

FULL TIME – 2025 COMPARISON OF MEDICAL BENEFITS

BENEFIT	KAISER PERMANENTE	SMART-MTA MEDICAL PLAN – ANTHEM	UNITEDHEALTHCARE VALUE	UNITEDHEALTHCARE HARMONY
ANNUAL MAXIMUM	Unlimited.	Unlimited.	Unlimited.	Unlimited.
DEDUCTIBLE	None.	\$250 per calendar year per person. After 2 persons have satisfied a \$500 family deductible, the family deductible is met.	None.	None.
CHOICE OF DOCTOR & HOSPITAL	Network. Services provided at Kaiser facilities.	Any licensed physician and any licensed hospital.	Services provided by physicians and hospitals of Participating Medical Groups.	Services provided by physicians and hospitals of Participating Medical Groups.
IN-PATIENT HOSPITAL	\$200 co-payment.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	\$200 co-payment.	\$200 co-payment.
OUT-PATIENT HOSPITAL & SURGERY CENTER	\$20 co-payment.	In Network 80% of contract rate. Out of Network 60% of usual & customary. Non-contracted Surgery Centers max of \$2,000.	No charge.	No charge.
EMERGENCY BENEFITS	\$100.00 per visit. Waived if admitted.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	\$100 per visit. Waived if admitted.	\$100 per visit. Waived if admitted.
SPECIAL ACCIDENT BENEFIT	See emergency benefits above.	\$300-benefit available for services incurred within 24 hours of the accident. Injury details must be provided within 90 days of the accident.	See emergency benefits above.	See emergency benefits above.
URGENT CARE	\$20 co-payment.	80% of contract rate or usual & customary.	\$20 co-payment.	No charge.
AMBULANCE	\$100 co-payment.	\$2,000 maximum for ground ambulance.	\$100 co-payment.	\$100 co-payment.
OFFICE VISITS	\$20 co-payment.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	\$20 co-payment.	\$20 co-payment.
X-RAYS & LABORATORY	No charge.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	No charge.	No charge.
ROUTINE PHYSICAL	No charge.	In Network covered at 100%.	No charge.	No charge.
IMMUNIZATIONS	No charge.	In Network covered at 100%.	No charge.	No charge.
PHYSICAL THERAPY	\$20 co-payment.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	\$20 co-payment.	\$20 co-payment.
CHIROPRACTIC CARE	\$10 co-payment.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	\$10 co-payment.	\$10 co-payment.
PRENATAL CARE	No charge.	In Network 80% of contract rate. Out of Network 60% of usual & customary. No benefits for dependent children.	No charge.	No charge.
EYE EXAM MEDICAL PLAN	\$20 co-payment.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	\$20 co-payment.	\$20 co-payment.
VISION BENEFIT	Benefit available through VSP. (800) 877-7195 or vsp.com	Benefit available through VSP. (800) 877-7195 or vsp.com	Benefit available through VSP. (800) 877-7195 or vsp.com	Benefit available through VSP. (800) 877-7195 or vsp.com
PRESCRIPTION DRUG	Retail: \$15 Generic / \$30 Brand Mail Order: \$30 Generic / \$60.00 Brand	Benefits are available through Express Scripts at (866) 312-7236. Retail: \$5 generic /\$10 Brand / \$25 Non-Formulary. Mail Order: \$10 Generic/ \$20 Brand / \$40 Non-Formulary.	Retail: \$15 Generic / \$30 Brand / \$50 Non-Formulary. Mail Order: \$30 Generic / \$60 Brand / \$100 Non-Formulary.	Retail: \$15 Generic / \$30 Brand / \$50 Non-Formulary. Mail Order: \$30 Generic / \$60 Brand / \$100 Non-Formulary.
MENTAL HEALTH & CHEMICAL DEPENDENCY	Inpatient Hospital: \$200 co-payment. Outpatient: \$20 co-payment.	Inpatient Hospital: No charge for In-Network Out of Network 70%. Outpatient: In Network 90% Out of Network 70%	Inpatient Hospital: \$200 co-payment. Outpatient: \$20 co-payment.	Inpatient Hospital: \$200 co-payment. Outpatient: \$20 co-payment.
TELEHEALTH VIRTUAL CARE SERVICES	No charge.	In Network 80% of contract rate. Out of Network 60% of usual & customary.	No charge.	No charge.

For further detailed benefit information, please reference the Enrollment Guide for Kaiser Permanente, the Plan Resources for UnitedHealthCare and the Summary Plan Description (SPD) for the SMART-MTA Medical Plan.

