



Eighth District Electrical Fringe Benefit Funds

Date: May 26, 2020

To: All Active Employees, Early Retirees and Medicare-eligible Retirees and their Dependents, including COBRA Beneficiaries participating in the Eighth District Electrical Benefit Fund

Summary of Material Modifications to the Eighth District Electrical Benefit Fund Active & Retiree Plans

This Summary of Material Modifications (SMM) will advise you of certain material modifications that have been made to the Active and Retiree Plan sponsored by the Eighth District Electrical Benefit Fund. This information is important to you and your dependents. Please take the time to read this document carefully. You can use this SMM along with the 2014 Eighth District Electrical Benefit Fund Summary Plan Description (SPD)/Plan Rules and Regulations ("the Plan") and its amendments thereto to get a more complete understanding of the plan of benefits offered by the Trustees and any changes to the Plan over time.

The current Plan, its amendments, and SMMs can be found on the Fund's website at www.8thdist.org or <https://8thdist.org/>. Hard copies are available by contacting the Administrative Office.

IMPORTANT REMINDER ABOUT YOUR TELEHEALTH BENEFIT

The use of the telehealth option is at NO COST to you. You can access this Telehealth Benefit at <https://patient.doctorondemand.com/register/> or search for "Doctor On Demand" on a smart phone or tablet to download our app for free. More information on the Telehealth Benefit can be found on the Fund's website at www.8thdist.org under the "Doctor on Demand" heading. As a reminder, when signing up for Doctor on Demand, **you will not add anything as your Insurance and you will add "Eighth District" as your Employer.**

The following information is an illustrative example of the average cost of care for each type of medical provider. As you can see if you do not have a true emergent medical condition you can be treated at a much lower cost than the Emergency Room.

Lower Costs ← → **Higher Costs**

Telehealth Doctor on Demand	Doctor's Office	Urgent Care Center	Emergency Room
Average Cost per Visit Charged to the 8th District Electrical Benefit Fund - Regular Plan			
\$49 per visit*	\$165 per visit**	\$176 per visit**	\$2,259 per visit**
Your Cost after Benefit Fund Payment for the Regular Plan (assuming In Network provider and your deductible is met):			
\$0 copayment	\$41.25 co-insurance	\$44.00 co-insurance	\$939.75 co-insurance

* provided by Doctor on Demand

**provided by Cigna

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130

Toll Free: 844-989-2321

www.8thDistrictBenefits.org

SUMMARY OF MODIFICATIONS TO THE ACTIVE & RETIREE PLANS

The Board of Trustees has made amendments to the Plan to clarify covered transplant-related meals, change coverage rules for gene therapy, and change coverage rules for Compound Drugs. The Board of Trustees have also made changes to the firm that provides administrative services to the Plan and updated the roster of Trustees.

Covered Transplant-Related Meals

Effective September 24, 2019, the Plan is being amended to clarify how meals are covered when a transplant recipient must travel to receive their transplant. Covered meal expenses will include any edible food or cooking ingredients purchased during the time that transplant services are being received, regardless if purchased from a restaurant or grocer. As a reminder, if the transplant recipient is 18 or over, meal expenses are covered for the transplant recipient and one individual accompanying the recipient. If the transplant recipient is under 18, meal expenses are covered for the transplant recipient and two individuals accompanying the recipient. Grocery and restaurant expenses will be divided to cover only the recipient and accompanying covered individual(s). Sales tax and tips and not covered meal expenses.

Gene Therapy

Gene therapy is currently a covered benefit under the Plan. Gene therapy includes categories of pharmaceutical products approved by the US Food and Drug Administration (FDA) to treat or cure a disease by:

- replacing a disease-causing gene with a healthy copy of the gene.
- inactivating a disease-causing gene that may not be functioning properly.
- introducing a new or modified gene into the body to help treat a disease.

Each gene therapy product is specific to a particular disease and is administered in a specialized manner.

Beginning January 1, 2020, gene therapy will continue to be a covered service only if it is pre-certified by CIGNA. Covered charges include the cost of the gene therapy product; medical, surgical, and facility services directly related to administration of the gene therapy product; and professional services. Gene therapy products and their administration are covered when pre-certified to be received at participating in-network facilities specifically contracted with CIGNA for the specific gene therapy service. Gene therapy products and their administration received at other facilities are not covered. You can contact CIGNA at (800) 768-4695.

