



SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants October 20, 2023

Dear Participant:

We are writing to inform you that the SPD will be amended to reflect changes in the Retiree Health Plan medical and prescription drug benefits effective **January 1, 2024**.

1. The United Healthcare (UHC) HMO and PPO plans for over age 65 retirees and their eligible spouses will be terminated and replaced with the Anthem Blue Cross Medicare Preferred PPO Plan.
2. The Board of Trustees made changes to the current HMO Plans for under age 65 retirees and their eligible spouses. Below is a summary of the changes that are being made to the Kaiser Permanente and United Healthcare HMO Plans.

UnitedHealthcare - Early Retirees

1. **Office Visit Copayments** – Increase the copayments from \$5 per visit to \$20 per visit for most primary care visits including urgent care.
2. **Prescription Drug Copayments** – Increase the prescription drug copayments from \$20 brand-name retail prescription up to a 31-day supply to \$30 per brand-name retail prescription up to a 31-day supply. Additionally, change the brand-name mail order service copayment from \$40 up to a 90-day supply to \$60 brand name through mail order service up to 90-day supply.

Kaiser Permanente- Early Retirees

1. **Hospital Admission and Outpatient Surgery Copayment** – Increase from \$0 per admission to \$250 per admission for hospital admission and from \$5 per procedure to \$250 per procedure for outpatient surgery.
2. **Ambulance Services** – Change from \$0 per trip to \$100 per trip.
3. **Emergency Room Services** – Change from \$5 per visit to \$100 per visit.
4. **Office Visit Copayments** – Increase from \$5 per visit to \$20 per visit for most primary care visits and \$25 per visit for most physician specialist visits, including infertility visit.
5. **Prescription Drug Copayments** – Increase the prescription drug copayments from \$0 per generic retail prescription up to a 100-day supply and \$10 brand-name prescription up to a 100-day supply to \$10 per generic retail prescription up to 30-day supply and \$30 per brand-name prescription up to a 30-day supply. Additionally, change the generic mail order service copayment from \$0 up to a 100-day supply and \$10 for brand-name mail-order service prescription up to a 100-day supply to \$20 generic per mail order service up to 100-day supply and \$60 brand name through mail order service up to 100-day supply.
6. **Mental Health Services Inpatient**– Increase the inpatient psychiatric care copayment from \$0 per admission to \$250 per admission.
7. **Mental Health Outpatient** – Increase the outpatient individual therapy visit from \$5 per visit to \$20 per visit and the outpatient group visit from \$2 per visit to \$10 per visit.



SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

- 8. **Chemical Dependency Services Inpatient** – Increase the inpatient chemical dependency services copayment from \$0 per admission to \$250 per admission. Additionally, increase the Transitional Residential Recovery Services Copayment from \$0 per admission to \$100 per admission.
- 9. **Chemical Dependency Services Outpatient** – Increase the outpatient services copayment from \$5 per visit to \$20 per visit for individual visits and from \$2 per visit for group visits to \$5 per group visit.

NOW THEREFORE, effective **January 1, 2024**, the SPD is amended as follows:

Article 2, Summary of Benefits, Section 2.1, **Benefit Options** is amended as follows:

2.1 Benefit Options

2.1.2 Retirees Age 65 and Over (Enrolled in Medicare Parts A and B)

Southern California residents may choose Kaiser Permanente HMO or Anthem Blue Cross PPO. You must reside in the geographical jurisdiction as defined by the HMO to select Kaiser Permanente HMO. The only option available to participants who reside outside of Southern California area (for example: residents of Northern California or out-of-state) is Anthem Blue Cross Medicare Preferred PPO as listed below.

