

AMENDMENT NO. 1
TO THE
SUMMARY PLAN DESCRIPTION
OF THE
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
RETIREE HEALTH PLAN

This Amendment to the Southern California IBEW-NECA Health Trust Fund Retiree 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 an increase to the frame and lens allowances under the in-network Vision Service Plan (VSP) benefits for Disabled Retirees who commenced retirement prior to April 1, 2017. The VSP allowance was increased from \$120 on frames to \$150 for in-network providers and from \$120 to \$130 on elective contact lenses for in-network providers.
- B. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

NOW THEREFORE, effective January 1, 2019, Article 8, **Benefits for Disabled Retirees who commenced retirement prior to April 1, 2017**, sub-section 8.4, **Vision Co-Payments and Schedule of Benefits**, is amended as follows:

8.4 Vision Co-Payments and Schedule of Benefits:

UnitedHealthcare Plan Participants				
Benefit	Frequency (Based on service year)	Copayment	Coverage from a VSP Doctor	Out-of-Network Reimbursement
Exam	12 months	\$5	Covered in full after the copayment.	Up to \$45 allowance
Prescription Eyewear – If you choose contact lenses you will be eligible for frame 12 months from the date the contact lenses were obtained.				
Lenses	12 months	\$10 (lenses and/or frame)	Single vision, lined bifocal and lined trifocal lenses are covered in full after the copayment.	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.*

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

Executed this 17th day of July 2018 at Commerce, California.

BOARD OF TRUSTEES
SOUTHERN CALIFORNIA IBEW-NECA
HEALTH TRUST FUND

By: _____
Chairman – Joel Barton

By: _____
Secretary – Jim Willson