

AMENDMENT NO. 13
TO THE EIGHTH DISTRICT ELECTRICAL BENEFIT FUND
SUMMARY PLAN DESCRIPTION /PLAN RULES AND REGULATIONS
For Active Employees, Early (non-Medicare-eligible) Retirees and Medicare-eligible Retirees
effective January 1, 2014

Effective January 1, 2017, the Summary Plan Description/Plan Rules and Regulations is amended as follows:

Article III, Eligibility, Section 1 is amended to add the following subsection "m":

m. Transfer of Basic Plan hour bank

A Bargaining Employee that has been covered by the Eighth District Electrical Benefit Fund Basic Plan ("Basic Plan") who transitions to Covered Employment that requires contributions this Eighth District Electrical Benefit Fund - Active & Retiree Only Plan ("Active & Retiree Only Plan") and becomes eligible for coverage under this Active & Retiree Only Plan, may have the hours that have accumulated in his or her Basic Plan hour bank transferred to an hour bank in the Active & Retiree Only Plan. The amount to be transferred to the Active & Retiree only Plan hour bank will be prorated based upon the current contribution rate for the Active & Retiree Only Plan.

Article V, Personal Care Accounts (PCA) Section 1-c is amended to add the text in italics:

c. Legal Status

This Plan is intended to qualify as an employer-provided medical reimbursement plan under Code §105 and 106 and regulations issued thereunder, and as a health reimbursement arrangement as defined under IRS Notice 2002-45, and shall be interpreted to accomplish that objective. The Medical Care Expenses, COBRA premiums and Retiree self-payments reimbursed under the Plan are intended to be eligible for exclusion from participating employees' gross income under Code §105(b). The Plan is intended to comply with the requirements of IRS Notice 2013-54 *and IRS Notice 2015-87* and shall be interpreted to accomplish that objective.

Article V, Personal Care Accounts (PCA) Section 1-e is amended to add the text in italics:

e. Eligibility

1. **Coverage under a Group Health Plan.** An Active Employee may not participate in the PCA account unless the Active Employee is actually enrolled in a group health plan that provides minimum value. Pursuant to Internal Revenue Code §36B(c)(2)(C)(ii), regardless of whether the group health plan is sponsored by this health and welfare fund. A group health plan provides minimum value if the coverage is at least 60 percent of the actuarial value of a standard plan as determined by the IRS.

2. **Proof of Coverage.** Proof of other group health plan coverage in a manner to be determined by the Trustees. If proof is not required, benefits will be restricted, as defined below.

3. **PCA Account Balance Run Out.** Notwithstanding the above, an Active Employee *and his/her Dependents that met the eligibility requirements of Sub-Section 1-e(5) of Article V* will be allowed to utilize any remaining PCA account balance after loss of eligibility under the Eighth District Electrical Benefit Fund. This account balance run out provision does not require coverage under a group health plan. This account balance run out only applies PCA contributions accumulated as an Active PCA participant.

4. **Opt-Out.** An Active Employee or Retiree is permitted to permanently opt-out of and waive future reimbursements from the PCA at least annually, in a time and manner determined by the Trustees. An Active Employee or Retiree also has the ability to opt-out upon termination of coverage under the Plan.

This means that the Active Employee or Retiree is permitted to forfeit the balance of his PCA upon termination of coverage from the Plan.

*5. **Dependents.** Dependents of an Active Employee are eligible for payment of Medical Care Expenses from an Active Employee's PCA only if the Dependents are enrolled in the group health plan sponsored by this health and welfare fund.*

Article V, Personal Care Accounts (PCA) Section 5-b is amended to add the text in italics:

b. **Effect of Mistake.** In the event of a mistake as to the eligibility or participation of an Active Employee *or his/her Dependents*, or the allocations made to the account of any PCA Participant, or the amount of benefits paid or to be paid to a PCA Participant or other person, the Administrative Office shall, to the extent that it deems administratively possible and otherwise permissible under Code §105, the regulations issued thereunder or other applicable law, cause to be allocated or cause to be withheld or accelerated, or otherwise make adjustment of, such amounts as it will in its judgment accord to such PCA Participant or other person the credits to the PCA or distributions to which he/she is properly entitled under the Plan. Such action by the Administrative Office may include withholding of any amounts due to the Plan from any future benefits.

Effective April 1, 2017, the Summary Plan Description/Plan Rules and Regulations is amended as follows:

Article II, Quick Reference Chart, the following two rows are amended to add the text in italics and delete the text in strike-through:

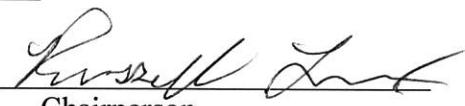
ARTICLE II: QUICK REFERENCE CHART	
Information Needed:	Please Contact:
Member Assistance Program (MAP) Employee Assistance Program (EAP) <ul style="list-style-type: none">• EAP counseling at no cost to the employee and retiree and their family members, along with referral services.	For residents of Utah, the EAP is: Blomquist Hale at 1-800-926-9619 or 1-801-262-9619 For residents of Colorado, <i>Idaho, Montana and Wyoming</i> the EAP is: Mines and Associates at 1-800-873-7138 For residents of Idaho, Montana and Wyoming the EAP is: APS Healthcare at 1-800-999-1077

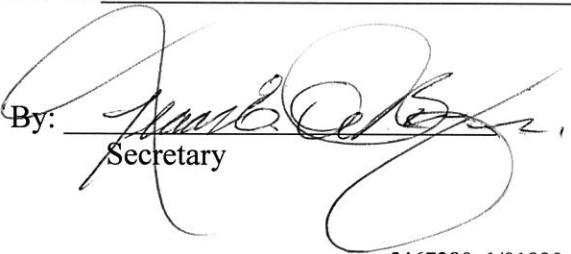
ARTICLE II: QUICK REFERENCE CHART

Information Needed:	Please Contact:
PPO Networks <ul style="list-style-type: none"> • Medical Network Provider Directory • Additions/Deletions of Providers 	<p>For residents of <u>Utah</u>, the PPO Network in Utah is:</p> <p>WISE Provider Network (aka <i>Imagine Health</i>) 1-801-649-6501 or toll-free at 866-485-5205 Website for providers: www.wiseprovidernetworks.com</p> <p>For residents of <u>Utah</u>, the PPO Network if traveling outside of Utah is:</p> <p>First Health Network 1-888-685-7774 Website for provider - www.myfirsthealth.com</p> <p>For residents of <u>Colorado, Idaho, Montana & Wyoming</u> the PPO Network is:</p> <p>CIGNA <i>Open Access Plus (OAP)</i> 1-800-244-6224 Website for providers - www.CIGNA.com</p>

CONFIRMATION

The undersigned Chairman and Secretary of the Board of Trustees of the Eighth District Electrical Benefit Fund do hereby certify that the foregoing Amendment #13 to the 2014 Plan was duly adopted and executed at a meeting of the Board of Trustees called and held on _____, 20____.

By: 
 Chairperson

By: 
 Secretary

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