



2024

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# Northwest Retiree Benefit Trust Benefits Guide

For Retirees of Northwest Airlines

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# Welcome to the 2024 Northwest Retiree Benefit Trust Plans



This guide includes detailed information regarding the benefit options available to you through the Northwest Airlines Retiree Benefit Trust.

In this guide, you will find information on the following:

## **2024 NORTHWEST RETIREE BENEFIT TRUST MEDICAL PLAN—PAGE 2**

This plan is being offered through The Hartford.

## **2024 PRESCRIPTION DRUG PLAN—PAGE 7**

This Express Scripts Medicare™ plan is being offered through Express Scripts Insurance Company, a Prescription Drug Plan (PDP) sponsor with a Medicare contract.

## **2024 DENTAL PLAN—PAGE 9**

This plan is being offered through MetLife Dental PPO.

## **2024 VISION PLAN—PAGE 13**

This plan is being offered through Superior Vision.

## **2024 QUALITYCARE CONNECT—PAGE 15**

This plan is provided through ArmadaHealth.

## **START HEARING—PAGE 16**

## **SILVER & FIT FLYER—PAGE 17**



## Important Notes

If you have any questions or need assistance as you review this information, please contact us. The Retiree Service Center customer care representatives are available between the hours of 8:00 a.m. and 5:00 p.m. CT to assist you. Our dedicated toll-free customer care phone number is 1-844-413-2843.

You will now have access to a Care Advocate specialist at Gilsbar to assist you with understanding your benefits, what they cover, claims medical billing and coordination of your healthcare needs.

You may enroll in the Prescription Drug Plan unless you currently participate in a government-sponsored plan, such as VA or TRICARE. Enrollees in the Prescription Drug Plan must continue to pay their Medicare Part B premium. Prescription Drug Plan benefits are provided by Express Scripts Insurance Company, a PDP plan sponsor with a Medicare contract.

You must enroll in the medical plan to be eligible for the vision plan.

Discounted services for hearing diagnostics, evaluations, and hearing aids are offered to our retirees at no cost through Start Hearing. Call Start Hearing at 1-888-612-6837 to speak with a Start Hearing professional representative. You can also visit [www.starthearing.com/partners/thehartford](http://www.starthearing.com/partners/thehartford). There is no enrollment form to complete.

For more information on the benefit plans available, visit our website at [NorthwestRetiree.HCHealthBenefits.com](http://NorthwestRetiree.HCHealthBenefits.com).

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE



### PLAN FOR RETIREES OF: NORTHWEST RETIREE BENEFIT TRUST

UNDERWRITTEN BY: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

PLAN PROVISIONS	PREMIUM PLUS PLAN*	PREMIUM PLAN	VALUE PLAN
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Calendar Year Deductible	\$0	\$0	\$400
Out-of-pocket Maximum	N/A	\$1750	\$1750

\*Premium Plus plan is not available to Florida residents; Value Plan is not available to Washington residents.

### PART A SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PREMIUM PLUS PLAN PAYS	PREMIUM PLAN PAYS	VALUE PLAN PAYS
<b>HOSPITALIZATION</b> <sup>(2)</sup> Semi-private room and board, general nursing and miscellaneous services and supplies:				
First 60 Days	All but the Part A Deductible	100% of the Medicare Part A deductible	100% of the Medicare Part A deductible	100% of the Medicare Part A Coinsurance
61 <sup>st</sup> through 90 <sup>th</sup> day	All but 25% of Medicare Part A Deductible per day	100% of the Medicare Part A Coinsurance	100% of the Medicare Part A Coinsurance	100% of the Medicare Part A Coinsurance
91 <sup>st</sup> day through 150 <sup>th</sup> day (60 day Lifetime Reserve Period)	All but 50% of Medicare Part A deductible per day	100% of the Medicare Part A Coinsurance	100% of the Medicare Part A Coinsurance	100% of the Medicare Part A Coinsurance
Once Lifetime Reserve days are used (or would have ended if used) additional 365 days of confinement per person per lifetime	\$0	100%	100%	100%
<b>SKILLED NURSING FACILITY CARE</b> Semi-private room and board, skilled nursing and rehabilitative services and other services and supplies. You must meet Medicare's requirement which includes hospitalization of at least 3 days. You must enter a Medicare-approved facility within 30 days after leaving the hospital:				
First 20 days	All approved amounts	\$0	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but 12.5% of Medicare Part A Deductible per day	Up to 100% of Medicare SNF Coinsurance	Up to 100% of Medicare SNF Coinsurance	Up to 100% of Medicare SNF Coinsurance