COMPARISON OF DENTAL BENEFITS

DENTAL HEALTH SERVICES

Dental Health Services is available for your dental care. You may select a Dental facility from list of contracted participating dentist. Most dental services required are provided at **no cost to you**. The following services require a **co-payment** as shown:

Amount You Pay

Office Visits	\$5.00
Cleanings00
Scaling & root planing (deep cleaning)00
Irrigation (per quadrant)	\$25.00
Restorations (fillings) Amalgam or Composite00
Porcelain Fused to High Metal Crowns	\$220.00
Stainless Steel Crowns	\$20.00
Root Canal Therapy	\$20.00
Bridge Units	\$220.00
Partial Denture	\$45.00
Full Denture	\$45.00
Surgical Extractions00

Additional co-payments may be required. Please review your Combined Evidence of Coverage & Disclosures or contact Dental Health Services for further details.

Orthodontic care (straightening of teeth) is provided for children (of full-time employees) between the ages of 10 and 19, subject to certain provisions for qualification. Please contact Dental Health Services for details and treatment referral.

VISION CARE COVERAGE

Your eyes deserve the best care to keep them healthy year after year. With VSP you'll get the best value on your eye care and eyewear – including the option for contact lenses. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, with a VSP doctor your satisfaction is guaranteed – if you're not 100% happy, they'll make it right.

Using your VSP benefit is easy. To find a VSP doctor, visit vsp.com or 800-877-7195. Once you find a doctor you like, make an appointment directly with their office – there is no referral necessary. At your appointment, tell them you have VSP. That's it – they handle the rest! There's no ID card necessary.

Benefits include an annual WellVision Exam® – the most thorough exam designed to detect conditions like diabetes, high blood pressure, and high cholesterol – along with other eye and health issues. Members also receive new lenses and frames once per calendar year. Contact lenses are available in lieu of glasses and are now available at the member's choice. A second pair of glasses per calendar year is available at a \$50 co-pay. Please review the VSP plan summary for more detail or contact the Trust Fund for more information.

DELTA DENTAL

The Delta Dental PPO program allows you the freedom to visit any licensed dentist. However, you will usually have the *highest* level of coverage and pay the *lowest* amount for services when you visit a Delta Dental PPO dentist. There are more than 18,000 PPO dentists to select from in California. Delta Dental Premier Dentists who do not participate in the PPO network are classified as *Out-of-Network*.

Annual deductible and benefit maximum apply each calendar year.

Deductibles:	In-Network	\$25 per person,	\$75 per family
	Out-of-Network	\$100 per person,	\$300 per family

Maximum:	In-Network	\$1,500 per person
	Out-of-Network	\$500 per person

Total combined *In* and *Out-of-Network* benefits are not to exceed \$1,500 in a calendar year. If you have already exceeded \$500 in *In-Network* benefits you will not be eligible for *Out-of-Network* benefits as you have already exceeded the \$500 maximum benefit for the year.

- Diagnostic & Preventive services *In-Network* 100% and 50% *Out-of-Network*.
- Restorative services are covered at 50%
- Major corrective services are covered at 50% *In-Network*, 40% *Out-of-Network*,
- Orthodontia for children is covered at 50%, no deductible (lifetime maximum of \$1,500 *In-Network* and \$1,000 *Out-of-Network* per child)

Out-of-Network reimbursement is paid on Delta's PPO allowance and not necessarily each dentist's actual fee. To avoid balance billing it's recommended that you seek services from a Delta Dental PPO dentist.

HEARING AID(S) COVERAGE

The Trust Fund allows for hearing aid(s) **every four years**, as long as the hearing loss is not work related. We require a copy of your hearing test and allow for \$400.00 per aid.

To ensure that you receive the benefits of the plan(s) of your choice, you must make your selection by filling out the necessary forms/documents and returning them to the Trust Fund Office during the Open Enrollment period. If you are a new employee, you should submit your enrollment documents at least five days prior to your enrollment becoming effective to avoid denial of benefits.

DEADLINE for Open Enrollment Submissions: Friday, November 1, 2024.

You must complete the Trust Enrollment card, plan application, and submit the required documents. Once you are enrolled into a plan you cannot change your selection until the next open enrollment period unless a Special Enrollment applies.

Notice of Special Enrollment Rights

If you are declining enrollment for your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll your dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your dependents' other coverage). However, you must request enrollment within 60 days after your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, court mandate or placement for adoption, you may be able to enroll your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Trust Fund office at (626) 962-1762.