	Benefit Options	Prescription Drug Benefits
Option 1	Kaiser Permanente Senior Advantage HMO	Kaiser Permanente Senior Advantage Prescription Drug Plan
Option 2	Anthem Blue Cross Medicare Preferred PPO	Anthem Blue Cross Medicare Preferred PPO Prescription Drug Program

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

Article 2, Summary of Benefits, Section 2.2, Summary of Benefits Early Retirees (Under Age 62 and not eligible or enrolled in Medicare) is amended as follows:

2.2 Summary of Benefits

2.2.1 Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)

Summary of Benefits for Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)			
	Kaiser Permanente HMO (In Network Only)	UnitedHealthcare HMO (In Network Only)	Out-of-Area Plan UnitedHealthcare (In Network Benefits)
Member Customer Service Number	(800) 464-4000	(800) 624-8822	Northern California (800) 624-8822 Out-of-state (866)633-2446
Website	www.members.kp.org	www.myuhc.com	www.myuhc.com
General Features			
Calendar Year Deductible	None	None	\$500 per Individual \$1,000 per Family
Maximum Benefits	Unlimited	Unlimited	Unlimited
Annual Co-payment Maximum	\$1,500 per Individual, \$3,000 per Family	\$2,500 per Individual, \$5,000 per Family	\$4,500 per Individual, \$9,000 per Family
Hospital Benefits	\$250 co-payment per admission	\$250 co-payment per admission	80% after deductible has been met
Emergency Services <i>Co-payment waived if admitted</i>	\$100 co-payment	\$250 co-payment	\$100 co-payment; deductible does not apply
Urgently Needed Services <i>Medically Necessary services required outside geographic area service by Primary Medical Group</i>	\$20 co-payment	\$20 co-payment	\$50 co-payment; deductible does not apply
Pre-existing Conditions	All Medically Necessary conditions are covered provided they are a covered benefit		

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

Summary of Benefits for Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)			
	Kaiser Permanente HMO (In Network Only)	UnitedHealthcare HMO (In Network Only)	Out-of-Area Plan UnitedHealthcare (In Network Benefits)
Benefits Available While Hospitalized as an Inpatient			
Alcohol, Drug or Other Substance Abuse Detoxification	\$250 co-payment per admission	\$250 co-payment per admission	80% after deductible
Mental Health Services As required by law, coverage includes treatment for Severe Mental Illness of adults and the treatment of Serious Emotional Disturbance (SED).	\$250 co-payment per admission	\$250 co-payment per admission	80% after deductible
Physician Care	\$250 co-payment	No Charge	80% after deductible
Reconstructive Surgery	\$250 co-payment	\$250 co-payment	80% after deductible
Rehabilitative Care <i>Including physical, occupational and speech therapy</i>	\$250 co-payment	\$250 co-payment	\$20 co-payment
Skilled Nursing Facility <i>Up to 100 Consecutive Days from the first treatment per disability</i>	No Charge	\$250 co-payment	80% after deductible
Benefits Available on an Outpatient Basis			
Ambulance	\$100 per trip	No Charge	80% after deductible
Alcohol, Drug or Other Substance Abuse Detoxification	\$20 per visit per individual visit; \$5 co-payment per group visit	\$20 per visit	\$20 co-payment
Durable Medical Equipment	No Charge	No Charge	80% after deductible
Laboratory Services <i>When available through or authorized by PCP</i>	No Charge	No Charge	No Charge
Maternity Care, Tests Procedures	No Charge	No Charge	The amount you pay is based on where the covered service is provided.
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and the treatment of Serious Emotional Disturbance (SED).	\$20 per visit	\$25 per visit	80% after deductible

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

Summary of Benefits for Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)			
	Kaiser Permanente HMO (In Network Only)	UnitedHealthcare HMO (In Network Only)	Out-of-Area Plan UnitedHealthcare (In Network Benefits)
Outpatient Medical Rehabilitation Therapy at Participating Free Standing or Outpatient Surgery Facility	\$20 co-payment	\$20 co-payment	80% after deductible
Outpatient Surgery at Participating Free Standing or Outpatient Surgery Facility	\$250 co-payment per procedure	No Charge	80% after deductible
Preventive Care 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).	No Charge	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).	No Charge	No Charge	No Charge