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE FOR NORTHWEST RETIREE BENEFIT TRUST



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PREMIUM PLUS PLAN PAYS	PREMIUM PLAN PAYS	VALUE PLAN PAYS
<b>BLOOD DEDUCTIBLE - Hospital Confinement and Out-Patient Medical Expenses</b> When furnished by a hospital or skilled nursing facility during a covered stay.				
First 3 pints Additional amounts	\$0 100%	100% \$0	100% \$0	100% \$0
<b>Hospice Care</b> Pain relief, symptom management and support services for the terminally ill.				
As long as Physician certifies the need	All costs, but limited to costs for out-patient drug and in-patient respite care	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare	Co-insurance charges for in-patient respite care, drugs and biologicals approved by Medicare

### PART B SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PREMIUM PLUS PLAN PAYS	PREMIUM PLAN PAYS	VALUE PLAN PAYS
<b>OUT-PATIENT MEDICAL EXPENSES</b> The policy may cover the following Medicare Part B Benefits: <ul style="list-style-type: none"> <li>Physician Services and Specialist Services</li> <li>Outpatient Hospital Services and Ambulatory Surgical Care</li> <li>Outpatient Diagnostic and Radiology Services</li> <li>Outpatient Mental Health and Substance Abuse Services</li> <li>Outpatient Rehabilitative and Cardiac Rehabilitative Services</li> <li>Emergency Care, Urgent Care, and Ambulance Services</li> <li>Durable Medical Equipment and Prosthetics</li> </ul> All Medicare Part B Benefits are based on per visit, except Ambulance Services Benefit, which is based on per trip, and Durable Medical Equipment and Prosthetics Benefit, which is based on per device.				
Medicare Part B Deductible	\$0	100% of Medicare Part B Deductible	\$0	\$0
Remainder of Medicare-approved amounts	80%	100% of the remaining Medicare Part B Coinsurance	50% of the remaining Medicare Part B Coinsurance until out-of-pocket expenses reach \$1750, then plan pays 100% of the remaining Medicare Part B Coinsurance	50% of the remaining Medicare Part B Coinsurance until out-of-pocket expenses reach \$1750, then plan pays 100% of the remaining Medicare Part B Coinsurance



GROUP BENEFITS

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE FOR NORTHWEST RETIREE BENEFIT TRUST



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PREMIUM PLUS PLAN PAYS	PREMIUM PLAN PAYS	VALUE PLAN PAYS
Part B Excess Charges for Non-Participating Medicare providers covers the difference between the 115% Medicare limiting fee and the Medicare-approved Part B charge	\$0	100%	100%	100%

### ADDITIONAL SERVICES

SERVICES	MEDICARE PAYS <sup>(1)</sup>	PREMIUM PLUS PLAN PAYS	PREMIUM PLAN PAYS	VALUE PLAN PAYS
<b>PREVENTIVE MEDICAL CARE &amp; CANCER SCREENINGS<sup>(3)</sup></b> Coverage for expenses incurred by a covered person for physical exams, preventive screening tests and services, cancer screenings, and any other tests or preventive measures determined to be appropriate by the attending Physician. Refer to your Medicare and You handbook for more information on Preventive services.				
"Welcome to Medicare" Physical Exam - within first 12 months of Part B enrollment	100%	\$0	\$0	\$0
Annual Wellness Visit	100%	\$0	\$0	\$0
Vaccinations	100%	\$0	\$0	\$0
Preventive Care Cancer Screening Benefits <sup>(3)</sup>	Generally 100% for most preventive screenings. Some screenings subject to the Medicare Part B Deductible and Coinsurance	100% of remaining covered expenses Incurred not covered by Medicare	100% of remaining covered expenses Incurred not covered by Medicare	100% of remaining covered expenses Incurred not covered by Medicare

