

**AMENDMENT NO. 16  
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**

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Effective as listed below, the Summary Plan Description/Plan Rules and Regulations is amended as follows:

Effective March 1, 2018, Article II – Quick Reference Chart is amended at the PPO row to read as follows:

<b>ARTICLE II: QUICK REFERENCE CHART</b>	
<b>Information Needed:</b>	<b>Please Contact:</b>
<b>PPO Networks</b> <ul style="list-style-type: none"><li>• Medical Network Provider Directory</li><li>• Additions/Deletions of Providers</li><li>• Cost Comparison Tools</li></ul>	<b>CIGNA Open Access Plus (aka OAP)</b> 1-800-768-4695 Website to find participating providers: <a href="http://www.cignasharedadministration.com">www.cignasharedadministration.com</a>

Effective March 1, 2018, Article II – Quick Reference Chart is also amended at the Prescription Drug Program row to read as follows:

<b>ARTICLE II: QUICK REFERENCE CHART</b>	
<b>Information Needed:</b>	<b>Please Contact:</b>
<b>Prescription Drug Program for Outpatient Retail, Mail Order and Specialty Drugs</b> <ul style="list-style-type: none"><li>• Retail Pharmacies for Discount Drug Purchases</li><li>• Mail Order (Home Delivery) Pharmacy</li><li>• Prescription Drug Information</li><li>• Prior authorization/Precertification (medical review) of Certain Drugs</li><li>• Specialty Drug Program: Precertification and Ordering</li></ul>	<b>Express Scripts Customer Service:</b> 1-855-202-9582 <a href="http://www.express-scripts.com">www.express-scripts.com</a>

Effective March 1, 2018, Article II – Quick Reference Chart is amended by deleting Disease Management row.

Effective March 1, 2018, Article VII – Schedule of Medical Plan Benefits is amended at Emergency Room & Urgent Care Services to read as follows:

<b>ARTICLE VII: SCHEDULE OF MEDICAL PLAN BENEFITS</b> This chart explains the benefits payable by the Plan. All benefits are subject to the Deductible except where noted. See also the Exclusions and Definitions Articles of this document. <b>*IMPORTANT: Out-of-Network and Out of Area providers are paid according to Allowed Charges as defined in the Definitions Article and could result in balance billing to you.</b>				
Benefit Description	Explanations and Limitations	In-Network Preferred Provider (PPO) in the PPO Area	Out-of-Network Non-Preferred provider in the PPO Area	Out of Area Non-Preferred Provider in the Non-PPO area or services unavailable through the PPO
<b><u>Emergency Room &amp; Urgent Care Services</u></b> (facility fees) <ul style="list-style-type: none"> <li>Hospital emergency room (ER) for "Emergency Services" (as that term is defined in the Plan).</li> <li>Use of an Urgent Care facility.</li> <li>Ancillary charges (such as lab or x-ray) performed during the ER or Urgent care visit.</li> <li>(See also the Ambulance section of this schedule.)</li> </ul>	<ul style="list-style-type: none"> <li>Expenses for Emergency Room services are covered only when those services are for <b>Emergency Services</b> as that term is defined in the Definitions Article of this document.</li> <li>There is no requirement to precertify the use of a hospital based emergency room visit.</li> <li>The plan will pay a reasonable amount for hospital-based emergency services performed Out-of-Network, in compliance with Health Reform regulations. See the definition of Allowed Charge or contact the Administrative Office for more details on what the Plan allows as payment to Out-of-Network emergency service providers.</li> </ul>	<b>Urgent Care Services for Actives and Retirees:</b> 75% after Deductible met  <b>Emergency Room Services for Actives and Retirees:</b> After a \$500 copay per ER visit and after the Deductible is met, the Plan pays 75%. Copayment waived if admitted	<b>Urgent Care Services for Actives and Retirees:</b> 50% after Deductible met  <b>Emergency Room Services for Actives and Retirees:</b> After a \$500 copay per ER visit and after the Deductible is met, the Plan pays 75%. Copayment waived if admitted	<b>Urgent Care Services for Actives and Retirees:</b> 75% after Deductible met  <b>Emergency Room Services for Actives and Retirees:</b> After a \$500 copay per ER visit and after the Deductible is met, the Plan pays 75%. Copayment waived if admitted

Effective April 1, 2018, Article VII – Schedule of Medical Plan Benefits is amended to add the following Telehealth Provider Benefit to read as follows:

<b>ARTICLE VII: SCHEDULE OF MEDICAL PLAN BENEFITS</b> This chart explains the benefits payable by the Plan. All benefits are subject to the Deductible except where noted. See also the Exclusions and Definitions Articles of this document. <b>*IMPORTANT: Out-of-Network and Out of Area providers are paid according to Allowed Charges as defined in the Definitions Article and could result in balance billing to you.</b>				
Benefit Description	Explanations and Limitations	In-Network Preferred Provider (PPO) in the PPO Area	Out-of-Network Non-Preferred provider in the PPO Area	Out of Area Non-Preferred Provider in the Non-PPO area or services unavailable through the PPO
<b><u>Telehealth Provider</u></b> <ul style="list-style-type: none"> <li>Doctor on Demand</li> <li>Consult with a physician regarding a medical or behavioral issue or obtain certain prescriptions for common ailments</li> <li>Available 24 hours a day / 7 days a week</li> </ul>	<ul style="list-style-type: none"> <li>PPO Provider Benefit only through Doctor on Demand</li> <li>No cost sharing</li> <li>Can help you determine whether or not a medical situation is an emergency</li> <li>Can access online (through a webcam) or through a smartphone app</li> </ul>	<b>Paid at 100% No Deductible, Coinsurance or Copayment</b>	<b>Not Covered</b>	<b>Not Covered</b>

**Effective April 1, 2018, Article X – Medical Plan Exclusions is amended at exclusion 14 to read as follows:**

- 14. Internet/Virtual Office/Telemedicine Services:** Except as covered under Telehealth Provider Benefits, expenses related to online internet consultation with a Physician or other Health Care Practitioner, also called a virtual office visit/consultation, physician-patient web service or physician-patient e-mail service, or telemedicine (realtime or store and forward types) telehealth, e-health, remote diagnosis and treatment, real-time video-conferencing including receipt of advice, treatment plan, prescription drugs or medical supplies obtained from an online internet provider.

**Effective January 1, 2018, Article XV – Coordination of Benefits (COB), Section 4c (Benefit Reserve for Active Plan Participants and Early (non-Medicare eligible) Retirees) will be deleted and the subsequent subsection will be renumbered.**

**Effective September 19, 2017, Article III – Eligibility, Section 1f (Continuation of Eligibility) is amended by adding the following new subsection 1f3 and renumbering the subsequent subsections accordingly:**

3. Whenever a Bargaining Employee transfers from the Basic Plan to the Regular Plan, the Active Employee will not forfeit the hour bank he has accrued in the Basic Plan. In this case, the Active Employee's Basic Plan hour bank will transfer to the Regular Plan, dollar for dollar, up to the maximum of three (3) months of coverage.

**Effective January 1, 2018, Article XVI – General Provisions and ERISA Information is amended at Section 12 – Plan Trustees as follows:**

**Management Trustees**

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Wheeler Electric  
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James Milligan, *Alternate*  
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3210 East Rd  
Clifton, CO 81520

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**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 #16 to the 2014 Plan was duly adopted and executed at a meeting of the Board of Trustees called and held on March 29, 2018.

By:   
Chairperson

By:   
Secretary