



SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

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Date: July, 2009

To: Southern California IBEW-NECA Retiree Health Plan Participants (Kaiser Permanente, PacifiCare, Medicare Supplement, and Premium Reimbursement Plans)

From: Southern California IBEW-NECA Trust Funds Administrative Office

Re: **Retiree Health Plan – Self-Payment Amount Effective 10/1/09 through 9/30/10 Deducted From Your Monthly Pension Benefit Payment**

This memo is the annual notification of the change to the self-payment amount deducted from your monthly pension benefit for coverage in the Retiree Health Plan. The self-payment amounts become effective October 1, 2009 for all plans shown on the other side of this memo.

We are pleased to announce that the Board of Trustees of the Southern California IBEW-NECA Health Trust Fund has decided to maintain the self-payment of 5% of the premium cost for the plan year beginning October 1, 2009. This means the Health Trust will be paying 95% of the premium costs and you will only pay 5% of the premium costs. In some cases, you will see a slight increase in your monthly self-payment amount due to a slight increase in the monthly premium.

The Board's decision to maintain the self-payment at 5% of the premium cost is contingent upon the financial status of the Southern California IBEW-NECA Health Trust Fund. The Board of Trustees reserves the right to change the self-payment rate at any time. If there is a change to the self-payment rate, you will be notified of the new self-payment amount 30 days before the effective date.

ANNUAL OPEN ENROLLMENT

This memo also serves as a reminder of the Annual Open Enrollment period for the Retiree Health Plan whereby you are permitted to make a change in your choice of available plans. **If you are satisfied with your current coverage, no reply is required.** If you are interested in changing health plans you may obtain the form necessary to make a change by visiting our website at www.scibew-neca.org and clicking on "Forms" under the title "Retiree Health". No carrier changes will be made until all required documents are received by the Fund Office. Properly completed enrollment and/or election forms must be received by the Fund Office on or before **August 15, 2009** for an October 1, 2009 effective date.

If you have questions, please contact the Membership Services Department at (323) 221-5861 or toll-free at (800) 824-6935, Monday through Friday between the hours of 9 a.m. and 5 p.m.

Southern California IBEW-NECA Retiree Health Plan
Monthly Pension Deduction/Self-Payment Amount (Effective 10/1/09 through 9/30/10)

Kaiser Permanente

Plan	EARLY RETIREE (No Medicare Coverage)		MEDICARE ELIGIBLE (Enrolled in Medicare Parts A & B)		One Early Retiree & One Medicare	
	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)
Kaiser HMO						
Retiree Only	\$19	\$21	Not Applicable		Not Applicable	
Retiree and Spouse	\$37	\$42				
Senior Advantage						
Retiree Only	Not Applicable		\$12	\$12	Not Applicable	
Retiree and Spouse			\$25	\$24		
Retiree & Spouse					\$31	\$33

PacifiCare

Plan	EARLY RETIREE (No Medicare Coverage)		MEDICARE ELIGIBLE (Enrolled in Medicare Parts A & B)		One Early Retiree & One Medicare	
	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)
PacifiCare HMO						
Retiree Only	\$22	\$26	Not Applicable		Not Applicable	
Retiree and Spouse	\$45	\$54				
Secure Horizons						
Retiree Only	Not Applicable		\$13	\$15	Not Applicable	
Retiree and Spouse			\$26	\$29		
Retiree & Spouse					\$33	\$36

Premium Reimbursement - The maximum dollar reimbursement is **\$279.08** for one retiree and **\$585.21** for retiree and spouse coverage.

Plan	EARLY RETIREE (No Medicare Coverage)		MEDICARE ELIGIBLE (Enrolled in Medicare Parts A & B)	
	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)
Retiree Only	\$22	\$26	\$22	\$26
Retiree and Spouse	\$45	\$54	\$45	\$54

Medicare Supplement - The maximum annual benefit is \$2500 per person per year.

Plan	EARLY RETIREE (No Medicare Coverage)		MEDICARE ELIGIBLE (Enrolled in Medicare Parts A & B)	
	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)	Current (10/1/08-9/30/09)	New (10/1/09-9/30/10)
Retiree Only	Not Applicable		\$21	\$22
Retiree and Spouse			\$42	\$44