In addition to the other covered charges related to pre-certified gene therapy, certain travel, lodging, and meal expenses will be covered when pre-certified gene therapy must occur in a location over 60 miles away from where you reside. Such travel, lodging, and meal expenses will be reimbursed pursuant to the same rules and requirements that apply to travel related to transplant procedures.

Prescription Drug Compound Management Strategy

Effective March 23, 2020, the Board of Trustees has added a Compound Management Strategy cost-saving program to the Outpatient Prescription Medication Benefit. The Compound Management Strategy is a cost-saving program designed to control the costs of Compound Drugs. Compound Drugs are any drugs that have

more than one ingredient, at least one of which is a federal legend drug or a drug that requires a prescription under state law. This program will be implemented through the Plan's prescription benefit manager, Express Scripts.

The Compound Management Strategy reviews all ingredients in Compound Drugs and excludes specific tablets and capsules based on a lack of clinical evidence to support their usage as well as an increased use of these oral dosage forms as a substitute for the previously excluded bulk powders. This program also excludes all non-hormonal topical creams used as an ingredient in a Compound Drug.

Compound Drugs may be excluded under this program for one or more of the following reasons:

- Represent a significant cost and/or within the Top 200 most expensive compound ingredients
- Availability of commercially alternative medications
- Available as an OTC product
- Products lacking clinical evidence within compounds
- Products with significant and/or continuous price increases

If you attempt to fill a prescription for a Compound Drug that does not meet the requirements of the Compound Management Strategy, coverage will be denied and the pharmacy will be notified that the prescription is not covered. You will then receive notification from Express Scripts with a recommendation to talk to your Physician about changing your prescription to a covered medication.

If you were prescribed a Compound Drug on or after March 1, 2019, but before March 23, 2020, any refill of that prescription Compound Drug shall not be subject to the Compound Management Strategy provided that such refill is composed of the same ingredients, strength, and formulation that was originally prescribed.

Contact Information For Third Party Administrator

Effective April 1, 2020, BeneSys Administrators, Inc. ("BeneSys") assumed all administrative duties previously performed by CompuSys, Inc. Accordingly, you must now contact BeneSys for general Plan inquiries, claims and appeals, health information and privacy concerns, premium self-payments, and service of legal process.

You may call BeneSys at **(844) 989-2321**. BeneSys will also have two walk-in office locations opening in the near future:

BeneSys Administrators
4704 Harlan Street, Suite 104
Denver, CO 80212

BeneSys Administrators
5295 South Commerce Drive, Suite 220
Murray, UT 84107

To contact BeneSys or the Board of Trustees in writing, you must use the following mailing address:

Eighth District Electrical Pension Fund Annuity Plan
c/o BeneSys Administrators
P.O. Box 30751
Salt Lake City, UT 84130

For Retiree, COBRA, and Basic Plan Family Coverage Self-Payments, you must begin sending your self-payments to BeneSys Administrators effective April 1, 2020. If you make self-payments via pension check deduction, your pension check deduction will continue automatically. If you mail your payments to the Administrative Office, you must begin mailing your payments to the following new address after April 1, 2020:

Eight District Electrical Benefit Fund – Self Payment
P.O. Box 561284
Denver, CO 80256-1284

For Overnight or Express Mail:
US Bank Denver Lockbox
Attn: Eighth District Electrical Benefit Fund – Self Payment – Utah 561284
10035 East 40th Ave., Suite 100
Denver, CO 80238

The Plan also has a new website where you can find important forms and documents, details on your work history and contributions reported on your behalf, and eligibility information. The new website address is <http://www.8thDistrictBenefits.org>.

New Trustee Roster

On the following page is an updated list of Trustees. The Board of Trustees may be contacted by calling (844) 989-2321 or writing to Board of Trustees of the Eighth District Electrical Benefit Fund, P.O. Box 30751, Salt Lake City, UT 84130.

Please keep this SMM with your Summary Plan Description (SPD)/Plan Rules and Regulations for easy reference to all Plan provisions. If you have any questions regarding this notice or any other benefits covered by the Plan, you can contact the Administrative Office at (844) 989-2321.

Sincerely,

Board of Trustees

Management Trustees

Rory Berumen, *Alternate*
Rocky Mountain Chapter, NECA
495 Uinta Way, Suite 240
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