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE FOR NORTHWEST RETIREE BENEFIT TRUST



SERVICES	MEDICARE PAYS <sup>(1)</sup>	PREMIUM PLUS PLAN PAYS	PREMIUM PLAN PAYS	VALUE PLAN PAYS
<b>FOREIGN TRAVEL EMERGENCY</b> Medically necessary emergency care services.				
Emergency services needed due to Injury or Sickness of sudden and unexpected onset during the first 60 days while traveling outside the United States.	\$0	80% after \$250 Deductible (to a lifetime maximum of \$100,000)	80% after \$250 Deductible (to a lifetime maximum of \$100,000)	80% after \$250 Deductible (to a lifetime maximum of \$100,000)
<b>CHIROPRACTIC SERVICES</b>				
Services performed by a licensed chiropractor to correct structural alignment	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred up to the benefit maximum of \$1000 per year	100% of remaining covered expenses incurred up to the benefit maximum of \$1000 per year	100% of remaining covered expenses incurred up to the benefit maximum of \$1000 per year
<b>ACUPUNCTURE SERVICES</b>				
Services performed by a licensed acupuncturist to treat pain	\$0 <sup>(4)</sup>	100% of remaining covered expenses incurred, after the \$25 copayment, up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred, after the \$25 copayment, up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred, after the \$25 copayment, up to the benefit maximum of \$500 per calendar year
<b>ANNUAL PHYSICAL EXAM</b>				
The exam may include a review of medical history and a discussion of risk factor reductions and other services performed as part of an annual exam which are not covered by Medicare or under another benefit in the policy	After the "Welcome to Medicare Physical Exam" \$0	100% of remaining covered expenses incurred, after the \$25 copayment, up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred, after the \$25 copayment, up to the benefit maximum of \$500 per calendar year	100% of remaining covered expenses incurred, after the \$25 copayment, up to the benefit maximum of \$500 per calendar year

## GROUP BENEFITS

# GROUP RETIREE INSURANCE PLAN

## SUMMARY OF COVERAGE FOR NORTHWEST RETIREE BENEFIT TRUST



! The Calendar Year Deductible applies to Medicare Part B Services. The Calendar Year Deductible must be met before the Plan will pay and applies toward the out-of-pocket (OOP) expense maximum. The Calendar Year Maximum applies to Medicare Part B out of pocket expenses. The plan pays the remaining coinsurance, if any, after your copayment, until your OOP maximum has been met, then the plan pays 100%. The Foreign Travel Emergency deductible is a separate deductible.

1 This chart describes coverage that is only available to persons who are at least 65 and Medicare-eligible. Medicare amounts typically change January 1 of each year.

2 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row. Hospital does not include any institution or part thereof that is used primarily as a nursing home, convalescent home, or Skilled Nursing Facility; a place for rest, custodial, educational or rehabilitative care; a place for the aged; or, a place for alcoholism or drug addiction.

3 If any of the cancer screening tests are not covered by Medicare, the plan will pay the usual and customary charges incurred. Please refer to your certificate for a full description of preventive screenings.

4 Medicare only covers chiropractic for spinal manipulations and acupuncture for chronic low back pain.

Please note this policy also may cover certain benefits mandated by the state where the employer is situated or the state where you reside. Refer to your certificate for a description of any additional benefits. Premium Plus plan is not available to residents of Florida.

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company and Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at [www.thehartford.com](http://www.thehartford.com).

All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This chart explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this chart and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability.

Group Retiree Health Form Series includes GBD-2400, GBD-2500, or state equivalent.

NOT CONNECTED WITH OR ENDORSED BY THE U.S GOVERNMENT OR THE FEDERAL MEDICARE PROGRAM.

