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## SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

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Date: September 1, 2011

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

From: Southern California IBEW-NECA Administrative Trust Funds Office

Re: **Retiree Health Plan –Self-Payment Rates Effective 10/1/11**

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This is your annual notification of changes to the self-payment rates for Retiree Health Plan (“RHP”) coverage and a reminder of the RHP Annual Open Enrollment period.

**The Board of Trustees of the Southern California IBEW-NECA Health Trust Fund has determined that it is necessary to increase the self-pay rates from 5% of premium costs to 15% of premium costs for the period beginning October 1, 2011.** The Board’s decision is based 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 rates at any time. If there is a change to the self-payment rate, you will be notified at least 30 days before the effective date.

### ANNUAL OPEN ENROLLMENT

Your enrollment in the Plan of your choice will continue as previously selected, unless you wish to make a change. 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](http://www.scibew-neca.org) and clicking on “Forms” under the title “Retiree Health”. No carrier changes will be made until the Administrative Trust Funds Office receives all required documents. Properly completed enrollment and/or election forms must be received by the Administrative Trust Funds Office on or before **September 15, 2011** for an October 1, 2011 effective date.

If you have any questions, please contact the Administrative Trust Funds Office at (323) 221-5861 or toll-free at (800) 824-6935, and ask to speak with a Membership Services Department representative. Office hours are Monday through Friday from 9 a.m. to 5 p.m.

Rates on other side →

**Southern California IBEW-NECA Retiree Health Plan**  
**Monthly Pension Deduction/Self-Payment Amount (Effective 10/1/11 through 9/30/12)**

**Kaiser Permanente**

| Plan                        | EARLY RETIREE<br>(No Medicare Coverage) |                          | MEDICARE ELIGIBLE<br>(Enrolled in Medicare Parts A & B) |                          | One Early Retiree & One Medicare |                          |
|-----------------------------|---|--------------------------|---|--------------------------|----------------------------------|--------------------------|
|                             | Current<br>(through 9/30/11)            | New<br>(10/1/11-9/30/12) | Current<br>(through 9/30/11)                            | New<br>(10/1/11-9/30/12) | Current<br>(through 9/30/11)     | New<br>(10/1/11-9/30/12) |
| <b>Kaiser HMO</b>           |   |                          |   |                          |                                  |                          |
| Retiree Only                | \$24                                    | \$77                     | Not Applicable  |                          | Not Applicable                   |                          |
| Retiree and Spouse          | \$48                                    | \$154                    |   |                          |                                  |                          |
| <b>Senior Advantage</b>     |   |                          |   |                          |                                  |                          |
| Retiree Only                | Not Applicable                          |                          | \$13  | \$41                     | Not Applicable                   |                          |
| Retiree and Spouse          |   |                          | \$26  | \$82                     |                                  |                          |
| <b>Retiree &amp; Spouse</b> |   |                          |   |                          | \$37                             | \$118                    |

**United HealthCare**

| Plan                         | EARLY RETIREE                |                          | MEDICARE ELIGIBLE            |                          | One Early Retiree & One Medicare |                          |
|------------------------------|------------------------------|--------------------------|------------------------------|--------------------------|----------------------------------|--------------------------|
|                              | Current<br>(through 9/30/11) | New<br>(10/1/11-9/30/12) | Current<br>(through 9/30/11) | New<br>(10/1/11-9/30/12) | Current<br>(through 9/30/11)     | New<br>(10/1/11-9/30/12) |
| <b>United HealthCare HMO</b> |                              |                          |                              |                          |                                  |                          |
| Retiree Only                 | \$28                         | \$91                     | Not Applicable               |                          | Not Applicable                   |                          |
| Retiree and Spouse           | \$57                         | \$188                    |                              |                          |                                  |                          |
| <b>Secure Horizons</b>       |                              |                          |                              |                          |                                  |                          |
| Retiree Only                 | Not Applicable               |                          | \$16                         | \$54                     | Not Applicable                   |                          |
| Retiree and Spouse           |                              |                          | \$33                         | \$108                    |                                  |                          |
| <b>Retiree &amp; Spouse</b>  |                              |                          |                              |                          | \$44                             | \$145                    |

**Premium Reimbursement** - The maximum dollar reimbursement is **\$369.39** for one retiree and **\$774.59** for retiree and spouse coverage.

| Plan               | EARLY RETIREE                |                          | MEDICARE ELIGIBLE            |                          |
|--------------------|------------------------------|--------------------------|------------------------------|--------------------------|
|                    | Current<br>(through 9/30/11) | New<br>(10/1/11-9/30/12) | Current<br>(through 9/30/11) | New<br>(10/1/11-9/30/12) |
| Retiree Only       | \$28                         | \$91                     | \$28                         | \$91                     |
| Retiree and Spouse | \$57                         | \$188                    | \$57                         | \$188                    |

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

| Plan               | EARLY RETIREE                |                          | MEDICARE ELIGIBLE            |                          |
|--------------------|------------------------------|--------------------------|------------------------------|--------------------------|
|                    | Current<br>(through 9/30/11) | New<br>(10/1/11-9/30/12) | Current<br>(through 9/30/11) | New<br>(10/1/11-9/30/12) |
| Retiree Only       | Not Applicable               |                          | \$22                         | \$69                     |
| Retiree and Spouse |                              |                          | \$44                         | \$138                    |