Prescription Drugs			
	Kaiser HMO	UnitedHealthcare HMO *	Out-of-Area Plan UnitedHealthcare
Retail Pharmacy; Generic	\$10 co-payment Up to a 30-day supply	\$10 co-payment Up to a 31-day supply	\$10 co-payment Up to a 30-day supply
Retail Pharmacy; Brand – Formulary	\$30 co-payment Up to a 30-day supply	\$30 co-payment Up to a 31-day supply	\$25 co-payment Up to a 30-day supply
Retail Pharmacy – Brand – Non-Formulary	N/A	N/A	\$45 co-payment up to a 30-day supply
Mail Order; Generic	\$20 co-payment Up to a 100-day supply	\$20 co-payment Up to a 90-day supply	\$25 co-payment Up to a 90-day supply
Mail Order; Brand - Formulary	\$60 co-payment Up to a 100-day supply	\$60 co-payment Up to a 90-day supply	\$62.50 co-payment Up to a 90-day supply
Mail Order – Brand – Non-Formulary	N/A	N/A	\$112.50 co-payment Up to a 90-day supply

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

Article 2, Summary of Benefits, Section 2.2, Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A and B) is amended as follows:

2.2.2. Summary of Benefits for Medicare Eligible retirees (Enrolled in Medicare Parts A and B)

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO (In Network)
Member Customer Service Number	(800) 464-4000	(833) 848-8730
Website	www.kp.org	www.anthem.com/ca
General Features		
Calendar Year Deductible	None	None
Maximum Benefits	Unlimited	Unlimited
Annual Co-Payment Maximum	\$1,000 per individual	\$6,700
Hospital Benefits	No charge	No charge
Emergency Services <i>Co-payment waived if admitted</i>	\$5 co-payment	\$20 co-payment
Urgently Needed Services <i>Medically Necessary services required outside geographic area service by Primary Medical Group</i>	\$5 co-payment	\$10 co-payment
Pre-existing Conditions	All Medically Necessary conditions are covered provided they are a covered benefit.	
Inpatient Hospital Benefits		
Alcohol, Drug or Other Substance Abuse Detoxification	No Charge	No Charge
Mental Health Services <i>As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and the treatment of Serious Emotional Disturbance (SED)</i>	No Charge	No Charge
Physician Care	No Charge	No Charge

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO (In Network)
Reconstructive Surgery	No Charge	No Charge
Rehabilitative Care <i>Including physical, occupational and speech therapy</i>	No Charge	No Charge
Skilled Nursing Facility <i>Up to 100 Consecutive Days from the first treatment per disability</i>	No Charge	No Charge
Outpatient Benefits		
Alcohol, Drug or Other Substance Abuse Detoxification	\$5 per individual visit co-payment \$2 per group visit co-payment	\$10 co-payment
Ambulance	No Charge	\$50 per trip
Durable Medical Equipment	No Charge	5% co-payment
Mental Health Services <i>As required by law, coverage includes treatment for Severe Mental Illness of adults and the treatment of Serious Emotional Disturbance</i>	\$5 per individual visit co-payment \$2 per group visit co-payment	\$10 co-payment
Outpatient Medical Rehabilitation Therapy at a Participating Free-Standing or Outpatient Surgery Facility	\$5 co-payment	\$10 co-payment
Outpatient Surgery at a Participating Free-Standing or Outpatient Surgery Facility	\$5 co-payment	No Charge

**SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
Retiree Health Plan**

**Important Notice to Participants
(Continued)**

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO (In Network)
Periodic Health Evaluations <i>Physician, laboratory, radiology, and related services as recommended by the American Academy of Pediatrics, Advisory Committee on Immunization Practices and U.S. Preventive Services Task Force and authorized through the patient's primary care physician</i>	No Charge	No Charge
Well-Woman Care Office Visit <i>Includes PAP smear by PCP or an OB/GYN in Primary Medical Group and a referral by the Primary Medical Group for screening mammography as recommended by the U.S. Preventive Services Task Force</i>	\$5 co-payment	No Charge

