

AMENDMENT NO. 1  
TO THE  
SUMMARY PLAN DESCRIPTION  
OF THE  
SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND  
RESTATED AS OF SEPTEMBER 1, 2017

This Amendment to the Southern California IBEW-NECA Health Trust Fund Summary Plan Description (“SPD”) For Eligible Active Participants and the Eligible Dependents restated as of September 1, 2017, 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 an increase in the United Concordia Preferred Provider Organization (PPO) plan individual Annual Maximum from \$2,000 non-network/\$2,500 network to \$5,000 for all providers (network and non-network).
- B. The Board of Trustees has reserved to themselves the ability to amend the SPD from time to time.

NOW THEREFORE, effective January 1, 2018, the SPD is amended as follows:

- 1. The table appearing on Section 9.1 at page 51 is replaced with the following table:

Dental Provider Name	United Concordia	Cigna	DeltaCare	United Concordia
Plan Type	PPO	DHMO	DHMO	DHMO
Member Customer Service	(800) 332-0366	(800) CIGNA-24	(800) 422-4234	(866) 357-3304
Website Address	unitedconcordia.com	cigna.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	In-Network Only
Annual deductible				
Per individual	\$0/\$25	N/A	N/A	N/A
Per family	\$0/\$75	N/A	N/A	N/A
Annual Maximum <i>Waived for diagnostic and preventive; Annual Maximum applies to combination of in-network and non-network providers</i>				
Per individual	\$5,000	N/A	N/A	N/A
Per family	N/A	N/A	N/A	N/A

<b>Diagnostic/Preventive</b> <i>X-rays, exams, cleanings</i>	0%/0%, plus balance billing	\$0	\$0	\$0
<b>Basic</b> <i>Fillings, sealants, oral surgery, root canals</i>	5%/20% plus balance billing	\$0 - \$430	\$0 - \$220	\$0 (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	\$12 - \$725	\$0 - \$195, implants not covered	\$0 (for metal crowns and bridges)
<b>Orthodontics</b> <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	\$50 - 2,328	\$800 - \$1,150	\$1,500 - \$2,000, startup and retention charges not noted
<b>Emergency Services</b> <i>Emergency exam</i>	0%/0% plus balance billing	\$0-\$68	\$5	\$0

2. All other terms and conditions of the Plan shall remain in full force and effect.

Executed this 19<sup>th</sup> day of October, 2017 at Commerce, California.

BOARD OF TRUSTEES  
SOUTHERN CALIFORNIA IBEW-NECA  
HEALTH TRUST FUND

By: \_\_\_\_\_  
Chairman – Marvin Kropke

By: \_\_\_\_\_  
Secretary – Jim Willson