



# The Trust Fund Bulletin for Active Participants

**FROM THE DESK OF THE FUND ADMINISTRATOR**

- There are times in life where we have to look back.....
- Turn to Page 2 to read the Complete Article.



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## Prescription Safety Glasses Reminder

Since May 1, 2003, the Southern California IBEW-NECA Health Plan has had a prescription safety glasses benefit for all active, eligible participants. This benefit is not available for dependents. Benefits are provided through Vision Service Plan according to the charts below.

### Copayment and Schedule of Benefits for PacifiCare or Indemnity Plan Members

Benefit	Frequency	Copay
<b>Exam</b> (There will not be a separate exam or copayment charge if the safety glass exam is conducted at the time of an annual exam.)	12 months	\$5
<b>Lenses</b> (The copayment of \$10 applies for each pair of glasses, so there would be a \$10 copayment for vision glasses, as well as a \$10 copayment for prescription safety glasses.)	12 months	\$10
<b>Frame—as provided by VSP</b>	24 months	\$0

**Note: There is no coverage for plano (non-prescription) safety glasses.**

**For those active members enrolled in Kaiser, you will need to obtain your prescription safety glasses through a VSP doctor.**

In order to keep your out-of-pocket at a minimum, it is suggested that you take an up-to-date copy of your prescription with you when visiting the VSP panel doctor. That way, you will not need to have another vision examination. However, if you want to have the VSP doctor perform an exam, it will be provided to you for a copayment of \$25.

### Copayment and Schedule of Benefits for Kaiser Plan Members

Benefit –Safety Glasses only	Frequency	Copay
<b>Exam</b>	12 months	\$25 (If provided by a VSP doctor)
<b>Lenses</b>	12 months	\$10 (lenses and/or frame)
<b>Frame</b>	24 months	\$10 (lenses and/or frame)

Kaiser Members will continue to receive all vision benefits through Kaiser, with the exception of safety glass lenses and frames.

**Note: There is no coverage for plano (non-prescription) safety glasses.**

## Out-of-Area Emergency Coverage For HMO Plan Participants REMINDER!

If you have healthcare coverage through one of Southern California IBEW-NECA's HMO plans, PacifiCare or Kaiser, and are temporarily staying or working outside of the plan's service coverage area for any period of time, you should be aware of your coverage limitations.

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## From the Desk of the Fund Administrator

There are times in life where we have to look back to see how far we have traveled. That phrase certainly applies to the newly established and improved benefits that your collectively bargained monies, some of which were allocated to the Health Plan over the course of recent agreements, have made possible. Below is a listing of the benefits adopted by the Trustees of the Southern California IBEW-NECA Health Plan:

February 1, 2003 – Rolling Open Enrollment whereby participants are permitted to change their medical and dental carrier once every 12 month period.

April 1, 2003 – “Well Child” care in the indemnity plan was expanded to include immunizations, routine examinations, radiology & laboratory services in connection with routine physical exams, services and supplies provided in connection with screening for blood lead levels. “Preventive Care” for dependents age 7 through age 16 was expanded to include a physician’s services for routine physical exams, standard immunizations and radiology & laboratory services and tests in connection with routine physical examinations.

May 1, 2003 – Prescription Safety Glasses were added as a covered benefit.

March 1, 2005 – An annual medical exam benefit was added to the benefits available under the indemnity plan.

September 2005 – Qualified Local 11 “Sound” members participating in the Orange County Health & Welfare Plan were granted an hours bank of 675 hours.

October 1, 2005 – Same sex domestic partners were eligible for Health Fund participation.

January 1, 2006 –The lifetime maximum on medical coverage increased from \$400k to \$1m.

October 1, 2006 – A reduction in the prescription drug co-payment for generic drugs to a \$0 co-payment. At the same time, the co-payment for a 100 day supply of brand name drugs decreased from \$30 to \$20.

November 1, 2006 – A 20% increase in the schedule of allowances for the Self-Fund Dental Plan.

December 1, 2006 –Three additional dental procedures involving lab pathology collection and recording were added as a benefit.

January 1, 2007 – Under the Sound Agreement, the monthly hours bank requirement for Health Fund coverage decreased from 130 hours to 125 hours.

June 1, 2007- In the Indemnity Plan, the lifetime orthodontic benefit for dependent children increased from \$1,000 to \$1,400 for orthodontic claims in progress on and after June 1, 2007.

