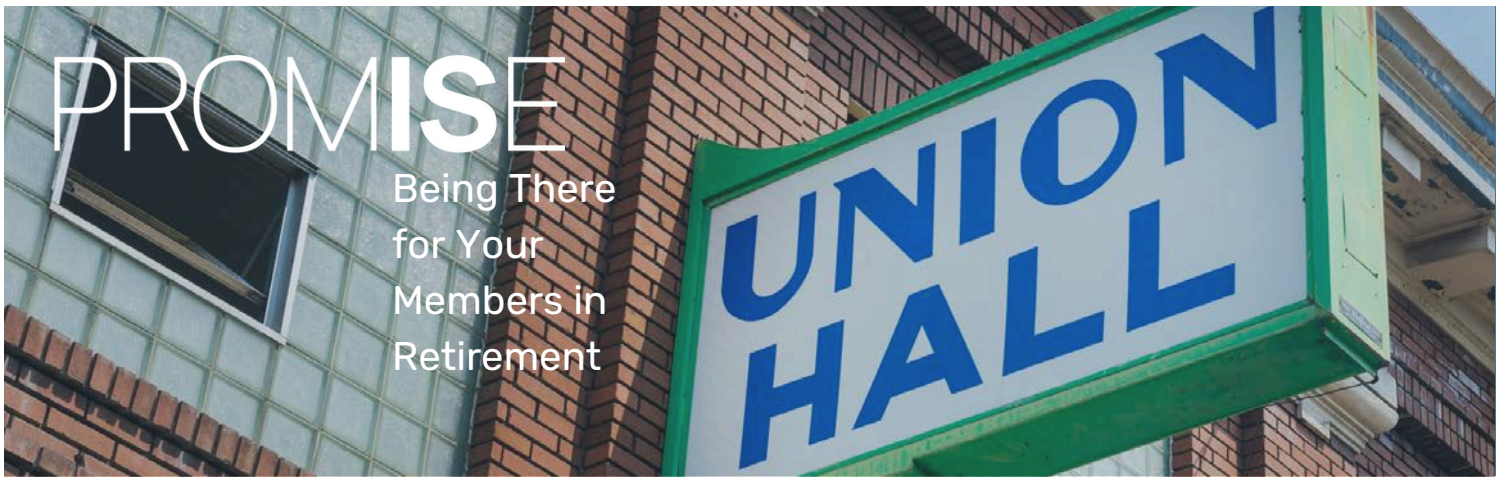




Group Medicare plans exclusively for Labor retirees and spouses without access to a group plan from their Union or H&W Fund.

Promise Labor Benefits (Promise) has partnered with the Delaware Valley Health Care Coalition (DVHCC) to offer three custom, group Medicare Advantage with Prescription Drug (MAPD) plan options designed to fit any budget!

These Promise Plans are not intended to replace the Medicare retiree health coverage your Fund may already offer to eligible members. Promise plans are specifically for union retirees without access to the advantages of a group plan.

Eligible retirees can enroll at **any time of the year** – not just during the Annual Enrollment Period.

To be eligible, a member's union or its H&W Fund must be a member of a participating labor coalition. There is no cost for individual Union Funds to offer this valuable benefit to their member retirees.

Humana



\$48.62/month

Humana



\$137.26/month

Humana



\$222.26/month

Benefits You Can Count On

- Nationwide coverage - Receive care from any Medicare-approved doctor or hospital across all 50 states and U.S. territories
- Telehealth and other virtual care options
- Includes 99.6% of all Medicare-approved drugs
- Hearing, Vision & Dental benefits, home visits & gym memberships

FOR MORE INFORMATION

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PROMISE
LABOR BENEFITS



2026 Humana MAPD Plan Design Comparison



Medical Benefits:

Maximum-Out-of-Pocket	\$7,500	\$6,000	\$4,000
Deductible	\$350	\$300	\$250
Inpatient Hospital	\$295 days 1-7	\$250 days 1-7	\$225 days 1-7
PCP	\$10	\$0	\$0
Specialist	\$55	\$45	\$40
Surgery	\$300	\$200	\$175
ER	\$100	\$100	\$100
Non-Medicare Covered Services	Hearing, Vision, Dental, Podiatry, Routine Chiropractic	Hearing, Vision, Dental, Podiatry, Routine Chiropractic	Hearing, Vision, Dental, Podiatry, Routine Chiropractic, OTC, Transportation, Wigs

Rx Benefits:

Formulary Type	Group Plus 5 Tier (Open)	Group Plus 5 Tier (Open)	Group Plus 5 Tier (Open)
Deductible	\$200 Brand Only	\$200 Brand Only	\$0
Maximum-Out-of-Pocket	\$2,100	\$2,100	\$2,100
30 Day Retail/Mail	\$7/\$8/\$30/\$80/30%	\$5/\$10/\$40/\$80/30%	\$5/\$10/\$40/\$80/30%
90 Day Retail/Mail	3 x 30 Day / 2 x 30 Day	3 x 30 Day / 2 x 30 Day	3 x 30 Day / 2 x 30 Day
Rate (1/1/2026 – 12/31/2026)	\$48.62	\$137.26	\$222.26

PROMISE
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DELAWARE VALLEY HEALTH CARE COALITION