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO (In Network)
Prescription Drugs		
Retail Pharmacy; Generic Drugs	\$5 co-payment Up to a 100-day supply	\$5 co-payment Up to a 30-day supply
Retail Pharmacy; Brand Retail Drugs	\$15 co-payment Up to a 100-day supply	\$15 co-payment Up to a 30-day supply
Mail Order; Generic Drugs	\$5 co-payment Up to a 100-day supply	\$10 co-payment Up to a 30-day supply
Mail Order; Brand Name Drugs	\$15 co-payment Up to a 100-day supply	\$30 co-payment Up to a 30-day supply

Article 3, Eligibility and Enrollment Requirements, Section 3.2, Dependent Coverage (Eligible Spouse), third paragraph is restated as follows:

“You and your Spouse must select the same coverage options. For example, if you select the Kaiser Permanente HMO plan, your Spouse must also enroll in the Kaiser Permanente HMO plan. In this example, if you are not Medicare-eligible and your Spouse is Medicare-eligible, your Spouse would be covered under the Kaiser Permanente Senior Advantage plan. However, if you are not Medicare-eligible enrolled in UnitedHealthcare or the Out of Area Plan (offered through UnitedHealthcare) and your Spouse is Medicare-eligible, your Spouse would be covered under the Anthem Medicare Preferred Plan.”

Article 4, Medical Coverage, Section 4.3, UnitedHealthcare HMO Plan is replaced, and restated as follows:

“4.3 UnitedHealthcare HMO Plan (Early Retirees)

The UnitedHealthcare HMO features a network of independent providers and facilities that contract with UnitedHealthcare to provide medical services to Eligible Participants. To be eligible for benefits, you must utilize providers and facilities that are contracted with the Retiree Health Plan’s UnitedHealthcare network.

Participants under age 65 will be covered under the UnitedHealthcare HMO with prescription drug coverage through the UnitedHealthcare HMO program.

To be eligible for coverage through the UnitedHealthcare HMO, you must live within a 30-mile radius of your primary care physician’s medical group. To find out if you live in the UnitedHealthcare service area, call (800) 624-8822 or go to www.uhc.com.”

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Retiree Health Plan

Important Notice to Participants (Continued)

Article 4, Medical Coverage, Section 4.4, **UnitedHealthcare Group Medicare Advantage – Out of Area Retiree Plan** is replaced in its entirety, and replaced as follows:

“4.4 Anthem Medicare Preferred Plan

Participants age 65 and over enrolled in Anthem Medicare Preferred Plan receive prescription drug benefits through Anthem Medicare Preferred Plan.

For complete and detailed information about the benefits, exclusions and limitations under the Anthem Medicare Preferred Plan, please refer to the Evidence of Coverage documents provided by Anthem Blue Cross. The Evidence of Coverage documents are available from the Administrative Office at no charge, or on www.scibew-neca.org.”

All references in the SPD appearing at Article 9: **Important Federal Laws** and elsewhere in the SPD are amended removing “UnitedHealthcare Group Medicare Advantage” and replaced with “Anthem Medicare Preferred Plan.”

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 Administrative Trust Funds Office if you would like to request a copy of the Plan document, SPD or any SMM relating to the Plan.

