

SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

Summary Plan Description Supplement

For Eligible Sound Unit 45% & 50% Apprentices/Participants and Their
Eligible Dependents



As of September 1, 2012

Este folleto contiene un resumen en Inglés de su plan de derechos y beneficios del Southern California IBEW-NECA Health Trust Fund para los participantes elegibles por ser 45-50% aprendizes de la unidad de sonido (“Sound Unit 45-50% Apprentices”). Si usted tiene dificultad para entender cualquier parte de este folleto, comuníquese con la Oficina Administrativa al 6023 Garfield Avenue, Commerce, California 90040. Las horas de servicio son de 9:00 AM a 5:00 PM de lunes a viernes. También puede llamar a la Oficina Administrativa al (800) 824-6935 ó al (323) 221-5861 para solicitar una copia del “Summary Plan Description” en Español.

Plan Benefits Available To You

▶ Hospital/Medical Benefit Options

- Alternate Kaiser Plan Only (See pages 5 & 6)

▶ Prescription Drug Benefit Options

- OptumRx (See pages 44 to 49 of the Active SPD)

▶ Life Insurance/AD&D Benefits

- Metropolitan Life Insurance Company (See pages 57 to 58 of the Active SPD)

NOTE:

Sound Unit 45%-50% Apprentices are not eligible for dental, vision, Body Scan, orthotics or any other benefits described in the Active SPD but not described in this SPD supplement.

Eligibility & General Plan Provisions

Sound Unit 45%-50% Apprentices

Eligibility – When Coverage Begins

The Board of Trustees recognizes that certain Sound Unit Apprentices (45% and 50%) receive contributions to the Plan at a substantially reduced contribution rate than that provided for other classifications of participants in the Plan, resulting in a significant pro-ration of those contributions which effectively prohibited the apprentice from ever gaining eligibility. The Board of Trustees has determined that it is the best interest of the Sound Unit Apprentices to create a **separate set of benefits provided exclusively through Kaiser** for such Sound Unit Apprentices, only. Therefore, effective for hours worked on or after February 1, 2012, these Sound Unit Apprentices will obtain eligibility for coverage through Kaiser only. Benefits provided to the Sound Unit 45%-50% Apprentices include medical benefits through the Alternate Kaiser Plan as set forth in the benefit summary appearing on pages 5-6 and in the Evidence of Coverage document, Prescription Drug coverage provided through OptumRx (see pages 44 to 49 of the Active SPD), and Life and Accidental Death and Dismemberment (AD&D) benefits provided through MetLife (see pages 57 to 58 of the Active SPD). None of the other benefits described in the Active SPD are available to eligible Sound Unit 45%-50% Apprentices and their Dependents but the non-benefit provisions of the Active SPD such as definitions of Dependents, COBRA rights and appeal rights are applicable.

To establish eligibility for coverage under this Plan, Sound Unit Apprentices must be reported for 100 hours per month for coverage, or have sufficient hours in his or her hours bank reserve plus reported hours **to establish eligibility**. Hours withdrawn from the Hours Bank Reserve to obtain the 100 hours reduces the Sound Unit 45%-50% Apprentices Hours Bank Reserve.

Hours reported for Sound Unit Apprentices do not create eligibility for the purposes of retiree health coverage or coverage under this Plan or the Southern California IBEW-NECA Retiree Health Plan.

Upon graduation to a 55% Sound Unit Apprentice level or higher, the hours remaining in the Hours Bank Reserve for the Alternate Kaiser Plan benefit set will be transferred to the Active Hours Bank Reserve. The Participant will be transferred to the Active Kaiser HMO Plan of benefits and will remain enrolled in that plan for a minimum of 12 months. The participant will receive documentation from the Administrative Office regarding the additional benefits available at the time of transfer to the Active Kaiser HMO Plan.

Eligibility for coverage for Active Employees is based on your working a certain minimum number of hours as explained below with one or more Employers who actually make Contributions to the Fund on your hours of employment.

Even if an Employee's Hours Bank Reserve contains sufficient hours for initial eligibility, the only benefit an employee will have until he or she completes an enrollment form for the Alternate Kaiser Plan will be life insurance. Even if the employee fails to return the enrollment forms to the Administrative Office in a timely fashion, the employee's Hour Bank Reserve will be charged as if the employee has completed all the steps required for enrollment in the benefits offered by the Plan. However, the employee will have no actual coverage (except for life insurance) until the employee has completed all the steps required for enrollment in benefits offered by the Plan. The employee's failure to take appropriate action in enrolling for benefits will cause a reduction in the employee's Hours Bank Reserve without providing the employee with benefits or coverage, which would exist if the employee enrolled in the benefit available to him or her on a timely basis.

Important: Note sections titled, "Hours Bank Reserve Termination" and "Cancellation of Eligibility & Termination of Hours Bank Reserve" contained in the *Summary Plan Description* for Eligible Active Participants and Their Eligible Dependents.

Working Sound Unit 45%-50% Apprentices

You will be eligible for benefits under the Southern California IBEW-NECA Health Trust Fund the first day of the third month, following receipt of 100 hours of contributions at the rate established from time to time by the Ninth District Sound & Communications Agreement (Local 11 area) on your behalf within four consecutive months. The process is shown by the following examples:

Example 1 – You work 100 hours in January and the employer(s) reported and paid contributions in February. You will be eligible for benefits on May 1st.