November 1, 2007 – A Body Scan benefit was made available without participant co-pay.

January 1, 2008 – An “Hours Bank Reserve” amendment preserves an hours bank of less than 100 hours for 4 months or longer if a participant is collecting SDI benefits or delinquent contributions are owed a participant.

July 1, 2008 – The monthly allowance for Erectile Dysfunction medication increased from 4 pills to 8.

July 1, 2008 – Bariatric (weight loss) surgery & adult immunizations were added as covered benefits in the Indemnity Plan.

July 1, 2008 – HMO (Kaiser & PacificCare) co-payments were reduced from \$15 to \$5 per office visit.

August 1, 2008 – Coverage for same sex domestic partners was expanded to include opposite sex partners.

January 1, 2009 – The Self Funded Dental Plan terminated and was replaced by Delta Dental PPO Plan.

January 1, 2009 –Two additional dental procedures involving tissue grafts for claims incurred on or after October 1, 2007 through December 31, 2008 were added.

Subsidized COBRA at minimum of \$50/month for 3 months has been continued.

In March 2000 the life insurance benefit was \$5k and by May 2004 had increased to \$25k. Effective June 1, 2004 the life insurance benefit for participants was increased to \$50k with the Accidental Death & Dismemberment benefit increased from \$12k to \$50k effective October 1, 2006.

January 1, 2009- The life insurance benefit for dependent spouse and domestic partner was increased from \$1k to \$1.5k and dependent children to age 21, or if full-time student to age 25, increased from \$500 to \$750.

*George Wallace*  
Fund Administrator

## Are Your Health Plan Benefits Working For You?

Are your Southern California IBEW-NECA Health Plan Benefits working for you? If you were injured on the job and filed a Workers' Compensation Claim **OR** if you filed a Disability Claim with the State of California, do you know what your benefits are? Let's explore the differences in the benefits.

Workers Compensation	State Disability (Amendment #30)
<b>Eligibility Requirements:</b>	<b>Eligibility Requirements:</b>
1. You must have been eligible for Plan benefits in the month in which the occupational injury occurred and had contributions paid to this Plan on your behalf by an Employer.	1. You must have been eligible for Plan benefits in the month immediately preceding the first of the 4 consecutive months of preserved hours.
2. Provide written notice of your disability to the Fund Office within 30-days from the date your eligibility ends.	2. Provide written notice of your disability to the Fund Office within 30-days from the date your eligibility ends.
3. Provide proof certifying your disability and the time period of disability.	3. Provide proof certifying your disability and the time period of disability.
4. Provide proof that you are receiving Workers Compensation benefits.	4. Provide proof that you are receiving SDI benefits.
<b>Benefits:</b>	<b>Benefits:</b>
1. Maximum of 1,040 hours (40 hrs/wk; 26 weeks x 40 = 1,040 hours)	1. Hours Bank Reserve below 100 hours will be preserved for four consecutive months.
2. You will be given 40 hours of work credit for each week of approved Workers Compensation benefits, up to the maximum benefit of 26 weeks.	2. No month in which you receive SDI benefits or delinquent contributions are being pursued will be included in the 4 consecutive months.
<b>NOTE:</b> The hours credited are Health hours only.	<b>NOTE:</b> Prior to the adoption of this amendment, "for any month you are not eligible for benefits, your Hours Bank Reserve will be canceled if it falls below 99 hours."

## Out-of-Area Emergency Coverage For HMO Plan Participants

*(Continued from page 1)*

Both PacifiCare and Kaiser limit their HMO coverage services outside of your specified service area to Emergency Services only.

If you are temporarily working or staying out of the area of coverage and you believe that you require Emergency Service, you must, if possible, call, or have someone on your behalf call your Primary Care Physician or Participating HMO Medical Group. The telephone number is on your ID card and assistance is available 24 hours a day, seven days a week.

An Emergency Service is a Medically Necessary

Medical or Hospital Service required as the result of a medical condition manifesting itself by the sudden onset of symptoms of sufficient severity, which may include severe pain, such that a reasonable person would expect the absence of immediate attention to result in:

- Placing your health in serious jeopardy;
- Serious impairment to your bodily function; or
- Serious dysfunction of any bodily part.

Examples of an emergency includes heart attack, stroke, poisoning, and the sudden inability to breathe.

