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#### SOUTHERN CALIFORNIA IBEW-NECA TRUST FUNDS

Street Address: 6023 Garfield Avenue, City of Commerce, CA 90040 Mailing Address: P. O. Box 910918, Los Angeles, CA 90091 Phone: (323) 221-5861 or (800) 824-6935; Fax: (323) 726-3520



Date: September 24, 2018

To: Southern California IBEW-NECA Retiree Health Plan Participants (Kaiser Permanente, UnitedHealthcare, Medicare Supplement, and

Out of Area Plans)

From: Southern California IBEW-NECA Administrative Trust Funds Office

Re: Retiree Health Plan –Self-Payment Rates Effective January 1, 2019

This is your annual notification of changes to the self-payment rates for Retiree Health Plan ("RHP") coverage. The RHP Annual Open Enrollment period is held during the months of November and December, with plan changes effective January 1.

The Board of Trustees of the Southern California IBEW-NECA Health Trust Fund has decided to maintain the 25% of premium costs for the period beginning January 1, 2019. The Board's decision to maintain the 25% self-payment rate 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 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 <a href="www.scibew-neca.org">www.scibew-neca.org</a> 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 <a href="December 7, 2018">December 7, 2018</a> for a January 1, 2019 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 8:30 a.m. to 5:30 p.m.

# Southern California IBEW-NECA Retiree Health Plan -Monthly Pension Deduction/Self-Payment Amount (Effective 1/1/19 through 12/31/19)

### **Kaiser Permanente**

	Early Retiree		Medicare Eligible			
	(No Medicare Coverage)		(Enrolled in Medicare Parts A & B)		One Early Retiree & One Medicare	
	Current	New	Current	New	Current	New
Plan	(through 12/31/18)	(1/1/19-12/31/19)	(through 12/31/18)	(1/1/19-12/31/19)	(through 12/31/18)	(1/1/19-12/31/19)
Kaiser HMO						
Retiree Only	\$149	\$156	Not Applicable		Not Applicable	
Retiree and Spouse	\$297	\$312				
Senior Advantage						
Retiree Only	Not Applicable		\$83	\$82	Not App	olicable
Retiree and Spouse			\$166	\$162		
Retiree & Spouse	Not Applicable		Not Ap	plicable	\$231	\$237

## **UnitedHealthcare – Traditional Plans**

	Early Retiree		Medicare Eligible		One Early Retiree & One Medicare	
	Current	New	Current	New	Current	New
Plan	(through 12/31/18)	(1/1/19-12/31/19)	(through 12/31/18)	(1/1/19-12/31/19)	(through 12/31/18)	(1/1/19-12/31/19)
UnitedHealthcare HMO						
Retiree Only	\$226	\$221	Not Applicable		Not Applicable	
Retiree and Spouse	\$466	\$455				
UnitedHealthcare Medicare						
Advantage HMO	Not Applicable				Not Am	aliaahla
Retiree Only			\$128	\$122	Not Applicable	
Retiree and Spouse			\$256	\$243		
Retiree & Spouse	Not Applicable		Not Ap	pplicable	\$347	\$349

Out of Area Retiree Plan – Only available to Early Retiree and Medicare Eligible retiree and their spouses who reside outside of the HMO Service Area

·	Early 1	Early Retiree Medicare Eligible		e Eligible	One Early Retiree & One Medicare		
Out of Area Retiree Plan	Current (through 12/31/18)	<b>New</b> (1/1/19-12/31/19)	Current (through 12/31/18)	<b>New</b> (1/1/19-12/31/19)	Current (through 12/31/18)	New (1/1/19-12/31/19)	
UnitedHealthcare							
(California/Out of Area)							
Retiree Only	\$306	\$317	\$122	\$116	N/A	N/A	
Retiree and Spouse	\$640	\$664	\$244	\$232	\$427	\$432	
UnitedHealthcare							
(Out of State)							
Retiree Only	\$406	\$446	\$122	\$116	N/A	N/A	
Retiree and Spouse	\$888	\$976	\$244	\$232	\$527	\$561	

**Medicare Supplement** - The maximum annual benefit is \$2500 per person per year. Medicare Supplement is only available to retirees and their eligible spouses currently enrolled in Medicare Supplement.

	Early R	Retiree	Medicare Eligible		
Out of Area Medicare Plan	Current	New	New Current I		
	(through 12/31/18)	(1/1/19-12/31/19)	(through 12/31/18)	(1/1/19-12/31/19)	
Retiree Only	Not Ame	licable	\$77	\$102	
Retiree and Spouse	Not App	oncable	\$154	\$203	