



SOUTHERN CALIFORNIA IBEW - NECA ADMINISTRATIVE CORPORATION

100 Corson Street, Suite 200, Pasadena, CA 91103

Phone: (323) 221-5861 or (800) 824-6935

Fax: (323) 726-3520

Mailing Address:

P.O. Box 6652

Pasadena, CA 91109



Website: www.scibew-neca.org

Website: www.scibew-neca.org

Date: December 2025

To: Participants in the Southern California IBEW-NECA Health Trust Fund – Active Health Plan

From: Southern California IBEW-NECA Trust Funds Administrative Office

Re: Recently Adopted Amendment

Enclosed is a recently adopted amendment to the Southern California IBEW-NECA NECA Health Trust Fund – Active Health Plan. Please read the amendment in its entirety for a complete description. Please keep a copy of this notice with your Summary Plan Description.

The Amendment adds clarification to Designated Working Members eligibility. It further adds an HRA Wellness Program effective January 1, 2026, and a Galleri cancer screening test effective February 1, 2026.

If you have any questions about this amendment, please contact the Health Benefits Department, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

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 Fund Office if you would like to request a copy of the SPD or any SMM relating to the Plan.

**AMENDMENT NO. 12
TO THE
SUMMARY PLAN DESCRIPTION
OF THE
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
ACTIVE HEALTH PLAN
(as Restated July 1, 2022)**

This Amendment to the Southern California IBEW-NECA Health Trust Fund, Active Health Plan Summary Plan Description (“SPD”) (restated as of July 1, 2022, 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 clarify the Designated Working Members “DWM” eligibility.
- B. The Board of Trustees wishes to amend the SPD to add the Grail Galleri Cancer screening test and HRA Wellness Program as additional benefits.
- C. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

NOW THEREFORE, effective **January 1, 2026** the SPD is amended as follows:

- 1. Article 4, Eligibility and General Plan Provisions, Section 4.7 Designated Working Members (DWM), is replaced entirely and restated as follows:

“Designated Working Members (also referred to as “Working Electrical Contractors or DWM”) are working electricians who are owners, partners, or corporate officers.

To be eligible, the DWM must report and pay a minimum of 153 hours per month to be reported and paid at the current hours Inside Wireman’s health contribution rate (adjusted as needed for Health Reimbursement Arrangement Account, Retiree Health Plan, Supplemental Unemployment Benefit). The Health Reimbursement Arrangement Account, Retiree Health Plan, Supplemental Unemployment Benefit will be consistent with the DWM’s related Collective Bargaining Agreement. The annual maximum hours reported will be 2,500.

For Example:

153 Hours Worked In	Gives Eligibility In
July	November
August	December
September	January
October	February

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
ACTIVE HEALTH PLAN
AMENDMENT NO. 12
(Continued)

A DWM may decline initial enrollment. However, the DWM cannot request that the Plan accept contributions from the Employer on his or her behalf as a DWM until at least 12 months after the month in which the declination to participate in the Health Plan is received by the Administrative Office. All other contributions due under the Collective Bargaining Agreement are to be paid by the Employer, even if you decline to participate in the Plan.

If the DWM declines to participate during the initial enrollment period and later elects to participate in the Plan, the DWM will be limited to the medical and dental HMO options available under this Plan (refer to the section titled "Plan Options") for at least 12 months after becoming eligible. After at least 12 months of continuous participation in the Plan, medical and dental carrier changes, including a change to PPO medical and dental plans, will be permitted under the Plan's rolling 12-month open enrollment rule.

The eligibility of a DWM, will be canceled if such Employer is in non-compliance with the Trust Agreement contribution reporting requirements. The Administrative Office will provide a notice to the DWM that their Employer is in non-compliance with the contribution provisions of the Trust Agreement.

Effective the first of the month, following 45 days after mailing of such notice due to non-compliance with the Contribution provisions of Collective Bargaining Agreements, the eligibility and Hours Bank Reserve will be terminated. If the delinquent payment status is corrected within the 45-day period, the Hours Bank Reserve will be restored.