Limitations & Exclusions: The Hartford's Insurance Plan does not cover any expense that is not a Medicare Eligible Expense; or beyond the limits imposed by Medicare for such expenses; or excluded by name or specific description by Medicare, except as specifically provided in the policy. Any part of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; or expense incurred after coverage terminates, except as stated in the Extension-of-Benefits provision of the policy.



# 2024 Prescription Drug Plan

## Benefit Overview



### YOUR 2024 PRESCRIPTION DRUG PLAN BENEFIT: Northwest Retiree Benefit Trust

Here is a summary of what you will pay for covered prescription drugs across the different stages of your Medicare Part D benefit. You can fill your covered prescriptions at a network retail pharmacy or through our home delivery service. You have the choice of filling your retail prescriptions at pharmacies with preferred cost sharing, including CVS and select retail pharmacies. These pharmacies may offer you lower cost sharing than the standard cost sharing offered by other pharmacies within our network.

#### Deductible Stage

You do not pay a yearly deductible.

#### Initial Coverage Stage

You will pay the following until your total yearly drug costs (what you and the plan pay) reach \$5,030:

Tier	Retail One-Month (31-day) Supply	Retail Two-Month (32-60-day) Supply	Retail Three-Month (90-day) Supply	Express Scripts Pharmacy® Home Delivery* Three-Month (90-day) Supply
<b>Tier 1: Generic Drugs</b>	Preferred cost-sharing \$15 copayment Standard cost-sharing \$20 copayment	Preferred cost-sharing \$30 copayment Standard cost-sharing \$35 copayment	Preferred cost-sharing \$45 copayment Standard cost-sharing \$50 copayment	\$30 copayment
<b>Tier 2: Preferred Brand Drugs</b>	Preferred cost-sharing \$50 copayment Standard cost-sharing \$55 copayment	Preferred cost-sharing \$100 copayment Standard cost-sharing \$105 copayment	Preferred cost-sharing \$150 copayment Standard cost-sharing \$155 copayment	\$100 copayment
<b>Tier 3: Non-Preferred Drugs</b>	Preferred cost-sharing \$70 copayment Standard cost-sharing \$75 copayment	Preferred cost-sharing \$140 copayment Standard cost-sharing \$145 copayment	Preferred cost-sharing \$210 copayment Standard cost-sharing \$215 copayment	\$140 copayment
<b>Tier 4: Specialty Tier Drugs</b>	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	Preferred cost-sharing 32.5% coinsurance Standard cost-sharing 33% coinsurance	32.5% coinsurance

If your doctor prescribes less than a full month's supply of certain drugs, you will pay a daily cost-sharing rate based on the actual number of days of the drug that you receive.

\*Your cost-sharing amount may differ from the information shown in this chart if you use a home delivery pharmacy other than Express Scripts® Pharmacy. Other pharmacies are available in our network.

You may receive up to a 90-day supply of certain maintenance drugs (medications taken on a long-term basis) by mail through Express Scripts® Pharmacy. There is no charge for standard shipping. Not all drugs are available at a 90-day supply, and not all retail pharmacies offer a 90-day supply.

If you have any questions about this coverage, please contact the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

#### Coverage Gap Stage

After your total yearly drug costs reach \$5,030, you will pay the following until your yearly out-of-pocket drug costs reach \$8,000:

- **Brand-name drugs:** You pay **25% of the total cost, plus a portion of the dispensing fee.** (The manufacturer provides a 70% discount and the plan pays the difference.)
- **Generic drugs:** You will continue to pay the same cost-sharing amount as in the Initial Coverage stage.

#### Catastrophic Coverage Stage

If you reach the Catastrophic Coverage stage, you pay nothing for covered Part D drugs. You may have cost sharing for excluded drugs that may be covered under our enhanced benefit, if our plan covers additional drugs not normally covered by Medicare Part D.

# 2024 Prescription Drug Plan Benefit Overview



## IMPORTANT PLAN INFORMATION

### Long-Term Care (LTC) Pharmacy

If you reside in an LTC facility, you pay the same as at a network retail pharmacy. LTC pharmacies must dispense brand-name drugs in amounts of 14 days or less at a time. They may also dispense less than a one-month supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing or billing when less than a one-month supply is dispensed.

