



SOUTHERN CALIFORNIA IBEW - NECA ADMINISTRATIVE CORPORATION

100 Corson Street, Suite 200, Pasadena, CA 91103

Phone: (323) 221-5861 or (800) 824-6935

Fax: (323) 726-3520

Mailing Address:

P.O. Box 6652

Pasadena, CA 91109



Website: www.scibew-neca.org

Website: www.scibew-neca.org

## SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

### Active Health Plan

#### Important Notice to Active Health Plan Participants

October 2022

Dear Participant:

We are pleased to inform you that effective **January 1, 2023**, the Vision Service Plan (VSP) will increase the frame and elective contact lenses allowances under the in-network VSP benefits. The VSP allowance will be increased from \$150 on frames to \$180 for in-network providers and from \$130 to \$150 on elective contact lenses for in-network providers.

To maximize benefits under VSP, you should use providers who are part of the VSP in-network plan. When you use VSP participating providers, you receive greater benefits than if you go to a provider who is out of the VSP provider network. The difference in benefits between using a participating VSP provider can be substantial, which affects your out-of-pocket costs.

As a result, the table on Section 9.2, Co-Payments and Schedule of Benefits, of the July 1, 2022 Active Health Plan Summary Plan Description (effective July 1, 2022, as amended) is replaced with the following table:

Anthem Blue Cross and UnitedHealthcare Plan Participants				
Benefit	Frequency (Based on service year)	Co-payment	Coverage from a VSP doctor	Out-of-Network Reimbursement
Exam	12 months	\$5	Covered in full after the co-payment.	Up to \$45 allowance
<b>Prescription Eyewear – If you choose contact lenses you will be eligible for frame 12 months from the date the contact lenses were obtained.</b>				
Lenses	12 months	\$10 (lenses and/or frame)	Single vision, lined bifocal and lined trifocal lenses are covered in full after the co-payment.	Single vision up to \$45 allowance. Lined bifocal up to \$65 allowance. Lined trifocal up to \$85 allowance
Frame as provided by VSP	24 months	\$10 (lenses and/or frame)	Covered up to \$150 allowance	Up to \$47 allowance
Contact Lenses*	12 months		Covered in full for medically necessary allowance, \$130 allowance for Elective Contact lenses	Up to \$210 allowance for medically necessary and \$105 for Elective Contact lenses

*\*Your allowance applies to the cost of your contact lens exam and your contact lenses. You'll receive a 15 percent savings off the cost of your contact lens exam from a VSP doctor. Your contact lens exam is in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts. You may get regular glasses (frames and lenses) twelve months after you get contact lenses.*

Kaiser Vision Plan	
Vision Benefit	Co-pay/Allowance
Eye refraction exams to determine the need for vision correction and to provide a prescription for eyeglasses	\$5 per visit
Regular plastic eyeglass lenses every 24 months	\$100 Allowance*
An eyeglass frame every 24 months	
Medically necessary contact lenses	No charge

*\*An allowance is the total expenses of an item that is covered. If the cost of the item you select exceeds the allowance, you must pay the difference.*

***This Notice is a Summary of Material Modifications ("SMM") within the meaning of section 104 of the Employee Retirement Income Security Act of 1974. An SMM describes changes to the information provided in the most recent SPD. The SMM describes important changes to the Plan effective as of the date listed above. Please keep this SMM with your SPD for future reference. Please contact the Plan Office if you would like to request a copy of the Plan document, SPD or any SMM relating to the Plan.***

AMENDMENT NO. 1  
TO THE  
SUMMARY PLAN DESCRIPTION  
OF THE  
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND  
ACTIVE HEALTH PLAN  
(RESTATED AS OF JULY 1, 2022)

This Amendment to the Southern California IBEW-NECA Health Trust Fund, Active Health Plan Summary Plan Description (“SPD”) (restated as of July 1, 2022, as amended) is made by the Board of Trustees of the Southern California IBEW-NECA Health Trust Fund (“Board of Trustees”) with reference to the following facts and circumstances:

- A. The Board of Trustees wishes to amend the SPD to reflect an increase to the frame and lens allowances under the in-network Vision Service Plan (VSP) benefits. The VSP allowance was increased from \$150 on frames to \$180 for in-network providers and from \$130 to \$150 on elective contact lenses for in-network providers. The VSP LightCare Benefit was added allowing participants to use their frame allowance towards non-prescription sunglasses or non-prescription blue light filtering glasses.
- B. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

NOW THEREFORE, effective January 1, 2023, Article 9, **Vision Benefits**, section 9.2 of the SPD, the **Co-Payments and Schedule of Benefits** is amended as follows:

**9.2 Co-Payments and Schedule of Benefits**

Anthem Blue Cross and UnitedHealthcare Plan Participants				
Benefit	Frequency (Based on service year)	Co-payment	Coverage from a VSP doctor	Out-of-Network Reimbursement
<b>Exam</b>	12 months	\$5	Covered in full after the co-payment.	Up to \$45 allowance
<b>Prescription Eyewear and VSP LightCare<sup>1</sup>– If you choose contact lenses you will be eligible for frame 12 months from the date the contact lenses were obtained.</b>				
<b>Lenses</b>	12 months	\$10 (lenses and/or frame)	Single vision, lined bifocal and lined trifocal lenses are covered in full after the co-payment.	Single vision up to \$45 allowance. Lined bifocal up to \$65 allowance. Lined trifocal up to \$85 allowance
<b>Frame as provided by VSP</b>	24 months	\$10 (lenses and/or frame)	Covered up to \$180 allowance	Up to \$47 allowance
<b>Contact Lenses<sup>2</sup></b>	12 months		Covered in full for medically necessary allowance, \$150 allowance for Elective Contact lenses	Up to \$210 allowance for medically necessary and \$105 for Elective Contact lenses

1. VSP LightCare benefit allows participants to use the frame allowance towards non-prescription sunglasses or non-prescription blue light filtering glasses.
2. Your allowance applies to the cost of your contact lens exam and your contact lenses. You'll receive a 15 percent savings off the cost of your contact lens exam from a VSP doctor. Your contact lens exam is in addition to your routine eye exam

to check for eye health risks associated with improper wearing or fitting of contacts. You may get regular glasses (frames and lenses) twelve months after you get contact lenses.

Kaiser Vision Plan	
Vision Benefit	Co-pay/ Allowance
Eye refraction exams to determine the need for vision correction and to provide a prescription for eyeglasses	\$5 per visit
Regular plastic eyeglass lenses every 24 months	\$150 Allowance*
An eyeglass frame every 24 months	
Medically necessary contact lenses	No charge

\*An allowance is the total expenses of an item that is covered. If the cost of the item you select exceeds the allowance, you must pay the difference.

- C. All other terms and conditions of the Summary Plan Description and Plan, shall remain in full force and effect.

Executed this 4<sup>th</sup> day of August 2022 at Pasadena, California.

BOARD OF TRUSTEES  
SOUTHERN CALIFORNIA IBEW-NECA  
HEALTH TRUST FUND

By: Signature on File  
Chairman – Joël Barton

By: Signature on File  
Secretary – Jim Willson