EMPLOYEE MONTHLY CONTRIBUTIONS

Full Time Members: Effective January 1, 2013, there will be a monthly contribution of \$100.00 required from all Full Time members. This contribution will be deducted from your salary and/or wages.

Retired Members: Effective January 1, 2013, there will be a monthly contribution of \$100.00 required from all Retired members. Full Time employees who were hired on or after September 7, 1991, and who retire with 23 years or more of service will have to contact the Trust Fund to get details on monthly contribution(s). Payment is due the 1st of each month, YOU WILL NOT BE BILLED. **If your payment is not received on time your benefits will be terminated.**

Dependent Coverage: Dependent coverage is available for no additional charge for all medical plans.

GROUP LIFE INSURANCE

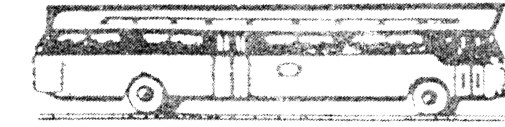
In addition to the above mentioned medical benefits, you and your eligible enrolled dependents will be insured for Life Insurance benefits. Coverage will become effective on the first (1st) of the month following sixty (60) days of full-time employment at **NO COST TO YOU.**

Coverage amounts:	Employee \$4,000.00	Spouse \$1,500.00
	Children: Age 6 months up to 23 years \$1,500.00.	Age 14 days to 6 months \$100.00.

You may elect to take advantage of the opportunity to purchase additional life insurance for yourself in increments of \$5,000 up to \$250,000, for your spouse in increments of \$5,000 up to \$100,000, and for your children for \$10,000. If not enrolled when first eligible, enrollment can only occur thereafter during Open Enrollment. The rates are determined by your age. If you are an active employee, the payment will be deducted from your salary and/or wages. **Retirees** are responsible for making their payments to the Trust Fund, **YOU WILL NOT BE BILLED.** Your payment is due no later than the 1st of each month. Failure to make the payment will result in termination of this benefit. Please note that based on the benefits selected you may be required to show proof of insurability.

MOVING OUTSIDE OF SERVICE AREA OR OUT OF STATE.

If you are moving out of the service area of your current plan or out of California, be advised that your benefit **options are limited.** You must contact the Trust Fund office in order to obtain details. Failure to do so may result in denial of benefits. Once your benefits are changed because you moved out of the area, they can only be changed back during the next Open Enrollment period.



Metro

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FULL TIME OPERATORS

Dear Member:

Your Board of Trustees has over the years, worked diligently to provide the maximum possible medical, dental, vision care and life insurance benefits for you and your families. We believe the coverages now in effect compare favorably with any group health program available today.

This pamphlet outlines the current benefits to be provided under each program in 2025. Please take a few minutes to read this pamphlet so you will be aware of the various coverages available for your selection.

Dependent Coverage:

If you wish to enroll your dependents, you must submit proof of dependency status within 60 days of when you first acquire them. Otherwise they will be enrolled the first of the month following receipt of your enrollment request.

Examples of proof: marriage certificate, declaration of domestic partnership, birth certificate, verification of birth or adoption documents.

Dependent up to age 26: Individuals whose coverage ended, or who were denied coverage (**or were not eligible for coverage**), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in group health plan or health insurance coverage. Individuals may request enrollment for such children for 30 days from the date of this notice. Enrollment will be effective January 1, 2025 (This only applies to dental, medical, mental health and pharmaceuticals).

Incapacitated Children: Your children (regardless of age) who are unmarried and unable to do any work to support themselves because of mental or physical disability which started while eligible for coverage and which is certified by a physician. This must be certified by the Trust Fund prior to the dependent's 26th birthday.

Requirement: *As of 2012 medical providers are requiring social security numbers for all dependents. Should you fail to provide the Trust Fund with this information, the medical plan may terminate your dependent(s) coverage.*

Please submit any necessary documents to the Trust Fund office to ensure your enrollment change(s) are processed. Dependents cannot be enrolled without the required Social Security numbers and documents. You must also complete and sign the enrollment card and proper application if you are changing your medical or dental plan. **Your enrollment cannot be processed without complete paperwork.**

The Trustees and the Trust Fund will continue to work diligently to try to keep your costs as low as possible. We thank you in advance for your cooperation. If you have any questions concerning the benefits provided under these plans of eligibility for benefits, please contact the Administrative Office of the Trust Fund, at (626) 962-1762 or (213) 624-6487.

Sincerely,

John M. Ellis
Chairman, Board of Trustees

Eddie Gonzalez
Administrator