### Out-of-Network Coverage

You must use Express Scripts Medicare network pharmacies to fill your prescriptions. Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for our share of the cost. Please contact the plan or the Retiree Customer Service Center for more details.

### Additional Information About This Coverage

- The service area for this plan is all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands and American Samoa. You must live in one of these areas to participate in this plan.
- The amount you pay may differ depending on what type of pharmacy you use; for example, retail, home infusion, LTC or home delivery.
- To find a network pharmacy near you, visit our website at [express-scripts.com/pharmacies](https://www.express-scripts.com/pharmacies).
- Your plan uses a formulary – a list of covered drugs. The amount you pay depends on the drug's tier and on the coverage stage that you've reached. From time to time, a drug may move to a different tier. If a drug you are taking is going to move to a higher (or more expensive) tier, or if the change limits your ability to fill a prescription, Express Scripts will notify you before the change is made.
- Most adult Part D vaccines are covered at no cost to you.
- A PDF of our printed drug list for 2024 will be available by logging into [express-scripts.com/documents](https://www.express-scripts.com/documents) beginning October 15, 2023.
- The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.
- Your healthcare provider must get prior authorization from Express Scripts Medicare for certain drugs.
- If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.
- Each month, you may need to pay a monthly premium amount to continue your participation in this plan. You must continue to pay your Medicare Part B premium, if not otherwise paid for under Medicaid or by another third party, even if your Medicare Part D plan premium is \$0.
- When you use your Part D prescription drug benefits, Express Scripts Medicare sends you an Explanation of Benefits (Part D EOB), or summary, to help you understand and keep track of your benefits. You may also be able to receive a copy electronically by visiting our website, [express-scripts.com](https://www.express-scripts.com), or by contacting the Retiree Customer Service Center at 1.800.236.4782, Monday through Friday, 8:30 a.m. through 5:30 p.m., Eastern Time. TTY users should call 711.

**Important Message About What You Pay for Insulin** – You won't pay more than \$35 for a one-month supply for each insulin product covered by our plan, no matter its cost-sharing tier. If your plan covers insulin at a lower cost-sharing amount, you will pay the lower amount. If your plan has a deductible, there is no deductible for covered insulins. This information is not a complete description of benefits. Call Customer Service at the numbers listed above for more information.

This document may be available in braille. Please call Customer Service at the phone numbers listed above for assistance.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.268.5707 (TTY: 1.800.716.3231).

Other pharmacies are available in our network.

Express Scripts Medicare (PDP) is a prescription drug plan with a Medicare contract.  
Enrollment in Express Scripts Medicare depends on contract renewal.

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# 2024 Dental Plan

## MetLife Dental PPO

Coverage Type	IN-NETWORK	OUT-OF-NETWORK* MAC – all states (except 80th for AK & MT)**
<b>Type A: Preventive (no waiting period)</b> (cleanings, exams, X-rays)	100%	100%
<b>Type B: Basic Restorative (6 months waiting period)</b> (fillings, extractions)	80%	80%
<b>Type C: Major Restorative (12 months waiting period)</b> (bridges, dentures)	50%	50%
<b>Deductible<sup>†</sup></b>		
<b>Individual</b>	\$25	\$25
<b>Family</b>	\$75	\$75
<b>Annual Maximum Benefit</b>		
<b>Per Person</b>	\$2,000	\$2,000

Late enrollment waiting period: If participant enrolls and drops coverage (or coverage ceases for any reason), there is a 24-month waiting period before they can enroll again. This will be administered by the Vendor.

