



SOUTHERN CALIFORNIA IBEW - NECA ADMINISTRATIVE CORPORATION

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**SOUTHERN CALIFORNIA IBEW-NECA  
HEALTH TRUST FUND – Active Health Plan**

**Important Notice to Participants  
October 1, 2021**

Dear Participant:

The Board of Trustees is pleased to inform you that the SPD will be amended to reflect changes in the Active Health Plan prescription drug benefits effective **January 1, 2022**.

**Prescription Drug** - The self-funded mandatory generic prescription drug benefit program through Citizens Rx will be terminated and replaced by insured prescription drug benefits through the Anthem Blue Cross, Kaiser and UnitedHealthcare medical plans. The co-payments will not change. The new medical and prescription drug Summary of Benefits (SBC) and the Evidence of Coverage (EOC) documents are available on the trust fund's website at [www.scibew-neca.org](http://www.scibew-neca.org).

There was no change made to the Plan design. Please be sure to check whether the current retail pharmacy you and your eligible dependents are utilizing is a participating provider.

All other terms and conditions of the Plan shall remain in full force and effect.

***This Notice is a Summary of Material Modifications ("SMM") within the meaning of section 104 of the Employee Retirement Income Security Act of 1974. An SMM describes changes to the information provided in the most recent SPD. The SMM describes important changes to the Plan effective as of the date listed above. Please keep this SMM with your SPD for future reference. Please contact the Plan Office if you would like to request a copy of the Plan document, SPD or any SMM relating to the Plan.***

**AMENDMENT NO. 10**  
**TO THE SOUTHERN CALIFORNIA**  
**IBEW-NECA HEALTH TRUST FUND ACTIVE HEALTH PLAN**  
**(RESTATED AS OF SEPTEMBER 1, 2017)**

This Amendment to the Southern California IBEW-NECA Health Trust Fund, Active Health Plan Summary Plan Description (“SPD”) (restated as of September 1, 2017, as amended), 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 the termination of the self-funded mandatory generic prescription drug program managed by Citizens Rx and implement the insured prescription drug programs under the Anthem Blue Cross PPO Plan, and the Kaiser Permanente and United HealthCare HMO Plans effective for all claims incurred on and after January 1, 2022.
- B. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

**NOW THEREFORE**, effective January 1, 2022, the SPD is amended as follows:

- 1. All references in the SPD appearing at Article 1, **General Information**, Article 8, **Mandatory Generic Prescription Drug Plan**, and Article 18, **Disclosure Information**, and elsewhere in the SPD are amended by removing “Citizens Rx”.
- 2. Article 1, Section 1.2 Subsection C, **Appeals**, is amended by providing clarification of the language in the following paragraph to refer to claims and appeals for claims incurred prior to January 1, 2022.

“Citizens Rx is a claims fiduciary and handles Prescription Drug claims and appeals under its claims and appeal rules for claims and appeals for claims incurred prior to January 1, 2022. Citizens Rx will decide appeals and obtain independent medical reviews requested by Participants. Citizens Rx will use an IMR company licensed in the State of California. Participants will be notified in writing of any adverse determinations within the time required by federal law and regulations.”

- 3. Article 2, **Plan Benefits Available to You**, and all subsections are amended by deleting Prescription Drug Benefit Options -“Citizens Rx” and replacing the references to “Hospital/Medical Benefit” with “Health/Medical/Prescription Benefit Options”.

4. Article 6 of this SPD, **Comparison of Anthem Blue Cross PPO, Kaiser HMO and UnitedHealthcare HMO Medical Plans**, Section 6.1 **Medical Benefits Comparison: Anthem Blue Cross, Kaiser and UnitedHealthcare** is amended by replacing the existing table with the following table:

<b>Comparison of Medical Plan Offerings</b>				
<b>This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO’s benefits, please refer to the carrier’s EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds’ website at <a href="http://www.scibew-neca.org">www.scibew-neca.org</a>.</b>				
<b>Vendor</b>	<b>Anthem Blue Cross PPO</b>		<b>Kaiser HMO</b>	<b>UnitedHealthcare</b>
	<b>In Network</b>	<b>Out-of-Network</b>	<b>In Network Only</b>	<b>In Network Only</b>
<b>Member Customer Service Number</b>	<b>(800) 543-3037</b>		<b>(800) 464-4000</b>	<b>(800) 624-8822</b>
<b>Website</b>	<b>www.bluecrossca.com</b>		<b>www.members.kp.org</b>	<b>www.uhcwest.com</b>
<b>General Features</b>				
<b>Calendar Year Deductible</b>	\$200 per individual, \$600 per Family		None	None
<b>Maximum Benefits</b>	Unlimited		Unlimited	Unlimited
<b>Annual Co-payment Maximum</b>	\$1,000 per individual, \$2,000 per family		\$1500 per Individual, \$3,000 per family	\$1000 per Individual. \$3,000 per family
<b>Hospital Benefits</b>	10% co-payment. Hospital Pre-Certification Required.	20% co-payment. Additional \$200 deductible for non-Anthem Blue Cross PPO Hospital or Residential Treatment Center and \$500 no-preauthorization penalty (waived for emergency services) Hospital Precertification Required. <sup>2</sup>	No Charge	No Charge
<b>Emergency Services</b>	10% co-payment <sup>1</sup>	10% co-payment. <sup>2</sup>	\$5 co-payment. Co-payment waived if admitted.	\$50 co-payment. Co-payment waived if admitted.
<b>Preexisting Conditions</b>	<b>Not Applicable. All conditions are covered provided they are a covered benefit.</b>			