AMENDMENT NO. 8
TO THE
SUMMARY PLAN DESCRIPTION
OF THE
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND
RETIREE HEALTH PLAN

(As restated February 1, 2018)

This Amendment to the Southern California IBEW-NECA Health Trust Fund, Retiree Health Plan Summary Plan Description (“SPD”) 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 UnitedHealthcare (UHC) HMO and PPO plans for over age 65 retirees and their eligible spouses and the implementation of the Anthem Blue Cross Medicare Preferred PPO Plan effective January 1, 2024.
- B. The Board of Trustees wishes to amend the SPD to reflect the following changes to the United Healthcare and Kaiser Permanente HMO Plans for under age 65 early retirees and their under-age spouse, effective January 1, 2024. The changes are summarized below:

UnitedHealthcare - Early Retirees

- 1. **Office Visit Copayments** – Increase the copayments from \$5 per visit to \$20 per visit for most primary care visits including urgent care.
- 2. **Prescription Drug Copayments** – Increase the prescription drug copayments from \$20 brand-name retail prescription up to a 31-day supply to \$30 per brand-name retail prescription up to a 31-day supply. Additionally, change the brand-name mail order service copayment from \$40 up to a 90-day supply to \$60 brand name through mail order service up to 90-day supply.

Kaiser Permanente – Early Retirees

- 1. **Hospital Admission and Outpatient Surgery Copayment** – Increase from \$0 per admission to \$250 per admission for hospital admission and from \$5 per procedure to \$250 per procedure for outpatient surgery.
- 2. **Ambulance Services** – Change from \$0 per trip to \$100 per trip.
- 3. **Emergency Room Services** – Change from \$5 per visit to \$100 per visit.
- 4. **Office Visit Copayments** – Increase from \$5 per visit to \$20 per visit for most primary care visits and \$25 per visit for most physician specialist visits, including infertility visit.

AMENDMENT NO. 8

(Continued)

5. **Prescription Drug Copayments** – Increase the prescription drug copayments from \$0 per generic retail prescription up to a 100-day supply and \$10 brand-name prescription up to a 100-day supply to \$10 per generic retail prescription up to 30-day supply and \$30 per brand-name prescription up to a 30-day supply. Additionally, change the generic mail order service copayment from \$0 up to a 100-day supply and \$10 for brand-name mail-order service prescription up to a 100-day supply to \$20 generic per mail order service up to 100-day supply and \$60 brand name through mail order service up to 100-day supply.
6. **Mental Health Services Inpatient**– Increase the inpatient psychiatric care copayment from \$0 per admission to \$250 per admission.
7. **Mental Health Outpatient** – Increase the outpatient individual therapy visit from \$5 per visit to \$20 per visit and the outpatient group visit from \$2 per visit to \$10 per visit.
8. **Chemical Dependency Services Inpatient** – Increase the inpatient chemical dependency services copayment from \$0 per admission to \$250 per admission. Additionally, increase the Transitional Residential Recovery Services Copayment from \$0 per admission to \$100 per admission.
9. **Chemical Dependency Services Outpatient** – Increase the outpatient services copayment from \$5 per visit to \$20 per visit for individual visits and from \$2 per visit for group visits to \$5 per group visit.

C. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

NOW THEREFORE, effective **January 1, 2024**, the SPD is amended as follows:

Article 2, Summary of Benefits, Section 2.1, **Benefit Options** is amended as follows:

2.1 Benefit Options

2.1.2 Retirees Age 65 and Over (Enrolled in Medicare Parts A and B)

Southern California residents may choose Kaiser Permanente HMO or Anthem Blue Cross PPO. You must reside in the geographical jurisdiction as defined by the HMO to select Kaiser Permanente HMO. The only option available to participants who reside outside of the Southern California area (for example; residents of Northern California or out-of-state) is Anthem Blue Cross Medicare Preferred PPO listed below.