\* In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. \*Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

\*\*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife

†Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

# 2024 Dental Plan

## MetLife Dental PPO



### List of Primary Covered Services and Limitations

Type A - Preventive	How Many/How Often
<b>Prophylaxis (cleanings)</b>	1 cleaning in 6 consecutive months
<b>Oral Examinations</b>	1 oral exam in 6 consecutive months
<b>Topical Fluoride Applications</b>	1 fluoride treatment in 12 consecutive months for dependent children up to 14th birthday
<b>Bitewing X-rays: Child/Adult</b>	1 time in 12 consecutive months for adults; 1 time in 6 consecutive months for children
Type B - Basic Restorative	How Many/How Often
<b>Full-Mouth X-rays</b>	Full-Mouth X-rays
<b>Sealants</b>	Sealants
<b>Space Maintainers</b>	Space Maintainers
<b>Amalgam Fillings</b>	Amalgam Fillings
<b>Resin Composite Fillings</b>	1 Per Tooth Surface Per 24 Consecutive Months
<b>Sedative Fillings</b>	
<b>Periodontics – Non-Surgical</b>	1 per quadrant or area in any 24 consecutive month period
<b>Periodontal Maintenance</b>	4 periodontal treatments in 1 year, less regular cleanings
Type C - Major Restorative	How Many/How Often
<b>Inlays/Onlays/Crowns</b>	1 Replacement per 10 years
<b>Prefabricated Stainless Steel and Resin Crowns</b>	1 Replacement per 10 years
<b>Crown Buildups/Post &amp; Core</b>	1 Replacement per 10 years
<b>Repairs</b>	1 per 12 consecutive months
<b>Recementations</b>	1 per 12 consecutive months
<b>Endodontics – Root Canal</b>	Once Per Tooth Per Lifetime
<b>Periodontal Surgery - Soft and Connective Tissue Grafts</b>	1 per Quadrant or area in any 36 consecutive month period
<b>Dentures – Complete / Partial / Overdenture</b>	1 Replacement per 10 years
<b>Denture Adjustments</b>	1 per 12 consecutive months
<b>Dentures –Rebases/Relines</b>	1 per 36 consecutive months
<b>Implant Services</b>	1 Replacement per 10 years
<b>Implant Supported Prosthetic</b>	1 replacement per 10 years
<b>Fixed Bridges</b>	1 replacement per 10 years
<b>Consultations</b>	1 in 12 consecutive months
<b>Occlusal Adjustments</b>	1 in 12 consecutive months
<b>Debridement</b>	1 per lifetime
<b>Tissue Conditioning</b>	1 Per 36 Consecutive Months

The service categories and plan limitations shown above represent an overview of your plan benefits.

This document presents the majority of services within each category but is not a complete description of the plan.



# 2024 Dental Plan

## MetLife Dental PPO

### Frequently Asked Questions

#### Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services. †

#### How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide - so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 1-866-526-0965 to have a list faxed or mailed to you.

#### What services are covered under this plan?

All services defined under the group dental benefits plan are covered.

#### May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So, you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

#### Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application. †† The website and phone number are for use by dental professionals only.

#### How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or request one by calling 1-866-526-0965.

#### Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

#### Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

#### Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system. You can download a generic dental ID card from MyBenefits website by accessing [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

†Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

\*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.



# 2024 Dental Plan

## MetLife Dental PPO



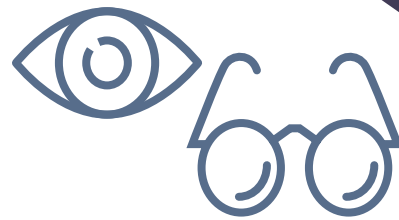
### Exclusions

#### **This plan does not cover the following services, treatments and supplies:**

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
  - Scaling and polishing of teeth; or
  - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
  - Covered under any workers' compensation or occupational disease law;
  - Covered under any employer liability law;
  - For which the employer of the person receiving such services is not required to pay; or
  - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
  - Claim form completion;
  - Infection control such as gloves, masks, and sterilization of supplies; or
  - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments, except when the precision attachment is related to implant prosthetics;
- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders. This exclusion does not apply to residents of Minnesota;
- Repair or replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images
- Orthodontia is not covered

# 2024 Vision Plan

## Superior Vision



### Vision Care Plan for Northwest Retiree Benefit Trust

Benefits through Superior National network

Plan Frequency	
Exam	12 months
Frame	24 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

(based on date of service)

