



## Sheet Metal Workers' National Health Fund 2023 Retiree Health Benefit Options

Benefit	Humana Medicare Advantage Prescription Drug PPO Plan (MAPD Option 1)	Humana Medicare Advantage Prescription Drug PPO Plan (MAPD Option 2)	SMW+ Carve-out (Medicare Supplement)
<b>Annual Deductible<sup>1)</sup></b>	\$147	\$147	\$233
<b>Out of Pocket Maximum</b>			
<b>Inpatient Hospital Coinsurance</b>	Covered at 100%	Covered at 100%	Covered at 100%
<b>Skilled Nursing Copayment</b>	Covered at 100% up to 100 days	Covered at 100% up to 100 days	Covered at 100% up to 100 days
<b>PCP (Office Visit) Copayment</b>	Covered at 100% after annual deductible	Covered at 100% after annual deductible	Covered at 100% after annual deductible
<b>Specialist (Office Visit) Copayment</b>	Covered at 100% after annual deductible	Covered at 100% after annual deductible	Covered at 100% after annual deductible
<b>Outpatient Surgical Copayment</b>	Covered at 100% after annual deductible	Covered at 100% after annual deductible	Covered at 100% after annual deductible
<b>Ambulance Copayment</b>	Covered at 100% after annual deductible	Covered at 100% after annual deductible	Covered at 100% after annual deductible
<b>Emergency Room Copayment</b>	Covered at 100% after annual deductible	Covered at 100% after annual deductible	Covered at 100% after annual deductible
<b>Urgent Care Visit Copayment</b>	Covered at 100% after annual deductible	Covered at 100% after annual deductible	Covered at 100% after annual deductible
<b>Hearing Aid</b>	Hearing exam covered at 100% up to a \$50 maximum once every 24 months. \$3,000 allowance for hearing aids every 36 months after annual deductible	Hearing exam covered at 100% up to a \$50 maximum once every 24 months. \$3,000 allowance for hearing aids every 36 months after annual deductible	n/a



<b>Prescription Drug Benefit</b>					
	<b>Humana Medicare Advantage Prescription Drug PPO Plan (MAPD Option 1)</b>		<b>Humana Medicare Advantage Prescription Drug PPO Plan (MAPD Option 2)</b>		<b>SMW+ Carve-out (Medicare Supplement)</b>
	<b>RETAIL/MAIL 30 Day Supply</b>	<b>MAIL 90 Day Supply</b>	<b>RETAIL/MAIL 30 Day Supply</b>	<b>MAIL 90 Day Supply</b>	
<b>Initial Coverage*</b>	\$5/\$20/\$50/\$80	\$0/\$40/\$100/NA	\$5/\$30/\$60/33% ((\$300 maximum out-of-pocket per Specialty prescription))	\$0/\$60/\$120/NA	n/a
<b>Coverage Gap</b>	\$5/\$20/\$50/\$80	\$0/\$40/\$100/NA	\$5/25%/25%/25%	\$0/25%/25%/NA	n/a
<b>Catastrophic</b>	Greater of \$4.15 for generic/multiple source drugs (\$10.35 for all others) or 5% coinsurance (\$80 for 30 day maximum out-of-pocket per prescription)	Greater of \$4.15 for generic/multiple source drugs (\$10.35 for all others) or 5% coinsurance (\$100 maximum out-of-pocket per prescription)	Greater of \$4.15 for generic/multiple source drugs (\$10.35 for all others) or 5% coinsurance		n/a
<b>Notes</b>	<ul style="list-style-type: none"> <li>▪ 90 day supply at Retail Pharmacy available at 3 times the copay amount</li> <li>▪ Specialty drugs – 30 day supply only</li> </ul>	<ul style="list-style-type: none"> <li>▪ Specialty drugs – 30 day supply only</li> </ul>	<ul style="list-style-type: none"> <li>▪ 90 day supply at Retail Pharmacy available at 3 times the copay amount or \$15/25%/25% when in Coverage Gap</li> <li>▪ Specialty drugs - 30 day supply only</li> </ul>	<ul style="list-style-type: none"> <li>▪ Specialty drugs - 30 day supply only</li> </ul>	n/a

\* Tier 1: Generic or Preferred Generic  
 Tier 2: Preferred Brand  
 Tier 3: Non-Preferred Drug  
 Tier 4: Specialty Tier



<b>Supplemental Benefits</b>			
	<b>MAPD 1</b>	<b>MAPD 2</b>	<b>SMW+ Carve-out</b>
<b>Case Management</b>	Registered nurse led team, providing support to members during or immediately following an acute health event.		n/a
<b>Humana at Home</b>	A team of nurses working directly with members in their home, nursing home, hospital and/or doctor's office.		n/a
<b>Chronic Condition Management</b>	Improving physical and social well-being through highly integrated acute and chronic care, home visits, discharge planning and care coordination.		n/a
<b>SilverSneakers®</b>	The SilverSneakers® Fitness Program provides free membership at most fitness centers. Enrollment is easy and there is no initiation fee or contract. SilverSneakers Steps is an at-home personalized fitness program for members who don't have access to a SilverSneakers location.		n/a
<b>Meal Program</b>	After your inpatient stay in either the hospital or a nursing facility, you are eligible to receive 2 meals per day for 14 days, at no cost to you. 28 nutritious meals will be delivered to your home.		n/a
<b>Virtual Visits</b>	<ul style="list-style-type: none"> <li>• Medical – Talk to a U.S. board certified doctor 24/7/365 with telemedicine when your regular doctor is not available.</li> <li>• Mental – You can meet virtually with a U.S. board certified psychiatrist or in-state licensed and credentialed mental health professional by phone or secure online video sessions.</li> </ul>		



## Understanding the SMART Humana MAPD PPO Plan Network

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- You can go to any doctor or hospital, as long as the provider accepts Medicare and agrees to Humana's payment terms and conditions
- To find a Humana provider you can:
  - Call 1-800-733-9064 and press 2 for Medicare Enrollment Specialist
  - Go to [Humana.com/PhysicianFinder](https://www.humana.com/PhysicianFinder) and select "**Search**," then select "**Medicare or Medicare-Medicaid**" and enter your zip code. Then select "**Medicare PPO**."
- No referral needed to see any healthcare provider, including specialists. However, prior authorization may be required for certain services
- Coverage for office visits, including routine physical exams (preventive services covered at no cost to you)
- Emergency coverage anywhere in the world
- Most of the benefits under this PPO plan have the same benefit level for in and out of network providers.