	Benefit Options	Prescription Drug Benefits
Option 1	Kaiser Permanente Senior Advantage HMO	Kaiser Permanente Senior Advantage Prescription Drug Plan
Option 2	Anthem Blue Cross Medicare Preferred PPO	Anthem Blue Cross Medicare Preferred PPO Prescription Drug Program

AMENDMENT NO. 8

(Continued)

Article 2, Summary of Benefits, Section 2.2., Summary of Benefits Early Retirees (Under Age 62 and not eligible or enrolled in Medicare) is amended as follows:

2.2 Summary of Benefits

2.2.1 Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)

Summary of Benefits for Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)			
	Kaiser Permanente HMO (In Network Only)	UnitedHealthcare HMO (In Network Only)	Out-of-Area Plan UnitedHealthcare (In Network Benefits)
Member Customer Service Number	(800) 464-4000	(800) 624-8822	Northern California (800) 624-8822 Out-of-state (866)633-2446
Website	www.members.kp.org	www.myuhc.com	www.myuhc.com
General Features			
Calendar Year Deductible	None	None	\$500 per Individual \$1,000 per Family
Maximum Benefits	Unlimited	Unlimited	Unlimited
Annual Co-payment Maximum	\$1,500 per Individual, \$3,000 per Family	\$2,500 per Individual, \$5,000 per Family	\$4,500 per Individual, \$9,000 per Family
Hospital Benefits	\$250 co-payment per admission	\$250 co-payment per admission	80% after deductible has been met
Emergency Services <i>Co-payment waived if admitted</i>	\$100 co-payment	\$250 co-payment	\$100 co-payment; deductible does not apply
Urgently Needed Services <i>Medically Necessary services required outside geographic area service by Primary Medical Group</i>	\$20 co-payment	\$20 co-payment	\$50 co-payment; deductible does not apply
Pre-existing Conditions	All Medically Necessary conditions are covered provided they are a covered benefit		

AMENDMENT NO. 8

(Continued)

Summary of Benefits for Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)			
	Kaiser Permanente HMO (In Network Only)	UnitedHealthcare HMO (In Network Only)	Out-of-Area Plan UnitedHealthcare (In Network Benefits)
Benefits Available While Hospitalized as an Inpatient			
Alcohol, Drug or Other Substance Abuse Detoxification	\$250 co-payment per admission	\$250 co-payment per admission	80% after deductible
Mental Health Services As required by law, coverage includes treatment for Severe Mental Illness of adults and the treatment of Serious Emotional Disturbance (SED).	\$250 co-payment per admission	\$250 co-payment per admission	80% after deductible
Physician Care	\$250 co-payment	No Charge	80% after deductible
Reconstructive Surgery	\$250 co-payment	\$250 co-payment	80% after deductible
Rehabilitative Care <i>Including physical, occupational and speech therapy</i>	\$250 co-payment	\$250 co-payment	\$20 co-payment
Skilled Nursing Facility <i>Up to 100 Consecutive Days from the first treatment per disability</i>	No Charge	\$250 co-payment	80% after deductible
Benefits Available on an Outpatient Basis			
Ambulance	\$100 per trip	No Charge	80% after deductible
Alcohol, Drug or Other Substance Abuse Detoxification	\$20 per visit per individual visit; \$5 co- payment per group visit	\$20 per visit	\$20 co-payment
Durable Medical Equipment	No Charge	No Charge	80% after deductible
Laboratory Services <i>When available through or authorized by PCP</i>	No Charge	No Charge	No Charge
Maternity Care, Tests Procedures	No Charge	No Charge	The amount you pay is based on where the covered service is provided.
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and the treatment of Serious Emotional Disturbance (SED).	\$20 per visit	\$25 per visit	80% after deductible

AMENDMENT NO. 8

(Continued)

Summary of Benefits for Early Retirees (Under Age 62 and not eligible or enrolled in Medicare)			
	Kaiser Permanente HMO (In Network Only)	UnitedHealthcare HMO (In Network Only)	Out-of-Area Plan UnitedHealthcare (In Network Benefits)
Outpatient Medical Rehabilitation Therapy at Participating Free Standing or Outpatient Surgery Facility	\$20 co-payment	\$20 co-payment	80% after deductible
Outpatient Surgery at Participating Free Standing or Outpatient Surgery Facility	\$250 co-payment per procedure	No Charge	80% after deductible
Preventive Care 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).	No Charge	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).	No Charge	No Charge	No Charge