Exams
Eye Exam copay: <b>\$10</b>
Contact lens fitting <sup>2</sup> copay (standard and specialty): <b>\$10</b>
Specialty In-network allowance: <b>\$50</b>

Contacts <sup>4</sup>
In-network allowance: <b>\$100</b>
Frames
In-network allowance: <b>\$125</b>

Materials <sup>1</sup>
Materials copay: <b>\$25</b>

**Need help?**  
Contact 1(800) 507-3800 or  
visit [superiorvision.com](https://superiorvision.com)  
for assistance.

Lenses (per pair)	In-Network Coverage	Out-of-Network Reimbursement
Single vision	Covered-in-full	Up to \$32
Bifocal	Covered-in-full	Up to \$46
Trifocal	Covered-in-full	Up to \$57
Progressives	Covered-in-full	Up to \$46

Shop with convenience while using your benefits through these in-network online retailers.

1800 contacts®

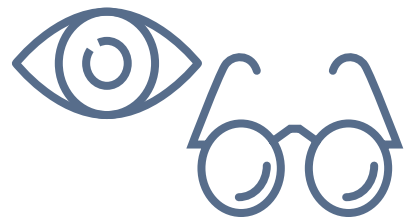
GLASSES.COM™

contactsdirect

befitting

# 2024 Vision Plan

## Superior Vision Plan



Lens Add-On Discounts <sup>5</sup>	Your Cost
Anti-scratch coating	\$15
Ultraviolet coating	\$12
Tints - solid/gradient	\$15/\$18
Polycarbonate lenses	\$40
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (premium/ultra/ultimate)	\$110/\$150/\$225
Anti-reflective coating (standard/premium/ultra/ultimate)	\$50/\$70/\$85/\$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67/1.75)	\$80/\$120

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$37
Eye exam (OD)	Up to \$28
Frame	Up to \$64
Contact lens fitting (standard/specialty) <sup>2</sup>	Not covered
Contact Lenses	Up to \$80

Overage Discounts <sup>5</sup>	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts <sup>5</sup>	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Hearing Aid Discounts <sup>5</sup>
Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit <a href="https://www.superiorvision.com">superiorvision.com</a> or contact your benefits coordinator.

Free Mobile App
With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

# 2024 QualityCare Connect

## ArmadaHealth



### WHAT IS QUALITYCARE CONNECT®?

Northwest Retiree Benefit Trust provides you with exclusive access to QualityCare Connect®, a program that connects you with the best possible specialists and, effective January 2024, primary care physicians for you and your family's healthcare needs. Don't trust your health to an online search or the advice of friends - let QualityCare Connect find the best doctors for you.

### Why Do I Need This Service?

QualityCare Connect uses your diagnosis to identify physicians that have experience and expertise in treating your specific condition or injury. We give you peace of mind and save you time by connecting you to the right doctors based on your family's needs and preferences. We also verify insurance acceptance, appointment availability, current legal status and convenience of locations.

#### HIGHLIGHTS

- Convenient access online or by phone
- At least three physicians are recommended based on objective evaluation of their expertise with your specific condition
- Detailed profiles for recommended physicians provided via email
- Insurance acceptance, appointment availability and required medical records confirmed for you
- QualityCare Connect has no legal or financial relationship with recommended physicians

### Help Is at Your Fingertips

**Go online or call for access to this valuable service.**

**Visit [My.ArmadaHealth.com/HealthComp/NRBT](https://My.ArmadaHealth.com/HealthComp/NRBT) to learn more.**

Requesting a Doctor is Easy

Step 1 - Create an account by visiting your benefits site,

[My.ArmadaHealth.com/HealthComp/NRBT](https://My.ArmadaHealth.com/HealthComp/NRBT) OR

Log in by going to [ArmadaHealth.com/Request](https://ArmadaHealth.com/Request)

Step 2 - Request a doctor. You can search for either a primary care physician, a specialist or both. Click the FIND PHYSICIANS button to request a doctor.

Step 3 - Fill out the online form with your information.

