



LOCAL UNION 617
INTERNATIONAL BROTHERHOOD
OF ELECTRICAL WORKERS

SAN MATEO COUNTY

ELECTRICAL WORKERS JOINT TRUST FUNDS

SAN MATEO COUNTY ELECTRICAL WORKERS HEALTH PLAN

P.O. Box 5057

San Jose, CA 95150-5057

Telephone: (408) 288-4400



SAN MATEO COUNTY CHAPTER
NATIONAL ELECTRICAL
CONTRACTORS ASSOCIATION

APRIL 2025

PLEASE READ CAREFULLY

ANNUAL OPEN ENROLLMENT PLAN SELECTION FOR ACTIVE PARTICIPANTS

- The annual open enrollment period is being held now for an effective date of change as of June 1, 2025.
- The Self-funded PPO Medical Plan summary of benefits is attached. **Please note that preventative benefits are paid at 100% if using an Anthem Blue Cross Provider. Please further note preventative services received out-of-network will remain at 40% coinsurance (after deductible).**
- A summary of benefits is enclosed for the Kaiser Health Maintenance Organization ("HMO") Health Plan. **There are no changes to the Kaiser HMO Health Plan this year.**
- If you are interested in the **Kaiser HMO Health Plan** coverage and wish to receive a Kaiser packet, please contact our office at 408-288-4433. If you currently have the Kaiser Plan and wish to enroll in the PPO Medical Plan, please complete the enclosed Open Enrollment Election form.
- The Dental Care Benefits will remain with the **Ameritas Dental Plan** with no change of benefits.
- The Vision Care Benefits have a change this year. We are adding a benefit called **"Light Care"**. You can get non-prescription blue light filtering glasses or non-prescription sunglasses instead of prescription glasses or contact lens. *The frame allowance remains at \$250.00, the contact lens allowance is \$200.00, and Polycarbonate lens had a \$35.00 co-pay and are covered at no cost to you.* **Please note that the Vision Plan is only for PPO Medical participants.** *Kaiser members must use Kaiser for their vision coverage.*
- The AD&D Life Benefit is \$100,000.00.
- Prescription Drug coverage for the Self-funded PPO Medical Plan will be through **SavRx**.
- **We still have the Sleep Apnea benefit for members only (no dependents). This benefit is for both Kaiser members as well as PPO members. See attached flyer.**
- **Please note that the Mental Health Benefit is through Optum Behavioral Health. This is only for PPO members and their dependents. Kaiser members will continue to use Kaiser for their mental health benefits. See attached flyer.**

If you do not wish to change plans, there is no action needed on your part! If you do want to change plans, please complete the enclosed election form, or contact our office and we will send you the information to enroll. **Please send all enrollment information NO LATER than May 25, 2025 to:**

United Administrative Services
P.O. Box 5057
San Jose, CA 95150
Attn: Marlene Hernandez
mhernandez@uastpa.com



Provider directories for the PPO Plan are available at anthem.com or by calling 408-288-4433. You can also visit the website – ibew617benefits.com , click on Actives, then Anthem Blue Cross PPO Plan, then find a doctor.

Enclosed are the following items:

1. Open Enrollment Election Form
2. Summary of Benefits & Coverage for Kaiser HMO Health Plan
3. Summary of Benefits & Coverage for the Self-funded PPO Medical Plan
4. Sleep Apnea Flyer
5. Optum Mental Health Flyer

GRANDFATHERED PLAN STATUS

The Board of Trustees believes this Plan is a “Grandfathered health plan” under the federal law known as the Patient Protection and Affordable Care Act (“ACA”). As permitted by the ACA, a Grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a Grandfathered health plan means that the Plan may not include certain consumer protections of the Act that apply to other plans (known as Non-Grandfathered plans), for example, requiring the provision of preventive health services without any cost sharing. However, Grandfathered health plans must comply with certain other consumer protections in the ACA, such as the elimination of annual and lifetime limits on the Plan’s essential health benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Fund Manager at the number listed on page v. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor (DOL) at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. Implementation of the ACA’s provisions began with the July 1, 2011 Plan Year.

**SAN MATEO COUNTY
ELECTRICAL WORKERS HEALTH & WELFARE
LOCAL #617
MEDICAL CHANGE OF PLAN FORM
ACTIVE PARTICIPANTS**

CHECK ONE: ☐ From Self Funded PPO Plan to Kaiser HMO Plan
 ☐ From Kaiser HMO Plan to Self Funded PPO Plan

Participant Name (Please Print): _____

Address: _____ Zip Code: _____

Telephone #: _____ Social Security #: _____

Email Address: _____

Employer: _____

Signed: _____

MAIL THIS FORM TO: United Administrative Services
 Attention: Marlene Hernandez
 6800 Santa Teresa Blvd Ste 100
 San Jose, CA 95119
 mhernandez@uastpa.com

If you do not wish to change plans, no action is required.

Please return this form by mail or email no later than May 25, 2025.

Note: If you elect to change to the Kaiser HMO plan, please notify Marlene and she will send you a Kaiser HMO enrollment form that will also need to be completed and returned to the administrative office.