The Hours Bank Reserve may not be utilized for continuing coverage during periods when a DWM finds other employment outside of the Plan and declines coverage available due to that employment in order to receive increased wages for that employment."

2. Article 10, **Additional Benefits (Medical Body Scan, Specialized Footwear)**, a new section, Section 10.3 **Galleri Test, provided by GRAIL**, is added effective February 1, 2026:

10.3 Galleri Test, provided by GRAIL

- A. The Galleri test is available to Participants and Eligible Spouses under the Southern California IBEW-NECA Health Trust Fund Active Summary Plan Description. The Galleri test is available to Participants and Spouses ages 50 years or older, currently enrolled in the Active Health Plan.
- B. To schedule a Galleri test, please visit the website <http://www.galleri.com/scibewneca>. If you have questions, you can call GRAIL at (833) 964-2553. Please note that you must be eligible for coverage at the time of your Galleri test to receive the covered Galleri test under the Active Health Plan. If you have questions about your eligibility for this benefit, please contact the Administrative Office.

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
ACTIVE HEALTH PLAN
AMENDMENT NO. 12
(Continued)

C. Exclusions

1. The Plan is only covering the Galleri test, at a \$0 copayment. Payment for any other services will be your responsibility. The Galleri test is limited to once every twelve (12) months.
 2. If you obtain a similar test, or the Galleri test, through another provider (other than the Galleri test through GRAIL), the Plan will not pay for any portion of the test.
 3. Active Participants and Spouses under the age of 50 are not eligible for the Galleri test. Dependent children are not eligible for the Galleri test.
3. Article 10, **Additional Benefits (Medical Body Scan, Specialized Footwear)**, a new section, Section 10.4, **HRA Wellness Program**, is added effective January 1, 2026:

10.4 HRA Wellness Incentive Program

- A. The Southern California IBEW-NECA Health Trust Fund Health Reimbursement Arrangement ("HRA") Wellness Incentive Program administered by MedExpert, encourages preventive care, supports Participant well-being and strengthens relationships with trusted clinical resources. Participants may earn \$100 HRA wellness incentive by taking initiative with their preventive care. The HRA Incentive Program is available to Active Participants only. Dependents are not eligible.
- B. The participant may qualify by participating in one of the following options:
1. One annual physical exam with full lab panel - Participants must complete a physical examination & lab panel with their healthcare provider and provide the necessary documents to MedExpert on the approved format-
 2. One annual physician exam or lab panel with appropriate documentation provided to MedExpert **and** you must follow up the lab results with two calls to MedExpert
- Each MedExpert call must include:
- a. Reviewing lab results;
 - b. Discussing preventative care or existing treatment plans;
 - c. Setting personal health goals – or-
3. Four qualifying conversations with MedExpert.
 - a. Must have four untimed personal health calls with MedExpert. Discussing preventative care or existing treatment plans;
 - b. Setting personal health goals.

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
ACTIVE HEALTH PLAN
AMENDMENT NO. 12
(Continued)

C. HRA Wellness Program Eligibility

1. The qualifying period to complete the incentive program is January 1st through December 31st of each calendar year.
2. Participants who reach the goal through any of the options listed above will receive \$100 HRA wellness incentive. (Note: The HRA Wellness Incentive will reflect in the Participant's account, following the reporting of December contributions).
3. If you have any questions regarding the HRA Wellness Program, please contact MedExpert at 800-999-1999, Monday – Friday, 7AM – 7PM (PST). If you have questions about your eligibility for this benefit, please contact the Administrative Office at (800) 824-6935 or (323) 221-5861.

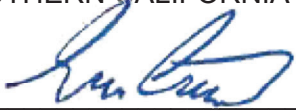
D. Exclusions

1. Dependent spouses or children are not eligible for the \$100 HRA wellness incentive.

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

Executed this 18 day of December 2025 at Pasadena, California.

BOARD OF TRUSTEES
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

By:  _____

Chairman – Eric Cartier

By:  _____

Secretary – Robert Corona