



SOUTHERN CALIFORNIA IBEW - NECA ADMINISTRATIVE CORPORATION

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SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Active Health Plan

Important Notice to Participants October 2022

Dear Participant:

We are writing to inform you that the SPD will be amended to reflect changes in the Active Health Plan medical and prescription drug benefits as well as the eligibility rules effective **January 1, 2023**.

Below is a summary of the changes being made to the Anthem Blue Cross PPO and United Healthcare HMO Plans. There are no benefit changes to Kaiser Permanente.

Anthem Blue Cross

1. **Annual Copayment Maximum** – Increase to \$2,500 per individual and \$5,000 per family.
2. **Calendar Year Deductible** – Increase to \$1,000 per individual and \$3,000 per family.
3. **Co-Insurance** – Increase the out-of-network coinsurance to 70%/30%.
4. **Prescription Drug Copayments** – Increase the prescription drug copayments to \$10 per generic retail prescription and \$20 per brand-name prescription, 30-day fill; and \$20 generic through mail order service up to 90-day supply and \$40 brand name through mail order service up to 90-day supply.

United Healthcare

1. **Annual Copayment Maximum** – Increase to \$2,500 per individual and \$5,000 per family.
2. **Emergency Services** – Increase to \$250 per visit.
3. **Hospital Admission Copayment** – Increase to \$250 per admission.
4. **Appointments/Services other than PCP Visits (specialty services)** – \$5 per visit for most primary care visits; \$25 per visit for most physician specialist visits.
5. **Prescription Drug Copayments** – Increase the prescription drug copayments to \$10 per generic retail prescription and \$20 per brand-name prescription, 30-day fill. Additionally, increase the copayments to \$20 generic through mail order service up to 90-day supply and \$40 brand name through mail order service up to 90-day supply.

Also, the Board of Trustees increased the hours requirement for initial and reinstatement of eligibility from 100 to 115.

1. As a result, the table on Article 6, Subsection 6.1, **Medical and Prescription Benefits Comparison: Anthem Blue Cross, Kaiser Permanente and UnitedHealthcare** is replaced with the following table:

Comparison of Medical/Prescription Plan Offerings				
<p>This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org.</p>				
Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Member Customer Service Number	(800) 543-3037		(800) 464-4000	(800) 624-8822
Website	www.bluecrossca.com		www.members.kp.org	www.uhcwest.com
General Features				
Calendar Year Deductible	\$1,000 per individual, \$3,000 per Family		None	None
Maximum Benefits	Unlimited		Unlimited	Unlimited
Annual Co-payment Maximum	\$2,500 per individual, \$5,000 per family		\$1500 per Individual, \$3,000 per family	\$2,500 per Individual. \$5,000 per family
Hospital Benefits	10% co-payment. Hospital Pre-Certification Required.	30% co-payment. Additional \$200 deductible for non-Anthem Blue Cross PPO Hospital or Residential Treatment Center and \$500 no-authorization penalty (waived for emergency services) Hospital Precertification Required. ²	No Charge	\$250 co-payment
Emergency Services	10% co-payment ¹	10% co-payment. ²	\$5 co-payment. Co-payment waived if admitted.	\$250 co-payment. Co-payment waived if admitted.
Preexisting Conditions	Not Applicable. All conditions are covered provided they are a covered benefit.			

Comparison of Medical/Prescription Plan Offerings

This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org.

Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Benefits Available While Hospitalized as an Inpatient				
Alcohol, Drug or Other Substance Abuse Detoxification	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Newborn Care	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Physician Care	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Reconstructive Surgery	10% co-payment ¹	30%co-payment ²	No Charge	No Charge
Rehabilitative Care (including physical, occupational and speech therapy)	10% co-payment. Must obtain prior approval. ¹	30% co-payment. Up to \$35 max benefit per visit. Must obtain prior approval. ²	No Charge	No Charge
Skilled Nursing	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge
Voluntary Termination of Pregnancy (Medical, Medication and surgical)	10% co-payment. ¹	30% co-payment. ²	\$5 Co-payment	\$75 co-payment
Benefits Available on an Outpatient Basis				
Ambulance	10% co-payment ¹	10% co-payment ²	No Charge	No Charge
Durable Medical Equipment	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge
Durable Medical Equipment for the Treatment of Pediatric Asthma (includes nebulizer, peak flow meters, face masks and tubing for Medically Necessary Treatment of Pediatric Asthma of dependent children under the age of 19)	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge
Immunizations (For Children Under two (2) years of age, refer to well-baby care)	No Charge	30% co-payment ²	\$5 Office Visit Co-payment	No Charge
Laboratory Services (When available through or authorized by PCP)	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge

Comparison of Medical/Prescription Plan Offerings

This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org.

Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment ¹	30% co-payment ²	\$5 Office Visit Co-payment	\$25 Office Visit Co-payment
Oral Surgery Services	10% co-payment ¹	10% co-payment ²	No Charge	No Charge
Outpatient Medical Rehabilitation Therapy at Participating Free Standing or Outpatient Surgery Facility	10% co-payment ¹	30% co-payment ²	\$5 Office Visit Co-payment	\$25 Office Visit Co-payment
Outpatient Surgery at Participating Free Standing or Outpatient Surgery Facility	10% co-payment. ¹	30% co-payment. ²	No Charge.	No Charge
Physician Office Visits (Physician, laboratory, radiology and related services as recommended by the American Academy of Pediatrics (AAP). Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Services Task Force and authorized through PCP for children).	10% co-payment ¹	30% co-payment ²	\$5 Office Visit Co-payment	\$5 Office Visit Co-payment
Well-Baby Care (Preventive health service, including immunizations as recommended by the American Academy of Pediatrics (AA), Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Care Task Force and authorized through PCP for children).	0% co-payment ¹	30% co-payment ²	No Charge	No Charge
Well-Woman Care (includes PAP smear (By PCP or an OB/GYN in PMG and a referral by the PMG for screening mammography as recommended by the U.S. Preventive Services Task Force).	0% co-payment ¹	30% co-payment ²	No Charge	No Charge

1. Subject to the annual deductible.
 2. Subject to the annual deductible and balance billing.

Comparison of Medical/Prescription Plan Offerings

This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org.

Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only

Prescription Drugs Available on an Outpatient Basis:

The Mandatory Generic Prescription Drug Plan is designed to help you meet the cost of prescription drugs prescribed by your doctor, for you or your eligible dependents, for the treatment of illness or injury.

You must use a generic drug substitute whenever it is available. If you or your doctor requests a brand-name drug instead of a generic equivalent, you will be charged the difference in cost between the brand-name drug and the generic, in addition to the co-payment applicable to the quantity and type of drug prescribed. The co-payments, which vary depending on the type of drug prescribed and the quantity dispensed, are detailed below:

Generic	\$10 up to a 30-day supply	\$10* up to a 30-day supply ¹	\$0 up to a 100-day supply	\$10 up to a 30-day supply
Brand-Name	\$20 up to a 30-day supply	\$20* up to a 30-day supply ¹	\$10 up to a 30-day supply	\$20 up to a 30-day supply
Mail Order (Maintenance Drugs) – up to a 90-day supply				
Generic	\$20 up to a 90-day supply	N/A	\$0 up to a 100-day supply	\$20 up to a 90-day supply
Brand-Name	\$40 up to a 90-day supply	N/A	\$20 up to a 100-day supply	\$40 up to a 90-day supply

1. Anthem Blue Cross non-network pharmacy claims -You must file a claim to be reimbursed for your drugs within 15 months of the purchase. This option is intended for emergencies or when travelling only. Reimbursement is limited by the Plan's average costs for prescriptions; you will pay for amounts over the limits in addition to the copay.

- All references in the SPD appearing at **Article 4, Eligibility and General Plan Provisions, Article 17, Disclosure Information**, and elsewhere in the SPD are amended to replace the eligibility requirement of "100 hours" to "115 hours", and the Hours Bank Reserve not to exceed from "600 hours" to "690 hours".
- Article 4, subsection 4.2, Example 2** is amended by providing clarification to the example provided as follows:
Example 2: You work 28.75 hours in January, February, March and April and the employer(s) reported and paid the contributions in February, March, April and May. By the end of May, you have worked 115 hours and the contributions have been received on your behalf, and you will be eligible for coverage August 1st.

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

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. 2
TO THE
SUMMARY PLAN DESCRIPTION
OF THE
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
ACTIVE HEALTH PLAN

(as Restated July 1, 2022)

This Amendment to the Southern California IBEW-NECA Health Trust Fund, Active Health Plan Summary Plan Description (“SPD”) 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 the following changes to the Anthem Blue Cross PPO and United Healthcare HMO Plans.