*Questions about  
your Out-of-Area  
Emergency  
Coverage? Call the  
Customer Service  
Department of:*

*PacifiCare  
1 (800) 624-8822  
or  
Kaiser  
1 (800) 464-4000*

## Mail Service Pharmacy Plan For Maintenance Prescriptions

If you are eligible for health benefits provided by Southern California IBEW-NECA Health Fund, then you and your eligible dependents are entitled to prescription drug benefits. One of the multiple ways to fill your prescription is to use the Prescription Solutions Mail Service Pharmacy Plan to purchase your maintenance drugs.

Maintenance medications are prescribed for such conditions as high blood pressure, diabetes, heart disease, ulcers, arthritis and other chronic long-term conditions. If you choose, you may obtain up to a 100-day supply of a maintenance prescription drug for your \$0 generic or \$20 brand-name copayment amount. Your copayment can be paid by check, money order, or credit card.

To ensure that your order is delivered in a timely manner, Prescription Solutions uses USPS along with other national carriers, providing standard delivery at no cost to you. Your prescription will be sent to you in a pre-printed envelope supplied by Prescription Solutions and your medication will be delivered right to your home

within seven working days after your order is received by Prescription Solutions Mail Service Pharmacy.

You can easily order your refills over the Internet at [www.rxsolutions.com](http://www.rxsolutions.com) or by phone at (800) 562-6223. If you would like a consultation with one of the pharmacists, or have questions or concerns regarding your medications, pharmacists are available 24 hours a day, seven days a week.

Ordering your maintenance medication through Prescription Solutions Mail Service Pharmacy Plan is simple:

1. Obtain a mail order form and Prescription Solutions envelope from the SCIBEW-NECA Administrative Office.
2. Get a prescription from your doctor for the appropriate supply, up to a 100-day supply.
3. Complete the Prescription Solutions form and enclose the prescription. Mail it to Prescription Solutions in the provided pre-printed envelope.
4. Your prescription will be filled within 24 to 48 hours, and mailed to your home by Prescription Solutions.

## Dental Health Maintenance Organization (DHMO) Benefit Comparison



*“As an active health plan participant you have the option to choose from one of the DHMO dental plans offered through Cigna, Delta Dental, Safeguard, or United Concordia network (or the newly offered Delta Dental PPO Plan) for you and your eligible family members.”*

The Southern California IBEW-NECA Health Fund offers four pre-paid Dental Health Maintenance Organization (DHMO) dental networks for active health plan participants to choose from. Many plan sponsors only offer one or two. As an active health plan participant you have the option to choose from one of the DHMO dental plans offered through Cigna, Delta Dental, Safeguard, or United Concordia network (or the newly offered Delta Dental PPO Plan) for you and your eligible family members.

Under the DHMO Plans offered by the Trust you will be provided most dental care for either no charge or for a fixed copayment amount that you will be responsible for paying, per procedure. If you make the choice, or have already made the choice, to participate in one of the prepaid DHMO plans offered by the Health Trust Fund, you must start by selecting a dentist from a directory of participating dentists provided to you by your selected DHMO network. After selecting a dentist for yourself and your eligible family members and providing the needed information to the network, the

dentist will be responsible for all of your dental care as well as referring you to a specialist if that becomes necessary, it's as simple as that. If you find that you need to change to another dentist within your chosen network because you have moved or prefer to change to another dental provider for other reasons, each network has procedures in place to facilitate the change.

The chart on the following page provides comparisons for some of the most common procedures that you might have performed at the dentist office. For additional information on each network offered by the Trust please refer to your Southern California IBEW-NECA Health Plan Summary Plan Description.

If you have questions, or would like to change DHMO networks or to the newly offered Delta Dental PPO Plan and have not changed plans in the last 12-month period, please contact the Trust Fund Administrative Office at: 323-221-5861, or Nationwide at: 800-824-6935.

