



SOUTHERN CALIFORNIA IBEW - NECA ADMINISTRATIVE CORPORATION

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## SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND – Retiree Health Plan

### Important Notice to Participants September 20, 2021

Dear Participant:

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

**Dental** – The Cigna DHMO Plan will be terminated and the DeltaCare USA10A Plan will be replaced by the DeltaCare USA 40R Plan. Participants and their eligible dependents enrolled in the Cigna DHMO Plan will be given a One-Time opportunity to select between DeltaCare USA40\$ DHMO, United Concordia DHMO or United Concordia PPO. A participant or eligible dependent who fails to select a dental carrier, will be automatically enrolled in DeltaCare USA 40R DHMO.

The DeltaCare USA 40R Plan has richer benefits than the current DeltaCare USA 10A and Cigna B1-09 Plans. Visit the Trust Funds' website at [www.scibew-neca.org](http://www.scibew-neca.org) to review detailed plan benefits in the Evidence of Coverage (EOC) booklets. 98% of the utilized Cigna DHMO dentists participate in DeltaCare's network. To find a dentist visit [www.deltadentalins.com](http://www.deltadentalins.com) or [www.unitedcondordia.com](http://www.unitedcondordia.com). Participants or eligible dependents electing a DHMO plan will need to list the DHMO facility number on the One-Time Dental Special Enrollment Form.

#### **One-Time Dental Special Enrollment Forms:**

Participants or eligible dependents changing to DeltaCare USA 40R or United Concordia will need to complete a new enrollment form. Forms can be located on the Trust Funds' website at [www.scibew-neca.org](http://www.scibew-neca.org) and are due at the Administrative Trust Funds Office by December 1, 2021.

#### **Information about the new DeltaCare USA 40R Plan.**

#### **Treatment in Progress:**

Coverage begins on your effective date. There are no exclusions for pre-existing conditions or missing teeth. Treatment started before January 1, 2022 will continue to be covered by your previous dental plan. Treatment started on or after January 1, 2022 is based on your new DeltaCare USA 40R plan benefits. Examples of treatment in progress include:

- Teeth prepared for crowns
- Root canals in progress
- Full or partial dentures for which the impression has been taken

Effective **January 1, 2022**, the SPD will be amended as follows:

1. All references in the SPD appearing at Article 8, subsections 8.1 and 8.2, **Benefits for Disabled Retirees as of April 1, 2017**, Article 9, **Important Federal Laws**, and Article 10, **Plan Amendment Procedures and Disclosure Information**, and elsewhere in the SPD are amended by removing "CIGNA DHMO Dental".
2. Article 8.2, **Comparison of Dental Benefits**, is amended as noted in the updated table set forth below.

Dental Provider Name	United Concordia	DeltaCare USA 40R	United Concordia
Plan Type	PPO	DHMO	DHMO
Member Customer Service	(800) 332-0366	(800) 422-4234	(866) 357-3304
Website Address	unitedconcordia.com	deltadentalins.com	unitedconcordia.com
Claims Filing Address <i>Applies to PPO plan only</i>	P.O. Box 69421, Harrisburg, PA. 17106-9421		
Description	MEMBER CO-PAYMENT		
Network	In-Network/ Out-of-Network	In-Network Only	In-Network Only
Annual deductible			
Per individual	\$0/\$25	N/A	N/A
Per family	\$0/\$75	N/A	N/A
Annual Maximum <i>Waived for diagnostic and preventive</i>			
Per individual	\$5000/\$5000	N/A	N/A
Per family	N/A	N/A	N/A
Diagnostic/Preventive <i>X-rays, exams, cleanings</i>	0%/0%, plus balance billing	\$0	\$0
Basic <i>Fillings, sealants, oral surgery, root canals</i>	5%/20% plus balance billing	\$0 (for white fillings)	\$0-\$140 (for white fillings)
Major <i>Crowns and casts, dentures, bridges and implants</i>	25%/50% plus balance billing Implants only: 25%/25% plus balance billing	\$0 (no added metal fees) (Implants not covered)	\$0 (\$125 metal fee may apply for noble and/or high noble metals on crowns) (Implants are not covered)
Emergency Services <i>Emergency exam</i>	0%/0% plus balance billing	\$0	\$0

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. 4**  
**TO THE SOUTHERN CALIFORNIA**  
**IBEW-NECA HEALTH TRUST FUND RETIREE HEALTH PLAN**  
**(RESTATED AS OF SEPTEMBER 1, 2017)**

This Amendment to the Southern California IBEW-NECA Health Trust Fund, Retiree Health Plan *Summary Plan Description* (“SPD”) (restated as of February 1, 2018, 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 CIGNA DHMO Plan and the implementation of the upgraded Delta Dental DHMO Plan 40R 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 8, subsections 8.1 and 8.2, **Benefits for Disabled Retirees as of April 1, 2017**, Article 9, **Important Federal Laws**, and Article 10, **Plan Amendment Procedures and Disclosure Information**, and elsewhere in the SPD are amended by removing “CIGNA DHMO Dental”.
- 2. Article 8.2, **Comparison of Dental Benefits**, is amended as noted in the updated table set forth below.

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Claims Filing Address <i>Applies to PPO plan only</i>	P.O. Box 69421, Harrisburg, PA. 17106-9421		
Description	MEMBER CO-PAYMENT		
Network	In-Network/ Out-of-Network	In-Network Only	In-Network Only
Annual deductible			
Per individual	\$0/\$25	N/A	N/A
Per family	\$0/\$75	N/A	N/A
Annual Maximum <i>Waived for diagnostic and preventive</i>			
Per individual	\$5000/\$5000	N/A	N/A
Per family	N/A	N/A	N/A

<b>Diagnostic/Preventive</b> <i>X-rays, exams, cleanings</i>	0%/0%, plus balance billing	\$0	\$0
<b>Basic</b> <i>Fillings, sealants, oral surgery, root canals</i>	5%/20% plus balance billing	\$0 (for white fillings)	\$0-\$140 (for white fillings)
<b>Major</b> <i>Crowns and casts, dentures, bridges and implants</i>	25%/50% plus balance billing Implants only: 25%/25% plus balance billing	\$0 (no added metal fees) (Implants not covered)	\$0 (\$125 metal fee may apply for noble and/or high noble metals on crowns) (Implants are not covered)
<b>Emergency Services</b> <i>Emergency exam</i>	0%/0% plus balance billing	\$0	\$0

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