Prescription Drugs			
	Kaiser HMO	UnitedHealthcare HMO *	Out-of-Area Plan UnitedHealthcare
Retail Pharmacy; Generic	\$10 co-payment Up to a 30-day supply	\$10 co-payment Up to a 31-day supply	\$10 co-payment Up to a 30-day supply
Retail Pharmacy; Brand – Formulary	\$30 co-payment Up to a 30-day supply	\$30 co-payment Up to a 31-day supply	\$25 co-payment Up to a 30-day supply
Retail Pharmacy – Brand – Non-Formulary	N/A	N/A	\$45 co-payment up to a 30-day supply
Mail Order; Generic	\$20 co-payment Up to a 100-day supply	\$20 co-payment Up to a 90-day supply	\$25 co-payment Up to a 90-day supply
Mail Order; Brand - Formulary	\$60 co-payment Up to a 100-day supply	\$60 co-payment Up to a 90-day supply	\$62.50 co-payment Up to a 90-day supply
Mail Order – Brand – Non-Formulary	N/A	N/A	\$112.50 co-payment Up to a 90-day supply

AMENDMENT NO. 8

(Continued)

Article 2, Summary of Benefits. Section 2.2, Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A and B) is amended as follows:

2.2.2. Summary of Benefits for Medicare Eligible retirees (Enrolled in Medicare Parts A and B)

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO
Member Customer Service Number	(800) 464-4000	(833) 848-8730
Website	www.kp.org	www.anthem.com
General Features		
Calendar Year Deductible	None	None
Maximum Benefits	Unlimited	Unlimited
Annual Co-Payment Maximum	\$1,000 per Individual	\$6,700
Hospital Benefits	No charge	No charge
Emergency Services <i>Co-payment waived if admitted</i>	\$5 co-payment	\$20 co-payment
Urgently Needed Services <i>Medically Necessary services required outside geographic area service by Primary Medical Group</i>	\$5 co-payment	\$10 co-payment
Pre-existing Conditions	All Medically Necessary conditions are covered provided they are a covered benefit.	
Inpatient Hospital Benefits		
Alcohol, Drug or Other Substance Abuse Detoxification	No Charge	No Charge
Mental Health Services <i>As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and the treatment of Serious Emotional Disturbance (SED)</i>	No Charge	No Charge
Physician Care	No Charge	No Charge
Reconstructive Surgery	No Charge	No Charge

AMENDMENT NO. 8

(Continued)

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO
Rehabilitative Care <i>Including physical, occupational and speech therapy</i>	No Charge	No Charge
Skilled Nursing Facility <i>Up to 100 Consecutive Days from the first treatment per disability</i>	No Charge	No Charge up
Outpatient Benefits		
Alcohol, Drug or Other Substance Abuse Detoxification	\$5 per individual visit co-payment \$2 per group visit co-payment	\$10 co-payment
Ambulance	No Charge	\$50 per trip
Durable Medical Equipment	No Charge	5% co-payment
Mental Health Services <i>As required by law, coverage includes treatment for Severe Mental Illness of adults and the treatment of Serious Emotional Disturbance</i>	\$5 per individual visit co-payment \$2 per group visit co-payment	\$10 co-payment
Outpatient Medical Rehabilitation Therapy at a Participating Free-Standing or Outpatient Surgery Facility	\$5 co-payment	\$10 co-payment
Outpatient Surgery at a Participating Free-Standing or Outpatient Surgery Facility	\$5 co-payment	No Charge
Periodic Health Evaluations <i>Physician, laboratory, radiology and related services as recommended by the American Academy of Pediatrics, Advisory Committee on Immunization Practices and U.S. Preventive Services Task Force and authorized through the patient's primary care physician</i>	No Charge	No Charge