Anthem Blue Cross

1. **Annual Copayment Maximum** – Increase to \$2,500 per individual and \$5,000 per family.
2. **Calendar Year Deductible** – Increase to \$1,000 per individual and \$3,000 per family.
3. **Co-Insurance** – Increase the out-of-network coinsurance to 70%/30%.
4. **Prescription Drug Copayments** – Increase the prescription drug copayments to \$10 per generic retail prescription up to 30-day supply and \$20 per brand-name prescription, 30-day fill. \$20 generic through mail order service up to 90-day supply and \$40 brand name through mail order service up to 90-day supply.

United Healthcare

1. **Annual Copayment Maximum** – Increase to \$2,500 per individual and \$5,000 per family.
2. **Emergency Services** – Increase to \$250 per visit.
3. **Hospital Admission Copayment** – Increase to \$250 per admission.
4. **Appointments/Services other than PCP Visits (specialty services)** – change to \$5 per visit for most primary care visits; \$25 per visit for most physician specialist visits.
5. **Prescription Drug Copayments** – Increase the prescription drug copayments to \$10 per generic retail prescription up to 30-day supply and \$20 per brand-name prescription per 30-day supply. \$20 generic through mail order service up to 90-day supply and \$40 brand name through mail order service up to 90-day supply.

- B. The Board of Trustees wishes to amend the SPD to reflect the changes in the hours requirement for initial and reinstatement of eligibility.

- C. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

AMENDMENT NO. 2

(Continued)

NOW THEREFORE, effective January 1, 2023, the SPD is amended as follows:

1. **Article 6, Comparison of Anthem Blue Cross PPO, Kaiser Permanente HMO and UnitedHealthcare HMO Medical/Prescription Plans, Section 6.1, Medical and Prescription Benefits Comparison: Anthem Blue Cross, Kaiser Permanente and United Healthcare** is amended as follows:

Medical and Prescription Benefits Comparison: Anthem Blue Cross, Kaiser Permanente and UnitedHealthcare

Comparison of Medical/Prescription Plan Offerings				
This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org .				
Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Member Customer Service Number	(800) 543-3037		(800) 464-4000	(800) 624-8822
Website	www.bluecrossca.com		www.members.kp.org	www.uhcwest.com
General Features				
Calendar Year Deductible	\$1,000 per individual, \$3,000 per Family		None	None
Maximum Benefits	Unlimited		Unlimited	Unlimited
Annual Co-payment Maximum	\$2,500 per individual, \$5,000 per family		\$1500 per Individual, \$3,000 per family	\$2,500 per Individual. \$5,000 per family
Hospital Benefits	10% co-payment. Hospital Pre-Certification Required.	30% co-payment. Additional \$200 deductible for non-Anthem Blue Cross PPO Hospital or Residential Treatment Center and \$500 no-preauthorization penalty (waived for emergency services) Hospital Precertification Required. ²	No Charge	\$250 co-payment
Emergency Services	10% co-payment ¹	10% co-payment. ²	\$5 co-payment. Co-payment waived if admitted.	\$250 co-payment. Co-payment waived if admitted.
Preexisting Conditions	Not Applicable. All conditions are covered provided they are a covered benefit.			

AMENDMENT NO. 2

(Continued)

Comparison of Medical/Prescription Plan Offerings				
<p>This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org.</p>				
Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Benefits Available While Hospitalized as an Inpatient				
Alcohol, Drug or Other Substance Abuse Detoxification	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Newborn Care	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Physician Care	10% co-payment ¹	30% co-payment ²	No Charge	No Charge
Reconstructive Surgery	10% co-payment ¹	30%co-payment ²	No Charge	No Charge
Rehabilitative Care (including physical, occupational and speech therapy)	10% co-payment. Must obtain prior approval. ¹	30% co-payment. Up to \$35 max benefit per visit. Must obtain prior approval. ²	No Charge	No Charge
Skilled Nursing	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge
Voluntary Termination of Pregnancy (Medical, Medication and surgical)	10% co-payment. ¹	30% co-payment. ²	\$5 Co-payment	\$75 co-payment
Benefits Available on an Outpatient Basis				
Ambulance	10% co-payment ¹	10% co-payment ²	No Charge	No Charge
Durable Medical Equipment	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge
Durable Medical Equipment for the Treatment of Pediatric Asthma (includes nebulizer, peak flow meters, face masks and tubing for Medically Necessary Treatment of Pediatric Asthma of dependent children under the age of 19)	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge

AMENDMENT NO. 2

(Continued)

Comparison of Medical/Prescription Plan Offerings				
<p>This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org.</p>				
Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Immunizations (For Children Under two (2) years of age, refer to well-baby care)	No Charge	30% co-payment ²	\$5 Office Visit Co-payment	No Charge
Laboratory Services (When available through or authorized by PCP)	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment ¹	30% co-payment ²	\$5 Office Visit Co-payment	\$25 Office Visit Co-payment
Oral Surgery Services	10% co-payment ¹	10% co-payment ²	No Charge	No Charge
Outpatient Medical Rehabilitation Therapy at Participating Free Standing or Outpatient Surgery Facility	10% co-payment ¹	30% co-payment ²	\$5 Office Visit Co-payment	\$25 Office Visit Co-payment
Outpatient Surgery at Participating Free Standing or Outpatient Surgery Facility	10% co-payment. ¹	30% co-payment. ²	No Charge	No Charge
Physician Office Visits (Physician, laboratory, radiology and related services as recommended by the American Academy of Pediatrics (AAP). Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Services Task Force and authorized through PCP for children).	10% co-payment ¹	30% co-payment ²	\$5 Office Visit Co-payment	\$5 Office Visit Co-payment

AMENDMENT NO. 2

(Continued)

Comparison of Medical/Prescription Plan Offerings				
<p>This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org.</p>				
Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Well-Baby Care (Preventive health service, including immunizations as recommended by the American Academy of Pediatrics (AA), Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Care Task Force and authorized through PCP for children).	0% co-payment ¹	30% co-payment ²	No Charge	No Charge
Well-Woman Care (includes PAP smear (By PCP or an OB/GYN in PMG and a referral by the PMG for screening mammography as recommended by the U.S. Preventive Services Task Force).	0% co-payment ¹	30% co-payment ²	No Charge	No Charge
<p>1. Subject to the annual deductible. 2. Subject to the annual deductible and balance billing.</p>				
Prescription Drugs Available on an Outpatient Basis:				
<p>The Mandatory Generic Prescription Drug Plan is designed to help you meet the cost of prescription drugs prescribed by your doctor, for you or your eligible dependents, for the treatment of illness or injury.</p> <p>You must use a generic drug substitute whenever it is available. If you or your doctor requests a brand-name drug instead of a generic equivalent, you will be charged the difference in cost between the brand-name drug and the generic, in addition to the co-payment applicable to the quantity and type of drug prescribed. The co-payments, which vary depending on the type of drug prescribed and the quantity dispensed, are detailed below:</p>				
Generic	\$10 up to a 30-day supply	\$10* up to a 30-day supply ¹	\$0 up to a 100-day supply	\$10 up to a 30-day supply
Brand-Name	\$20 up to a 30-day supply	\$20* up to a 30-day supply ¹	\$10 up to a 30-day supply	\$20 up to a 30-day supply
Mail Order (Maintenance Drugs) – up to a 90-day supply				
Generic	\$20 up to a 90-day supply	N/A	\$0 up to a 100-day supply	\$20 up to a 90-day supply

AMENDMENT NO. 2

(Continued)

Comparison of Medical/Prescription Plan Offerings				
This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at www.scibew-neca.org .				
Vendor	Anthem Blue Cross PPO		Kaiser Permanente HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Brand-Name	\$40 up to a 90-day supply	N/A	\$20 up to a 100-day supply	\$40 up to a 90-day supply
<p>1. Anthem Blue Cross non-network pharmacy claims -You must file a claim to be reimbursed for your drugs within 15 months of the purchase. This option is intended for emergencies or when travelling only. Reimbursement is limited by the Plan's average costs for prescriptions; you will pay for amounts over the limits in addition to the copay.</p>				

2. All references in the SPD appearing at **Article 4, Eligibility and General Plan Provisions, Article 17, Disclosure Information**, and elsewhere in the SPD are amended to replace the eligibility requirement of "100 hours" to "115 hours", and the Hours Bank Reserve not to exceed from "600 hours" to "690 hours".
3. **Article 4, subsection 4.2, Example 2** is amended by providing clarification to the example provided as follows:

Example 2: You work 28.75 hours in January, February, March and April and the employer(s) reported and paid the contributions in February, March, April and May. By the end of May, you have worked 115 hours and the contributions have been received on your behalf, and you will be eligible for coverage August 1st.

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

Executed this 20th day of October 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

