



SOLANO AND NAPA COUNTIES  
**ELECTRICAL WORKERS BENEFIT FUNDS**



March 2018

SOLANO NAPA COUNTIES ELECTRICAL WORKERS' HEALTH AND WELFARE PLAN

**Summary of Material Modifications**

**NOTICE TO ALL ACTIVE & RETIRED PARTICIPANTS REGARDING CHANGES  
TO THE SOLANO-NAPA COUNTIES ELECTRICAL WORKERS HEALTH &  
WELFARE PLAN**

The Board of Trustees of the Solano-Napa Counties Electrical Workers' Health and Welfare Plan ("Plan") is pleased to provide you with the following summary of changes in the Plan, called the Summary of Material Modification (SMM). Please review the important changes described below. If you have any questions, please contact the Trust Fund Office.

**SAFETY GLASSES ENHANCEMENT TO VISION CARE BENEFITS (through VSP)**

Please note that Safety Glasses (called ProTec Rx) are now available through the Plan to participants only. **The office co-pay is \$10. Glasses co-pay is \$25. There is an allowance of \$150 for Frames.** Please refer to your Vision Service Plan ("VSP") Evidence of coverage booklet for more details including exclusions and limitations. To obtain services of a Doctor, an eligible Participant is required to contact a VSP participating doctor to make an appointment. Make sure you identify yourself as a VSP member. The doctor's office will verify eligibility and benefits. If you need to locate a VSP participating doctor, please call VSP at 1-800-877-7195 or find one at [www.vsp.com](http://www.vsp.com).

**INCREASE IN HOUR BANK MAXIMUM FROM 500 TO 750 HOURS**

Effective April 1, 2018, the Board of Trustees has amended the Plan to increase the hour bank maximum from 500 to **750 hours effective with June 2018 eligibility**. This means you will become eligible on the first day of the second calendar month following a period not to exceed six months during which you have accumulated at least 125 hours in your hour bank but the maximum number of hours in your hour bank may not exceed 750 hours at any given time. To continue eligibility under the Plan, a charge of 125 hours per month will be made against your hour bank. If you continuously work 150 hours a month you will reserve 25 hours each month in your hour bank **up to the maximum of 750 hours**. If you do not work in a month, or if you work less than 125 hours in a month there will be a deduction of up to 125 hours per month from your hour bank to provide you coverage.

**THIS SUMMARY OF MATERIAL MODIFICATIONS SUPPLEMENTS THE SUMMARY PLAN DESCRIPTION THAT HAS BEEN SEPARATELY PROVIDED TO YOU. YOU SHOULD RETAIN THIS DOCUMENT WITH THE SUMMARY PLAN DESCRIPTION.**

*This document has been uploaded and is available on the participant website at  
[www.ibew180benefitfunds.org](http://www.ibew180benefitfunds.org)*