Step 4 - Be sure to check your email! Within several business days, you will receive at least three profiles of physicians suited to your preference selection. If you don't see the email, check your spam folder.

**Questions? Call us M-F, 8:30 a.m. to 8:00 p.m. EST | 888-302-5735**

*\*This private and confidential service is provided by Northwest Retiree Benefit Trust. Please be aware that we cannot provide recommendations for behavioral health or addiction.*

*There's no obligation to use the specialists we recommend, and we are not compensated by any physician for recommending them.*

# 2024 Hearing Plan

## Start Hearing - Your Partner in Hearing

.....  
American Hearing Benefits has changed to StartHearing

You and your family members have exclusive access to **free hearing consultations** and **discounts up to 48% off all levels of hearing technology** through Start Hearing. These member services are available with your retiree insurance sponsored by your former employer.

### Valuable benefits include:



#### Discounts

- Discounts up to 48% on all Start Hearing hearing aid technologies and styles
- FREE annual hearing consultations for you and your family
- Up to 3-year supply of FREE batteries (40 cells per hearing aid purchased per year)



#### Other Benefits

- Advanced technology, including rechargeable and Bluetooth\* compatible options
- Access to a nationwide network of 3,000+ hearing professional locations



#### Buy with Confidence

- 60-day risk-free trial period
- FREE deluxe warranty plan\* (including loss and damage)
- A year of FREE follow-up office visits, if needed (up to six visits)

### Accessing your hearing benefit is easy!

#### Step 1

Contact us at **(888) 612-6837** with questions or to schedule your FREE consultation.

#### Step 2

Our Hearing Care Advisor will answer questions and work with you to schedule an appointment with a hearing care professional in your area.

#### Step 3

Once your hearing has been fully evaluated\* and it is determined that a hearing aid could benefit you, our professionals will make a recommendation based on your hearing loss, lifestyle and budget.

#### Step 4

Now begin your life with better hearing. Once you make a hearing aid purchase decision, we give you a 60-day risk-free trial period to be sure you are completely satisfied.

Visit [starhearing.com/partners/thehartford](https://starhearing.com/partners/thehartford)

or call us today at

**(888) 612-6837**

to take advantage of your exclusive member discounts.

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The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

\*Professional fees may apply.

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# Something for Everyone®



**The Silver&Fit® Healthy Aging and Exercise program supports every unique member.**

Enjoy all of the following, anytime, anywhere, at no cost to you:



## **National Network of Fitness Centers**

Join thousands of participating fitness centers or select YMCAs, many with exercise classes for older adults. You also have access to Premium locations, including fitness centers, studios, and unique fitness experiences, for a buy-up price.\*



## **Home Fitness Kits**

Pick one kit per benefit year. Choose from Wearable Fitness Tracker, Walking/Trekking, Pilates, Strength, Swim, and Yoga options.\*\*



## **FitnessCoach® Virtual Personal Fitness Training**

Challenge yourself with up to 8 live virtual sessions per benefit year with a certified personal fitness trainer. Each session costs \$30.



## **On-Demand Workout Videos**

Visit the Silver&Fit website to find workout videos for all fitness levels.



## **Workout Plans**

Answer a few online questions about your fitness level and goals to get workouts to help you start or continue an exercise routine.



## **Well-Being Club**

Learn new skills and focus on your well-being by connecting with others, joining live virtual classes and events, and viewing exclusive articles and videos.



## **Healthy Aging Coaching**

Get support with your fitness, nutrition, and lifestyle goals during scheduled phone, video, or chat sessions with a trained coach.

**Go to [www.SilverandFit.com](http://www.SilverandFit.com) to get started today!** For questions, call us toll-free at 1.877.427.4788 (TTY/TDD: 711), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

\*Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

\*\*Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, **kits cannot be exchanged**.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. Persons shown are not Silver&Fit members. Silver&Fit, Something for Everyone, FitnessCoach, and the Silver&Fit logo are federally registered trademarks of ASH. Limitations, member fees, and restrictions may apply. Other names and logos may be trademarks of their respective owners. Kits are subject to change. Fitness center participation may vary by location and is subject to change.

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