Advantage | \$10 Plan | | \$10 Plan | | Medicare Advantage | |
| single | \$532 | \$510 | \$532 | \$510 | \$408 | \$422 |
| two-party | 1,064 | 1,020 | 1,064 | 1,020 | 816 | 844 |
| 3-party, all Medicare | 1,579 | 1,511 | 1,579 | 1,511 | 1,207 | 1,249 |
| Medicare Risk-Sr. Advantage | \$10 Plan with Hearing Aid & Dental | | \$10 Plan with Hearing Aid & Dental | | | |
| single | \$554 | \$533 | \$554 | \$533 | N/A | N/A |
| two-party | 1,108 | 1,066 | 1,108 | 1,066 | N/A | N/A |
| 3-party, all Medicare | 1,646 | 1,581 | 1,646 | 1,581 | N/A | N/A |
| Medicare Risk-Sr. Advantage | \$20 Plan | | \$20 Plan | | | |
| single | \$422 | \$404 | \$422 | \$404 | N/A | N/A |
| two-party | 844 | 807 | 844 | 807 | N/A | N/A |
| 3-party, all Medicare | 1,252 | 1,193 | 1,252 | 1,193 | N/A | N/A |
| Medicare Risk-Sr. Advantage | \$20 Plan with Hearing Aid & Dental | | \$20 Plan with Hearing Aid & Dental | | | |
| single | \$445 | \$427 | \$445 | \$427 | N/A | N/A |
| two-party | 890 | 854 | 890 | 854 | N/A | N/A |
| 3-party, all Medicare | 1,320 | 1,263 | 1,320 | 1,263 | N/A | N/A |
| Medicare Risk Combination | HMO/\$10 Plan | | Deductible HMO/\$10 Plan | | HMO/Medicare Advantage | |
| 1 w/ Risk, 1 w/o | \$1,883 | \$1,823 | \$1,558 | \$1,508 | N/A | N/A |
| 1 w/ Medicare, 2 w/o | 2,993 | 2,900 | 2,398 | 2,324 | N/A | N/A |
| 1 w/ Medicare, 3 w/o | 2,993 | 2,900 | 2,398 | 2,324 | N/A | N/A |
| 2 w/ Medicare, family | 2,173 | 2,096 | 1,904 | 1,835 | N/A | N/A |
| Adults (1w, 1wo), med child | 2,399 | 2,315 | 2,074 | 2,000 | N/A | N/A |

**CMTA-IAM JOINT RETIREE HEALTH & WELFARE SELF-PAY RATES
EFFECTIVE JANUARY 1, 2020**

| | KAISER OF CA (HMO) California Residents Only | | KAISER OF CA (Deductible HMO) California Residents Only | | KAISER OF WA Washington State Residents Only | |
|----------------------------------|--|-------------|---|-------------|--|-------------|
| | 2019 | 2020 | 2019 | 2020 | 2019 | 2020 |
| Medicare Risk Combination | HMO/\$10 Plan with Hearing Aid & Dental | | Deductible HMO/\$10 Plan with Hearing Aid & Dental | | | |
| 1 w/ Risk, 1 w/o | \$1,905 | \$1,847 | \$1,580 | \$1,531 | N/A | N/A |
| 1 w/ Medicare, 2 w/o | 3,016 | 2,924 | 2,421 | 2,347 | N/A | N/A |
| 1 w/ Medicare, 3 w/o | 3,016 | 2,924 | 2,421 | 2,347 | N/A | N/A |
| 2 w/ Medicare, family | 2,218 | 2,143 | 1,948 | 1,882 | N/A | N/A |
| Adults (1w, 1wo), med child | 2,444 | 2,362 | 2,118 | 2,047 | N/A | N/A |
| Medicare Risk Combination | HMO/\$20 Plan | | Deductible HMO/\$20 Plan | | | |
| 1 w/ Risk, 1 w/o | \$1,774 | \$1,717 | \$1,449 | \$1,402 | N/A | N/A |
| 1 w/ Medicare, 2 w/o | 2,884 | 2,795 | 2,289 | 2,218 | N/A | N/A |
| 1 w/ Medicare, 3 w/o | 2,884 | 2,795 | 2,289 | 2,218 | N/A | N/A |
| 2 w/ Medicare, family | 1,955 | 1,885 | 1,685 | 1,623 | N/A | N/A |
| Adults (1w, 1wo), med child | 2,180 | 2,103 | 1,855 | 1,788 | N/A | N/A |
| Medicare Risk Combination | HMO/\$20 Plan with Hearing Aid & Dental | | Deductible HMO/\$20 Plan with Hearing Aid & Dental | | | |
| 1 w/ Risk, 1 w/o | \$1,797 | \$1,741 | \$1,472 | \$1,426 | N/A | N/A |
| 1 w/ Medicare, 2 w/o | 2,907 | 2,818 | 2,312 | 2,241 | N/A | N/A |
| 1 w/ Medicare, 3 w/o | 2,907 | 2,818 | 2,312 | 2,241 | N/A | N/A |
| 2 w/ Medicare, family | 2,001 | 1,932 | 1,731 | 1,670 | N/A | N/A |
| Adults (1w, 1wo), med child | 2,226 | 2,150 | 1,901 | 1,835 | N/A | N/A |

**CMTA-IAM JOINT RETIREE HEALTH & WELFARE SELF-PAY RATES
EFFECTIVE JANUARY 1, 2020**

| | UNITEDHEALTHCARE (HMO) California Residents Only | | UNITEDHEALTHCARE (PPO) Residents of Any State | | UNITEDHEALTHCARE (Drug Only) Residents of Any State | |
|----------------------------------|--|-------------|---|-------------|---|-------------|
| | 2019 | 2020 | 2019 | 2020 | 2019 | 2020 |
| Non-Medicare | HMO | | Medicare Supplement -Standard Plan C | | \$10/\$20/\$35 | |
| single | \$2,179 | \$2,333 | \$664 | \$699 | \$362 | \$382 |
| two-party | 4,358 | 4,666 | 1,328 | 1,398 | 724 | 764 |
| family | 6,520 | 6,980 | 1,976 | 2,079 | N/A | N/A |
| Medicare Risk | Secure Horizons | | | | | |
| single | \$501 | \$514 | | | | |
| two-party | 1,002 | 1,028 | | | | |
| 3-party, all Medicare | 1,487 | 1,525 | | | | |
| Medicare Risk Combination | HMO/Secure Horizons | | | | | |
| 1 w/ Medicare, 1 w/o | \$2,680 | \$2,847 | | | | |
| 1 w/ Medicare, 2 w/o | 4,843 | 5,162 | | | | |
| 2 w/ Medicare, family | 3,166 | 3,343 | | | | |

| | HEALTH NET (HMO) California Residents Only | |
|-----------------------|--|-------------|
| | 2019 | 2020 |
| Medicare Risk | Seniority Plus | |
| single | \$471 | \$508 |
| two-party | 942 | 1,016 |
| 3-party, all Medicare | 1,397 | 1,505 |

| | Kaiser Hawaii (HMO) | | Kaiser Oregon (HMO) | |
|----------------------|----------------------------|-------------|----------------------------|-------------|
| | 2019 | 2020 | 2019 | 2020 |
| Medicare Risk | | | | |
| Single | \$443 | \$447 | \$337 | \$349 |
| Two-Party | 886 | 894 | 674 | 698 |

