

SOUTHERN CALIFORNIA IBEW - NECA ADMINISTRATIVE CORPORATION

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SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND - Active 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 Active 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 plan will be given a One-Time opportunity to select between Delta Dental 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 Delta Dental DHMO.

The DeltaCare USA 40R plan has richer benefits than the current Delta 10A and Cigna B1-09 Plans. Visit the Trust Funds' website at 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 or 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 Form:

Participants or eligible dependents changing to DeltaCare 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 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
- Orthodontics unless qualified for the orthodontic treatment in progress provision

Orthodontic Takeover Provision:

Applies to new participants or eligible dependents who are currently not enrolled in the DeltaCare USA 10A plan. Cigna participants or dependents who have been banded for orthodontic treatment and elect to change to the DeltaCare USA 40R plan must have their dentist complete the "Continuous Orthodontic Coverage Form" within 30 days of becoming effective on the DeltaCare USA 40R plan. The ortho takeover form is located on the trust fund's website or available at the Administrative Trust Funds Office. Through this provision you can continue treatment with your current orthodontist at the same coverage and copays started under your previous plan. For more information refer to the Q&A section on the Continuous Orthodontic Coverage Form.

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

1. All references in the SPD appearing at Article 9, **Dental Plans Available to You**, Article 17, **Eight Federal Laws You Should Know About**, and Article 18, **Disclosure Information**, and elsewhere in the SPD are amended by removing “CIGNA DHMO Dental”.
2. Article 2, **Plan Benefits Available to You**, and all subsections are amended by removing “CIGNA Dental” from the Dental Benefit Options.
3. Article 9 of this SPD, **Dental Plans Available To You** is amended by removing “CIGNA Dental Plan (DHMO)” from the list of Dental Plans. The second paragraph is amended by replacing the existing language with the following language:

“The Administrative Office offers three (3) dental plans from which to choose: a dental Preferred Provider Organization (PPO) plan and two (2) Dental Health Maintenance Organizations (DHMO) plans. The dental PPO plan is provided by United Concordia. The DHMO plans are DeltaCare USA 40R (also known as Delta Dental), and United Concordia. We suggest that you carefully review all of the Plans and discuss these different Plan options with your family members. A brief overview of the United Concordia PPO Plan and the DHMO plans (DeltaCare USA 40R and United Concordia) appears on the following page. Please refer to your **Evidence of Coverage** document for a complete description of your dental benefits, including the exclusions and limitations.”

4. Section 9.1 of this SPD, **Comparison of Dental Benefits Available to You**, is amended by replacing the existing table with the following table:

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	\$5,000	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 (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 not covered)
Orthodontics <i>Typical cost of completing a 24-month orthodontic treatment plan for permanent teeth for children, up to 19th birthday</i>	50%/50% plus balance billing, up to max payment of \$1,400	\$950 - \$1,400 Startup and retention charges not noted	\$1,500 - \$2,000, startup and retention charges not noted
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. 9
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 CIGNA DHMO Plan and the implementation of the upgraded DeltaCare USA 40R DHMO Plan 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 9, **Dental Plans Available to You**, Article 17, **Eight Federal Laws You Should Know About**, and Article 18, **Disclosure Information**, and elsewhere in the SPD are amended by removing “CIGNA DHMO Dental”.
- 2. Article 2, **Plan Benefits Available to You**, and all subsections are amended by removing “CIGNA Dental” from the Dental Benefit Options.
- 3. Article 9 of this SPD, **Dental Plans Available To You** is amended by removing “CIGNA Dental Plan (DHMO)” from the list of Dental Plans. The second paragraph is amended by replacing the existing language with the following language:

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- 4. Section 9.1 of this SPD, **Comparison of Dental Benefits Available to You**, is amended by replacing the existing table with the following table:

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Dental Provider Name	United Concordia	DeltaCare USA 40R	United Concordia
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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	\$5,000	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 (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 not covered)
Orthodontics <i>Typical cost of completing a 24-month orthodontic treatment plan for permanent teeth for children, up to 19th birthday</i>	50%/50% plus balance billing, up to max payment of \$1,400	\$950 - \$1,400 Startup and retention charges not noted	\$1,500 - \$2,000, startup and retention charges not noted
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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