

# SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

## Retiree Health Plan

### Important Notice to Participants

February 2019

Dear Participant:

We are pleased to inform you that effective **March 1, 2019**, the Kaiser Permanente Vision Benefit will increase the frame and contact lenses allowance for disabled retirees who commenced retirement prior to April 1, 2017. The Kaiser Permanente allowance will be increased from \$100 to \$150.

As a result, the table on Section 8.4, Vision Co-Payments and Schedule of Benefits, of the February 1, 2018 Retiree Health Plan Summary Plan Description is replaced with the following table:

Kaiser Vision Plan	
Vision Benefit	Co-pay/Allowance
Eye refraction exams to determine the need for vision correction and to provide a prescription for eyeglasses	\$5 per visit
Regular plastic eyeglass lenses every 24 months	\$150 Allowance*
An eyeglass frame every 24 months	
Medically necessary contact lenses	No charge

*\*An allowance is the total expenses of an item that is covered. If the cost of the item you select exceeds the allowance, you must pay the difference.*

***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.***