<b>Comparison of Medical Plan Offerings</b>				
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<b>Vendor</b>	<b>Anthem Blue Cross PPO</b>		<b>Kaiser HMO</b>	<b>UnitedHealthcare</b>
	<b>In Network</b>	<b>Out-of-Network</b>	<b>In Network Only</b>	<b>In Network Only</b>
<b>Benefits Available While Hospitalized as an Inpatient</b>				
Alcohol, Drug or Other Substance Abuse Detoxification	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	No Charge	No Charge
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	No Charge	No Charge
Newborn Care	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	No Charge	No Charge
Physician Care	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	No Charge	No Charge
Reconstructive Surgery	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	No Charge	No Charge
Rehabilitative Care (including physical, occupational and speech therapy)	10% co-payment. Must obtain prior approval. <sup>1</sup>	20% co-payment. Up to \$35 max benefit per visit. Must obtain prior approval. <sup>2</sup>	No Charge	No Charge
Skilled Nursing	10% co-payment. <sup>1</sup>	20% co-payment. <sup>2</sup>	No Charge	No Charge
Voluntary Termination of Pregnancy (Medical, Medication and surgical)	10% co-payment. <sup>1</sup>	20% co-payment. <sup>2</sup>	\$5 Co-payment	\$75 co-payment
<b>Benefits Available on an Outpatient Basis</b>				
Ambulance	10% co-payment <sup>1</sup>	10% co-payment <sup>2</sup>	No Charge	No Charge
Durable Medical Equipment	10% co-payment. <sup>1</sup>	20% co-payment. <sup>2</sup>	No Charge	No Charge
Durable Medical Equipment for the Treatment of Pediatric Asthma (includes nebulizer, peak flow meters, face masks and tubing for Medically Necessary Treatment of Pediatric Asthma of dependent children under the age of 19)	10% co-payment. <sup>1</sup>	20% co-payment. <sup>2</sup>	No Charge	No Charge
Immunizations (For Children Under two (2) years of age, refer to well-baby care)	No Charge	20% co-payment <sup>2</sup>	\$5 Office Visit Co-payment	No Charge
Laboratory Services (When available through or authorized by PCP)	10% co-payment. <sup>1</sup>	20% co-payment. <sup>2</sup>	No Charge	No Charge
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	\$5 Office Visit Co-payment	\$5 Office Visit Co-payment
Oral Surgery Services	10% co-payment <sup>1</sup>	10% co-payment <sup>2</sup>	No Charge	No Charge

<b>Comparison of Medical Plan Offerings</b>				
<b>This is only a summary of the benefits available to you under the Anthem Blue Cross PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at <a href="http://www.scibew-neca.org">www.scibew-neca.org</a>.</b>				
Vendor	Anthem Blue Cross PPO		Kaiser HMO	UnitedHealthcare
	In Network	Out-of-Network	In Network Only	In Network Only
Outpatient Medical Rehabilitation Therapy at Participating Free Standing or Outpatient Surgery Facility	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	\$5 Office Visit Co-payment	\$5 Office Visit Co-payment
Outpatient Surgery at Participating Free Standing or Outpatient Surgery Facility	10% co-payment. <sup>1</sup>	20% co-payment. <sup>2</sup>	No Charge	No Charge
Physician Office Visits (Physician, laboratory, radiology and related services as recommended by the American Academy of Pediatrics (AAP). Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Services Task Force and authorized through PCP for children).	10% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	\$5 Office Visit Co-payment	\$5 Office Visit Co-payment
Prescription Drugs				
Retail – up to a 30-day supply				
Generic	\$0 up to a 30 day supply	\$5* up to a 30 day supply	\$0 up to a 100 day supply	\$0 up to a 30 day supply
Brand-Name	\$10 up to a 30 day supply	\$15* up to a 30 day supply	\$10 up to a 30 day supply	\$10 up to a 30 day supply
Mail Order (Maintenance Drugs) – up to a 90-day supply				
Generic	\$0 up to a 90 day supply	N/A	\$0 up to a 100 day supply	\$0 up to a 90 day supply
Brand-Name	\$20 up to a 90 day supply	N/A	\$20 up to a 100 day supply	\$20 up to a 90 day supply
Well-Baby Care (Preventive health service, including immunizations as recommended by the American Academy of Pediatrics (AA), Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Care Task Force and authorized through PCP for children).	0% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	No Charge	No Charge
Well-Woman Care (includes PAP smear (By PCP or an OB/GYN in PMG and a referral by the PMG for screening mammography as recommended by the U.S. Preventive Services Task Force).	0% co-payment <sup>1</sup>	20% co-payment <sup>2</sup>	No Charge	No Charge

<sup>1</sup> Subject to the annual deductible.


\* Anthem Blue Cross non-network pharmacy claims -You must file a claim to be reimbursed for your drugs within 15 months of the purchase. This option is intended for emergencies or when travelling only. Reimbursement is limited by the Plan's average costs for prescriptions; you will pay for amounts over the limits in addition to the copay.

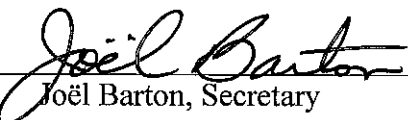
5. Article 8, **Mandatory Generic Prescription Drug Plan**, is deleted in its entirety. All references in the SPD appearing at Article 8 and elsewhere in the SPD to “Citizens Rx” shall be removed.

All other terms and conditions of the Plan shall remain in full force and effect.

Executed this   9   day of  September , at Pasadena, California.

BOARD OF TRUSTEES  
SOUTHERN CALIFORNIA IBEW-NECA  
HEALTH TRUST FUND

By:   
James Willson, Chairman

By:   
Joël Barton, Secretary