

PART TIME – 2026 COMPARISON OF MEDICAL BENEFITS

BENEFIT	KAISER PERMANENTE	SMART-MTA SELF-FUNDED 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 fam- ily 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 70% of contract rate. Out of Network 70% of usual & customary.	\$200 co-payment.	\$200 co-payment.
OUT-PATIENT HOSPITAL & SURGERY CENTER	\$20 co-payment.	In Network 70% of contract rate. Out of Network 70% 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 70% of contract rate. Out of Network 70% 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.	70% 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 70% of contract rate. Out of Network 70% of usual & customary.	\$20 co-payment.	\$20 co-payment.
X-RAYS & LABORATORY	No charge.	In Network 70% of contract rate. Out of Network 70% of usual & customary.	No charge.	No charge.
ROUTINE PHYSICAL	No charge.	In Network covered at 100%.	No charge.	No charge.
VACCINATIONS	No charge.	No charge.	No charge.	No charge.
PHYSICAL THERAPY	\$20 co-payment.	In Network 70% of contract rate. Out of Network 70% of usual & customary.	\$20 co-payment.	\$20 co-payment.
CHIROPRACTIC CARE	Not covered.	In Network 70% of contract rate. Out of Network 70% of usual & customary.	Not covered.	Not covered.
PRENATAL CARE	No charge.	In Network 70% of contract rate. Out of Network 70% of usual & customary. No benefits for dependent children.	No charge.	No charge.
EYE EXAM MEDICAL PLAN	\$20 co-payment.	In Network 70% of contract rate. Out of Network 70% 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.	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.	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.
MENTAL HEALTH & CHEMICAL DEPENDENCY	Inpatient Hospital: \$200 co-payment. Outpatient: \$20 co-payment.	Inpatient Hospital: No charge for In-Network Out of Network 80%. Outpatient: In Network 90% Out of Network 80%	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 70% of contract rate. Out of Network 70% 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.

ADDITIONAL BENEFITS

**Provided for members only.
Dependents are not eligible for these coverages.**

GROUP LIFE INSURANCE

You will be insured for \$2,500 of Life Insurance on the first day of the month following the completion of your probationary period at **NO COST TO YOU! (Primary member only)**

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.

DENTAL SERVICE PLAN

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
Cleanings	.00
Scaling & root planing (deep cleaning)	.00
Irrigation (per quadrant)	\$25.00
Restorations (fillings) Amalgam or Composite	.00
Porcelain Fused to High Metal Crowns	\$220.00
Stainless Steel Crowns	\$20.00
Root Canal Therapy (per tooth)	\$20.00
Retreatment of root canal	\$20.00
Bridge Units	\$220.00
Partial Denture	\$45.00
Full Denture	\$45.00
Surgical Extractions	0.00

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

There is no coverage provided for orthodontia (straightening of the teeth.) Dependents are not covered under this program.

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.

ADDITIONAL INFORMATION ON HEALTH AND INSURANCE BENEFITS FOR YOU AND YOUR FAMILY

To ensure that you receive the benefits of your choice, you must make your selection by completing the necessary forms/documents and submitting them to the Trust Fund office during the Open Enrollment period.

DEADLINE for Open Enrollment Submissions: Friday, October 31, 2025.

If you are a new employee, you must submit your paperwork no later than 60 days from the date your enrollment becomes effective. Applicable contributions will still be due for any lapsed month(s). **Failure to submit the required documents, will result in enrollment under SMART-MTA self funded plan.**

ONCE AN ENROLLMENT IS PROCESSED, IT CAN NOT BE CHANGED UNTIL THE NEXT OPEN ENROLLMENT UNLESS A SPECIAL ENROLLMENT PERIOD APPLIES.

You must complete the Trust Enrollment form and submit the required documents.

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 CONTRIBUTIONS

MONTHLY CONTRIBUTION

Effective January 1, 2013, there will be a monthly contribution of \$40.00 required from ALL Part Timers. This contribution will be deducted from your salary and/or wages.

DEPENDENT CONTRIBUTION

Dependent coverage must be selected when member is first eligible or when dependents are first acquired. Enrollment documents and any payment(s) due must be received no later than 60 days from the qualifying event. Otherwise this option can only be selected during Open Enrollment. **You will be responsible for submitting your payment to the Trust Fund on the 1st of each month no later than the 15th of the month; (YOU WILL NOT BE BILLED).** Failure to pay as stated will result in termination of coverage for dependents. Once they are terminated, they are not eligible for re-enrollment until the next Open Enrollment period.

1 (one) dependent	\$71.00 per month	Method of payment: check or money order
Family coverage (2 or more dependents)	\$130.00 per month	Payable: SMART-MTA Trust Fund.



John M. Ellis
Chairman
Quintin Wormley
Andy Carter
Juan Gonzalez
Edgar Menendez
Julio Mejia
Jaime Delgadillo

SMART-MTA TRUST FUND 2026

PART 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 coverage's 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 2026. Please take a few minutes to read this pamphlet so you will be aware of the various coverage's available for your selection.

Please note that if you do not make a selection when you first become eligible, you will be assigned to the SMART-MTA self funded medical plan.

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, documents and/or payments. You must also complete and sign the enrollment form and proper application if you are changing your medical 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 your 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