AMENDMENT NO. 8

(Continued)

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO
Physician Office Visit	\$5 co-payment	\$10 co-payment
Well-Woman Care Office Visit <i>Includes PAP smear by PCP or an OB/GYN in Primary Medical Group and a referral by the Primary Medical Group for screening mammography as recommended by the U.S. Preventive Services Task Force</i>	\$5 co-payment	No Charge

AMENDMENT NO. 8

(Continued)

Summary of Benefits for Medicare Eligible Retirees (Enrolled in Medicare Parts A & B)		
	Kaiser Permanente Senior Advantage HMO	Anthem Blue Cross Medicare Preferred PPO
Prescription Drugs		
Retail Pharmacy; Generic Drugs	\$5 co-payment Up to a 100-day supply	\$5 co-payment Up to a 30-day supply
Retail Pharmacy; Brand Retail Drugs	\$15 co-payment Up to a 100-day supply	\$15 co-payment Up to a 30-day supply
Mail Order; Generic Drugs	\$5 co-payment Up to a 100-day supply	\$10 co-payment Up to a 30-day supply
Mail Order; Brand Name Drugs	\$15 co-payment Up to a 100-day supply	\$30 co-payment Up to a 30-day supply

Article 3, Eligibility and Enrollment Requirements, Section 3.2, Dependent Coverage (Eligible Spouse), third paragraph is restated as follows:

“You and your Spouse must select the same coverage options. For example, if you select the Kaiser Permanente HMO plan, your Spouse must also enroll in the Kaiser Permanente HMO plan. In this example, if you are not Medicare-eligible and your Spouse is Medicare-eligible, your Spouse would be covered under the Kaiser Permanente Senior Advantage plan. However, if you are not Medicare-eligible enrolled in UnitedHealthcare or the Out of Area Plan (offered through UnitedHealthcare) and your Spouse is Medicare-eligible, your Spouse would be covered under the Anthem Medicare Preferred Plan.”

Article 4, Medical Coverage, Section 4.3, UnitedHealthcare HMO Plan is replaced, and restated as follows:

“4.3 UnitedHealthcare HMO Plan (Early Retirees)

The UnitedHealthcare HMO features a network of independent providers and facilities that contract with UnitedHealthcare to provide medical services to Eligible Participants. To be eligible for benefits, you must utilize providers and facilities that are contracted with the Retiree Health Plan’s UnitedHealthcare network.

Participants under age 65 will be covered under the UnitedHealthcare HMO with prescription drug coverage through the UnitedHealthcare HMO program.

To be eligible for coverage through the UnitedHealthcare HMO, you must live within a 30-mile radius of your primary care physician’s medical group. To find out if you live in the UnitedHealthcare service area, call (800) 624-8822 or go to www.uhc.com.”

AMENDMENT NO. 8
(Continued)

Article 4, Medical Coverage, Section 4.4, **UnitedHealthcare Group Medicare Advantage – Out of Area Retiree Plan** is replaced in its entirety, and replaced as follows:

“4.4 Anthem Medicare Preferred Plan

Participants age 65 and over enrolled in Anthem Medicare Preferred Plan receive prescription drug benefits through Anthem Medicare Preferred Plan.

For complete and detailed information about the benefits, exclusions and limitations under the Anthem Medicare Preferred Plan, please refer to the Evidence of Coverage documents provided by Anthem Blue Cross. The Evidence of Coverage documents are available from the Administrative Office at no charge, or on www.scibew-neca.org.”

All references in the SPD appearing at Article 9: **Important Federal Laws** and elsewhere in the SPD are amended removing “UnitedHealthcare Group Medicare Advantage” and replaced with “Anthem Medicare Preferred Plan.”

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

Executed this 19th day of October 2023 at Pasadena, California.

BOARD OF TRUSTEES
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

By: Signature on File
Chairman – Joël Barton

By: Signature on File
Secretary – Jim Willson