



## SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND Active Health Plan

### Important Notice to Participants November 1, 2023

Dear Participant:

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

- A. The hours requirement for initial and reinstatement of eligibility increased from 115 to 120 effective January 1, 2024 work month, as well as to increase the Hours Bank Reserve maximum from 690 to 720.
- B. The COBRA subsidy benefit will be terminated with the January 1, 2024 eligibility month.
- C. The Anthem Blue Cross PPO Plan will be terminated and replaced by the Blue Shield PPO Plan with no benefit changes to the medical or prescription drug benefits.
- D. The Board of Trustees made changes to the Kaiser Permanente and United Healthcare HMO Plans. Below is a summary of the changes being made to the Kaiser Permanente and United Healthcare HMO Plans.

#### UnitedHealthcare

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

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.
  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.
- E. All references in the SPD appearing at **Article 3, General Plan Definitions, Article 4, Eligibility and General Plan Provisions, Article 17, Disclosure Information**, and elsewhere in the SPD are amended to replace the eligibility requirement of “115 hours” to “120 hours”, and the Hours Bank Reserve not to exceed from “690 hours” to “720 hours”.
- F. **Article 4, subsection 4.2, Example 2** is amended by providing clarification to the example provided as follows:
- Example 2:** You work 30 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 120 hours and the contributions have been received on your behalf, and you will be eligible for coverage August 1st.
- G. All references to the “Anthem Blue Cross PPO” plan will be deleted and replaced by “Blue Shield PPO Plan” throughout the SPD.
- H. **Article 16, Nine Federal Laws You Should Know About**, Section 16.1.B, **Subsidized COBRA**, is deleted in its entirety effective January 1, 2024 eligibility month.
- I. All references to the “subsidized COBRA” will be deleted throughout the SPD.

- J. The table on Article 6, Subsection 6.1, **Medical and Prescription Benefits Comparison: Blue Shield, Kaiser Permanente and UnitedHealthcare** is replaced with the following table:

<b>Comparison of Medical/Prescription Plan Offerings</b>				
<p>This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at <a href="http://www.scibew-neca.org">www.scibew-neca.org</a>.</p>				
Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only
Member Customer Service Number	(855) 599-2650		(800) 464-4000	(800) 624-8822
Website	<a href="http://www.blueshieldca.com/pponetwork">www.blueshieldca.com/pponetwork</a>		<a href="http://www.members.kp.org">www.members.kp.org</a>	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>General Features</b>				
Calendar Year Deductible	\$1,000 per individual, \$3,000 per Family		None	None
Maximum Benefits	Unlimited		Unlimited	Unlimited
Annual Co-payment Maximum	\$2,500 per individual, \$5,000 per family		\$1,500 per Individual, \$3,000 per family	\$2,500 per Individual. \$5,000 per family
Hospital Benefits	10% co-payment. Hospital Pre-Certification Required.	30% co-payment, additional \$200 deductible for non-Blue Shield PPO Hospital or Residential Treatment Center. Hospital Precertification Required. <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Emergency Services <i>Co-payment waived if admitted</i>	10% co-payment <sup>1</sup>	10% co-payment. <sup>2</sup>	\$100 co-payment	\$250 co-payment
Urgently Needed Services <i>Medically Necessary services required outside geographic area service by Primary Medical Group</i>	10% co-payment <sup>1</sup>	30% co-payment. <sup>2</sup>	\$20 co-payment	\$20 co-payment
Preexisting Conditions	All Medically Necessary conditions are covered, provided they are a covered benefit.			
<b>Benefits Available While Hospitalized as an Inpatient</b>				
Alcohol, Drug or Other Substance Abuse Detoxification	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Newborn Care	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	No Charge	No Charge

**Comparison of Medical/Prescription Plan Offerings**

This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at [www.scibew-neca.org](http://www.scibew-neca.org).

Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only
Reconstructive Surgery	10% co-payment <sup>1</sup>	30%co-payment <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Rehabilitative Care (including physical, occupational and speech therapy)	10% co-payment. Must obtain prior approval. <sup>1</sup>	30% co-payment (Up to \$35 max benefit per visit.) <sup>2</sup>	\$250 co-payment per hospital admission	\$250 co-payment per admission
Skilled Nursing <i>Up to 100 Consecutive Days from the first treatment per disability</i>	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	\$250 co-payment per admission
Voluntary Termination of Pregnancy (Medical, Medication and surgical)	No Charge	No Charge	No Charge	No Charge
Benefits Available on an Outpatient Basis				
Ambulance	10% co-payment <sup>1</sup>	10% co-payment <sup>2</sup>	\$100 per trip	No Charge
Alcohol, Drug, or Other Substance Abuse Services	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$20 co-payment per individual visit; \$5 co-payment per group visit	\$20 per visit
Durable Medical Equipment	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge
Durable Medical Equipment for the Treatment of Pediatric Asthma (includes nebulizer, peak flow meters, face masks and tubing for Medically Necessary Treatment of Pediatric Asthma of dependent children under the age of 19)	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge
Immunizations (For Children Under two (2) years of age, refer to well-baby care)	No Charge	30% co-payment <sup>2</sup>	No Charge	No Charge
Laboratory Services (When available through or authorized by PCP)	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge
Maternity Care, Tests Procedures	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge

**Comparison of Medical/Prescription Plan Offerings**

This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at [www.scibew-neca.org](http://www.scibew-neca.org).

Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$20 per visit	\$25 per visit
Physician Office Visits and Specialty Office Visits	10% co-payment. <sup>1</sup>	30% co-payment <sup>2</sup>	Office Visit \$20 co-payment; Specialty Visit \$25 co-payment	Office Visit \$20 co-payment; Specialty Visit \$25 co-payment
Outpatient Medical Rehabilitation Therapy at Participating Free Standing or Outpatient Surgery Facility	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$20 co-payment	\$20 co-payment
Outpatient Surgery at Participating Free Standing or Outpatient Surgery Facility	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	\$250 co-payment	No Charge
<b>Preventive Care</b> 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 <sup>1</sup>	30% co-payment <sup>2</sup>	No Charge	No Charge

**Comparison of Medical/Prescription Plan Offerings**

This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at [www.scibew-neca.org](http://www.scibew-neca.org).

Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only
Well-Baby Care (Preventive health service, including immunizations as recommended by the American Academy of Pediatrics (AA), Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Care Task Force and authorized through PCP for children).	No Charge. <sup>1</sup>	30% co-payment <sup>2</sup>	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. <sup>1</sup>	30% co-payment <sup>2</sup>	No Charge	No Charge

1. Subject to the annual deductible.
2. Subject to the annual deductible and balance billing.

**Prescription Drugs Available on an Outpatient Basis:**

You must use a generic drug substitute whenever it is available. If you or your doctor requests a brand-name drug instead of a generic equivalent, you will be charged the difference in cost between the brand-name drug and the generic, in addition to the co-payment applicable to the quantity and type of drug prescribed. The co-payments, which vary depending on the type of drug prescribed and the quantity dispensed, are detailed below:

Retail Pharmacy; Tier 1 (except Kaiser, Tier 1 represents mostly generic drugs and some brand name drugs)	\$10 up to a 30-day supply	\$10 up to a 30-day supply <sup>1</sup>	\$10 up to a 30-day supply for generic drugs	\$10 up to a 31-day supply
Retail Pharmacy; Tier 2 (except Kaiser, Tier 2 represents mostly brand drugs and some generic name drugs)	\$20 up to a 30-day supply	\$20 up to a 30-day supply <sup>1</sup>	\$30 up to a 30-day supply for brand name drugs	\$30 up to a 31-day supply
Mail Order; Tier 1 (except Kaiser, mostly generic drugs and some brand name drugs)	\$20 up to a 90-day supply	N/A	\$20 up to a 100-day supply for generic drugs	\$20 up to a 90-day supply
Mail Order; Tier 2 (except Kaiser, mostly brand drugs and some generic name drugs)	\$40 up to a 90-day supply	N/A	\$60 up to a 100-day supply for brand name drugs	\$60 up to a 90-day supply

**Comparison of Medical/Prescription Plan Offerings**

This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at [www.scibew-neca.org](http://www.scibew-neca.org).

Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only

1. Blue Shield PPO non-network pharmacy claims -You must file a claim to be reimbursed for your drugs within 15 months of the purchase. This option is intended for emergencies or when travelling only. Reimbursement is limited based on the price you paid for the prescription.

All other terms and conditions of the Summary Plan Description and Plan Document, 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. 3**  
**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”) 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 changes in the hours requirement for initial and reinstatement of eligibility from 115 to 120 effective with the January 1, 2024 work month, as well as to increase the Hours Bank Reserve maximum from 690 to 720.
- B. The Board of Trustees also wishes to amend the SPD to reflect the termination of the COBRA subsidy benefit effective with the January 1, 2024 eligibility month.
- C. The Board of Trustees wishes to amend the SPD to reflect the termination of Anthem Blue Cross PPO Plan and implementation of the Blue Shield PPO plan with status quo benefits effective January 1, 2024.
- D. The Board of Trustees wishes to amend the SPD to reflect changes to the Kaiser and UnitedHealthcare HMO Plans effective January 1, 2024 outlined below.

**UnitedHealthcare**

- 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**

- 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, including urgent care, and \$25 per visit for most physician specialist visits, including infertility visit.



**SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND**  
**ACTIVE HEALTH PLAN**  
**AMENDMENT NO. 3**  
**(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.
- E. 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:

1. All references in the SPD appearing at **Article 3, General Plan Definitions, Article 4, Eligibility and General Plan Provisions, Article 17, Disclosure Information**, and elsewhere in the SPD are amended to replace the eligibility requirement of “115 hours” to “120 hours”, and the Hours Bank Reserve not to exceed from “690 hours” to “720 hours”.
2. **Article 4, subsection 4.2, Example 2** is amended by providing clarification to the example provided as follows:

**Example 2:** You work 30 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 120 hours and the contributions have been received on your behalf, and you will be eligible for coverage August 1st.
3. All references to the “Anthem Blue Cross PPO” plan will be deleted and replaced by “Blue Shield PPO Plan” throughout the SPD.
4. **Article 16, Nine Federal Laws You Should Know About**, Section 16.1.B, **Subsidized COBRA**, is deleted in its entirety effective January 1, 2024 eligibility month.
5. All references to the “subsidized COBRA” will be deleted throughout the SPD.

**SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND**

**ACTIVE HEALTH PLAN**

**AMENDMENT NO. 3**

**(Continued)**

6. **Article 6, Comparison of Blue Shield PPO, Kaiser Permanente HMO and UnitedHealthcare HMO Medical/Prescription Plans, Section 6.1, Medical and Prescription Benefits Comparison: Blue Shield PPO, Kaiser Permanente and UnitedHealthcare** is amended as follows:

**Medical and Prescription Benefits Comparison: Blue Shield PPO, Kaiser Permanente and UnitedHealthcare**

<b>Comparison of Medical/Prescription Plan Offerings</b>				
This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at <a href="http://www.scibew-neca.org">www.scibew-neca.org</a> .				
Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only
Member Customer Service Number	(855) 599-2650		(800) 464-4000	(800) 624-8822
Website	<a href="http://www.blueshieldca.com/pponetwork">www.blueshieldca.com/pponetwork</a>		<a href="http://www.members.kp.org">www.members.kp.org</a>	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>General Features</b>				
Calendar Year Deductible	\$1,000 per individual, \$3,000 per Family		None	None
Maximum Benefits	Unlimited		Unlimited	Unlimited
Annual Co-payment Maximum	\$2,500 per individual, \$5,000 per family		\$1,500 per Individual, \$3,000 per family	\$2,500 per Individual. \$5,000 per family
Hospital Benefits	10% co-payment. Hospital Pre-Certification Required.	30% co-payment, additional \$200 deductible for non-Blue Shield PPO Hospital or Residential Treatment Center. Hospital Precertification Required. <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Emergency Services <i>Co-payment waived if admitted</i>	10% co-payment <sup>1</sup>	10% co-payment. <sup>2</sup>	\$100 co-payment	\$250 co-payment
Urgently Needed Services <i>Medically Necessary services required outside geographic area service by Primary Medical Group</i>	10% co-payment <sup>1</sup>	30% co-payment. <sup>2</sup>	\$20 co-payment	\$20 co-payment
Preexisting Conditions	All Medically Necessary conditions are covered, provided they are a covered benefit.			

**SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND**

**ACTIVE HEALTH PLAN**

**AMENDMENT NO. 3**

**(Continued)**

<b>Comparison of Medical/Prescription Plan Offerings</b>				
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Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only
<b>Benefits Available While Hospitalized as an Inpatient</b>				
Alcohol, Drug or Other Substance Abuse Detoxification	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED)).	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Newborn Care	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	No Charge	No Charge
Reconstructive Surgery	10% co-payment <sup>1</sup>	30%co-payment <sup>2</sup>	\$250 co-payment per admission	\$250 co-payment per admission
Rehabilitative Care (including physical, occupational and speech therapy)	10% co-payment. Must obtain prior approval. <sup>1</sup>	30% co-payment (Up to \$35 max benefit per visit.) <sup>2</sup>	\$250 co-payment per hospital admission	\$250 co-payment per admission
Skilled Nursing <i>Up to 100 Consecutive Days from the first treatment per disability</i>	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	\$250 co-payment per admission
Voluntary Termination of Pregnancy (Medical, Medication and surgical)	No Charge	No Charge	No Charge	No Charge
<b>Benefits Available on an Outpatient Basis</b>				
Ambulance	10% co-payment <sup>1</sup>	10% co-payment <sup>2</sup>	\$100 per trip	No Charge
Alcohol, Drug, or Other Substance Abuse Services	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$20 co-payment per individual visit; \$5 co-payment per group visit	\$20 per visit
Durable Medical Equipment	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge

**SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND**

**ACTIVE HEALTH PLAN**

**AMENDMENT NO. 3**

**(Continued)**

<b>Comparison of Medical/Prescription Plan Offerings</b>				
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<b>Vendor</b>	<b>Blue Shield PPO</b>		<b>Kaiser Permanente HMO</b>	<b>UnitedHealthcare HMO</b>
	<b>In Network</b>	<b>Out-of-Network</b>	<b>In Network Only</b>	<b>In Network Only</b>
Durable Medical Equipment for the Treatment of Pediatric Asthma (includes nebulizer, peak flow meters, face masks and tubing for Medically Necessary Treatment of Pediatric Asthma of dependent children under the age of 19)	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge
Immunizations (For Children Under two (2) years of age, refer to well-baby care)	No Charge	30% co-payment <sup>2</sup>	No Charge	No Charge
Laboratory Services (When available through or authorized by PCP)	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge
Maternity Care, Tests Procedures	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	No Charge	No Charge
Mental Health Services (As required by law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance (SED).	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$20 per visit	\$25 per visit
Physician Office Visits and Specialty Office Visits	10% co-payment. <sup>1</sup>	30% co-payment <sup>2</sup>	Office Visit \$20 co-payment; Specialty Visit \$25 co-payment	Office Visit \$20 co-payment; Specialty Visit \$25 co-payment
Outpatient Medical Rehabilitation Therapy at Participating Free Standing or Outpatient Surgery Facility	10% co-payment <sup>1</sup>	30% co-payment <sup>2</sup>	\$20 co-payment	\$20 co-payment

**SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND**

**ACTIVE HEALTH PLAN**

**AMENDMENT NO. 3**

**(Continued)**

<b>Comparison of Medical/Prescription Plan Offerings</b>				
<p>This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at <a href="http://www.scibew-neca.org">www.scibew-neca.org</a>.</p>				
<b>Vendor</b>	<b>Blue Shield PPO</b>		<b>Kaiser Permanente HMO</b>	<b>UnitedHealthcare HMO</b>
	<b>In Network</b>	<b>Out-of-Network</b>	<b>In Network Only</b>	<b>In Network Only</b>
Outpatient Surgery at Participating Free Standing or Outpatient Surgery Facility	10% co-payment. <sup>1</sup>	30% co-payment. <sup>2</sup>	\$250 co-payment	No Charge
<b>Preventive Care</b> 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 <sup>1</sup>	30% co-payment <sup>2</sup>	No Charge	No Charge
Well-Baby Care (Preventive health service, including immunizations as recommended by the American Academy of Pediatrics (AA), Advisory Committee on Immunization Practices (ACIP) and U.S. Preventive Care Task Force and authorized through PCP for children).	No Charge. <sup>1</sup>	30% co-payment <sup>2</sup>	No Charge	No Charge

# SOUTHERN CALIFORNIA IBEW-NECA HEALTH TRUST FUND

## ACTIVE HEALTH PLAN

### AMENDMENT NO. 3

(Continued)

Comparison of Medical/Prescription Plan Offerings				
<p>This is only a summary of the benefits available to you under the Blue Shield PPO Plan and the Kaiser and UnitedHealthcare HMO Plans. For a complete description of the respective PPO or HMO's benefits, please refer to the carrier's EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT. The EVIDENCE OF COVERAGE AND DISCLOSURE DOCUMENT is the legal document that describes the benefits, exclusions and limitations and other coverage provisions including claims appeals, claims review and adjudication procedures. Additionally, the Summary of Benefits and Coverage (SBC) are available, routinely distributed and appear on the Trust Funds' website at <a href="http://www.scibew-neca.org">www.scibew-neca.org</a>.</p>				
Vendor	Blue Shield PPO		Kaiser Permanente HMO	UnitedHealthcare HMO
	In Network	Out-of-Network	In Network Only	In Network Only
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. <sup>1</sup>	30% co-payment <sup>2</sup>	No Charge	No Charge
1. Subject to the annual deductible. 2. Subject to the annual deductible and balance billing.				
<b>Prescription Drugs Available on an Outpatient Basis:</b> You must use a generic drug substitute whenever it is available. If you or your doctor requests a brand-name drug instead of a generic equivalent, you will be charged the difference in cost between the brand-name drug and the generic, in addition to the co-payment applicable to the quantity and type of drug prescribed. The co-payments, which vary depending on the type of drug prescribed and the quantity dispensed, are detailed below:				
Retail Pharmacy; Tier 1 (except Kaiser, Tier 1 represents mostly generic drugs and some brand name drugs)	\$10 up to a 30-day supply	\$10 up to a 30-day supply <sup>1</sup>	\$10 up to a 30-day supply for generic drugs	\$10 up to a 31-day supply
Retail Pharmacy; Tier 2 (except Kaiser, Tier 2 represents mostly brand drugs and some generic name drugs)	\$20 up to a 30-day supply	\$20 up to a 30-day supply <sup>1</sup>	\$30 up to a 30-day supply for brand name drugs	\$30 up to a 31-day supply
Mail Order; Tier 1 (except Kaiser, mostly generic drugs and some brand name drugs)	\$20 up to a 90-day supply	N/A	\$20 up to a 100-day supply for generic drugs	\$20 up to a 90-day supply
Mail Order; Tier 2 (except Kaiser, mostly brand drugs and some generic name drugs)	\$40 up to a 90-day supply	N/A	\$60 up to a 100-day supply for brand name drugs	\$60 up to a 90-day supply
1. Blue Shield PPO non-network pharmacy claims -You must file a claim to be reimbursed for your drugs within 15 months of the purchase. This option is intended for emergencies or when travelling only. Reimbursement is limited based on the price you paid for the prescription.				