Example 2 – You work 25 hours in January, February, March and April and the employer(s) reported and paid the contributions in February, March, April and May. By the end of May you have worked 100 hours and the contributions have been received on your behalf, and you will be eligible for coverage August 1st.

If you do not achieve eligibility within a 4 consecutive month period your then accrued hours shall be cancelled. This process is shown by the following example:

Example – In January, February, March and April you work 24 hours in each month. Your employer(s) reported and paid all contributions in February, March, April and May. You have no other hours in your Hours Bank Reserve. Because your total hours do not equal 100 hours in a four consecutive month period you did not achieve eligibility and the oldest month’s hours are cancelled. The new 4-month period to accumulate hours for eligibility in the above example will be the work months of February, March, April, and May.

The chart sets forth below reflects ongoing eligibility based upon hours worked in particular months.

For Example: 100 Hours Worked In	Gives Eligibility In
July	November
August	December
September	January
October	February
November	March
December	April
January	May
February	June
March	July
April	August
May	September
June	October

The foregoing chart presumes that the contributions for the hours you worked are actually received by the Southern California IBEW-NECA Health Trust Fund. Contributions must be received in order for eligibility to be provided.

All reciprocal Contributions received by this Trust Fund more than 3 calendar months from the close of the month in which the hours were actually worked shall be credited as Hours Worked 3 calendar months prior to

the month in which the Contributions are received rather than the month in which the hours are worked. However, the hours will be applied to the month in which the hours were actually worked if doing so would provide eligibility by work hours for a month for which a COBRA continuation of coverage payment was made and that COBRA continuation payment shall be refunded.

**Example: Hours Worked in January and received in April would be credited as worked in January.
Hours Worked in January and received in May would be credited as worked in February.**

Southern California IBEW-NECA Health Trust Fund
CID# 101155
Apprentices

**Principal Benefits for
Kaiser Permanente Traditional Plan**

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Southern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member)	\$1,500 per calendar year
For any one Member in a Family of two or more Members	\$1,500 per calendar year
For an entire Family of two or more Members	\$3,000 per calendar year

Deductible or Lifetime Maximum None

Professional Services (Plan Provider office visits)

You Pay

Most primary and specialty care consultations, exams, and treatment	\$25 per visit
Routine physical maintenance exams	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling	No charge
Scheduled prenatal care exams and first postpartum follow-up consultation and exam...	No charge
Eye exams for refraction	No charge
Hearing exams	No charge
Urgent care consultations, exams, and treatment.....	\$25 per visit
Physical, occupational, and speech therapy	\$25 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures.....	\$250 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests	No charge
Health education:	
Covered individual health education counseling	No charge
Covered health education programs.....	No charge

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$500 per admission
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Emergency Health Coverage

You Pay

Emergency Department visits	\$100 per visit
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Note: This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Sharing).

Ambulance Services

You Pay

Ambulance Services.....	\$50 per trip
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Prescription Drug Coverage

You Pay

The outpatient prescription drugs listed in the <i>EOC</i> in accord with our drug formulary guidelines at Plan Pharmacies or through our mail-order service (most outpatient prescription drugs are not covered).....	\$15 for up to a 30-day supply, \$30 for a 31- to 60-day supply, or \$45 for a 61- to 100-day supply for base drugs only
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Durable Medical Equipment

You Pay

Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines.....	No charge
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Mental Health Services

You Pay

Inpatient psychiatric hospitalization	\$500 per admission
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Individual outpatient mental health evaluation and treatment	\$25 per visit
Group outpatient mental health treatment.....	\$12 per visit
Chemical Dependency Services	You Pay
Inpatient detoxification	\$500 per admission
Individual outpatient chemical dependency evaluation and treatment.....	\$25 per visit
Group outpatient chemical dependency treatment	\$5 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per calendar year)	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Covered external prosthetic devices, orthotic devices, and ostomy and urological supplies.....	No charge
Hospice care.....	No charge

NOTE:

The benefits chart above is only a representative summary of the coverage and benefits available under the Alternate Kaiser Plan for the Sound Unit 45%-50% Apprentices. It does not fully describe the coverage and benefits.

For details on your coverage and benefits, please refer to the *Evidence of Coverage* document. The *Evidence of Coverage* document is the legal document that describes the benefits, limitations, exclusions, and other coverage provisions provided by the HMO to its members. The current *Evidence of Coverage* document is available directly from Kaiser, as well as from the Administrative Office, upon request.

- A Kaiser physician must determine that the services and supplies are medically necessary to prevent, diagnose, or treat a medical condition. The services and supplies must be provided, prescribed, authorized, or directed by a Kaiser physician. You must receive the services and supplies at a Kaiser facility, except where specifically noted to the contrary in the respective HMO’s *Evidence of Coverage* document.
- For details on the benefit and claim review and adjudication procedures, please refer to the *Evidence of Coverage* document or contact Kaiser’s Membership Services Department at 1-800-464-4000.