*(Continued on page 5)*

**DHMO Benefit Comparison** (Continued from page 4)

	DHMO Network Name	CIGNA	DELTA DENTAL	SAFEGUARD	UNITED CONCORDIA
	Fee Schedule Designation	BI-05 CA	CA10A	4950-DI	CA-70I
Code	Description	Member Copayment			
	<b>DIAGNOSTIC/PREVENTIVE</b>				
0120	Oral Examination	No Charge	No Charge	No Charge	No Charge
0274	X-Rays	No Charge	No Charge	No Charge	No Charge
1110	Prophylaxis – Adult	No Charge	No Charge	No Charge	No Charge
1120	Prophylaxis – Child	No Charge	No Charge	No Charge	No Charge
	<b>RESTORATIONS</b>				
2160	Silver Filling – 3 Surfaces	No Charge	No Charge	No Charge	No Charge
	<b>CROWN AND BRIDGE</b>				
2790	Crown, Full Gold	\$210.00	\$170.00	\$45.00	No Charge
6240	Pontic – Porcelain Fused to Gold	\$210.00	\$195.00	\$45.00	No Charge
	<b>ENDODONTICS (Root Canal Treatment)</b>				
3330	Root Canal (Molar – exc. final restoration)	\$135.00	\$205.00	No Charge	No Charge
	<b>PERIODONTICS</b>				
4210	Gingivectomy (Per Quad)	\$75.00	\$80.00	No Charge	No Charge
4341	Perio Scaling and Root Planning (Per Quad)	\$30.00	No Charge	No Charge	No Charge
	<b>PROSTHETICS (Dentures)</b>				
5110	Complete Upper Denture	\$280.00	\$100.00	\$75.00	No Charge
	<b>REPAIRS TO PROSTHETICS</b>				
5630	Repair or Replace Broken Clasp	\$45.00	\$15.00	No Charge	No Charge
	<b>DENTURE RELINING</b>				
5750	Reline Upper Denture – Lab	\$85.00	\$35.00	\$30.00	No Charge
	<b>ORAL SURGERY</b>				
7240	Full Bony Impaction	\$45.00	\$70.00	No Charge	No Charge
	<b>ORTHODONTICS</b>				
Various Codes	Typical Cost of Complete 24-month orthodontic treatment plan- Permanent Teeth Children (Up to 19 <sup>th</sup> Birthday)	\$2,090.00	\$1,420.00	\$1,250.00	\$2,005.00
	<b>GENERAL ANESTHESIA/IV SEDATION</b>				
9220	General Anesthesia – First 30 Minutes	\$130.00	\$165.00	Not Covered	\$160.00
	<b>EMERGENCY SERVICES</b>				
9110	Emergency Exam	No Charge	\$5.00	No Charge	No Charge

*This newsletter contains only highlights of certain features of the Southern California IBEW-NECA Health Trust Fund. The full details are contained in the documents that establish the Plan provisions. If there is a discrepancy between the wording here and the documents that establish the Plan, the document language will govern. The Trustees reserve the right to amend, modify, or terminate the Plan at any time.*



## DID YOU KNOW? liveandworkwell

### Confidential resources for mental health and life's changes

Online assistance is available for you to provide help in choosing the best healthcare provider for you, find a healthcare provider near you, and to prepare for upcoming appointments.

As well as offering assistance with the selection of a healthcare provider and appointment preparation, the Live and Work Well website offered by United Behavioral Health (formerly PacifiCare Behavioral Health) can help you with:

1. viewing eligibility and coverage;
2. submitting and tracking claims;

3. depression, stress, anxiety, ADHD or other mental conditions;
4. alcohol & drug abuse, eating disorders and grief;
5. locating childcare, summer camps, schools and colleges;
6. financial and legal matters;
7. finding nursing homes and assisted living centers;
8. dealing with chronic medical conditions;
9. medications or drug interactions;
10. and much, much more.

Because many benefit plans require members to obtain prior approval to see an in-network healthcare

provider, a convenient new feature has been added to further assist you in obtaining certifications of approval for a number of healthcare provider visits online.

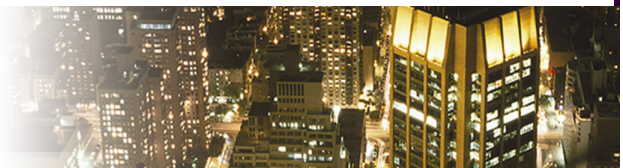
To access online information regarding your benefits, plus support tools, additional information and resources, log onto:

[www.liveandworkwell.com](http://www.liveandworkwell.com)

If you do not have access to a computer the member assistance program (MAP) is also available to you by telephone, 24 hours a day, 365 days a year at: **(877) 22-LABOR**



Southern California  
**IBEW - NECA**  
Trust Funds



### IBEW-NECA

Administrative Office:  
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