



Eighth District Electrical Benefit Fund

Summary of Material Modifications to the Eighth District Electrical Benefit Fund Regular and Basic Plans

This Summary of Material Modifications (SMM) will advise you of certain material modifications that have been made to the Regular and Basic Plans 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 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 Plans, its amendments, and SMMs can be found on the Fund's website at www.8thDistrictBenefits.org. Hard copies are available by contacting the Administrative Office.

SUMMARY OF MODIFICATIONS TO THE REGULAR & BASIC PLANS

1. Extended Telehealth Benefit Provided by a Physician's Office

Effective for services incurred from July 1, 2021 – September 30, 2021:

Due to the COVID-19 pandemic, both the Regular and Basic Plans will continue to cover all virtual visits that are provided by a Physician's office via telephone call or video chat in lieu of a face to face visit in the office. **Virtual visits can be for any diagnosis, it does not have to be COVID-19 related.** If the virtual visit is provided by an In-Network provider, it will be at **no cost to you**.

If the virtual visit is provided by an Out-of-Network provider, it will be paid according to the applicable Plan's standard Out-of-Network rates, up to the Allowed Charge, including the deductible and applicable coinsurance. This means that if you choose an Out-of-Network provider, you could be balanced billed in addition to the deductible and applicable coinsurance.

Prior to this change, the expanded Telehealth Benefit applied to services incurred from March 24, 2020 – June 30, 2021.

Effective for services incurred on or after October 1, 2021:

Both the Regular and Basic Plans will continue to cover all virtual visits that are provided by a Physician's office via telephone call or video chat in lieu of a face to face visit in the office. As was the rule prior to October 1, 2021, virtual visits can be for any diagnosis, it does not have to be COVID-19 related.

However, commencing on October 1, 2021, all virtual visits will be paid according to the applicable Plan's standard In- and Out-of-Network rates, up to the Allowed Charge, including the deductible and applicable coinsurance. **This means that as of October 1, 2021, virtual visits for In-Network providers may no longer be at no cost to you.**

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As always, if you choose an Out-of-Network provider, you could be balanced billed in addition to any deductible and applicable coinsurance.

The modifications effective October 1, 2021 do not apply to coverage provided through the Plan's telehealth vendor, Doctor on Demand.

2. Emergency Room Copayment Waiver

Effective for emergency room services incurred on or after October 1, 2021, the Plan will waive the \$500 copayment if the individual is either (1) admitted from the emergency room to the hospital; or (2) referred directly to the emergency room by a Physician or Health Care Practitioner, including a telehealth provider, provided sufficient documentation of such referral is provided to the Plan.

Prior to this change, the \$500 Emergency Room copayment was only waived if a Covered Individual was admitted to the hospital.

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.8thDistrictBenefits.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.**

Also, effective for visits from March 24, 2020 – September 30, 2021, the Plan will continue to cover all virtual visits provided by a Physician's office via telephone call or video chat provided by a Physician in lieu of a face to face visit in the office. Virtual visits can be for any diagnosis. If the virtual visit is provided by an In-Network provider, it will be at **no cost to you**. If the virtual visit is provided by an Out-of-Network provider, it will be paid according to the Plan's standard Out-of-Network rates, up to the Allowed Charge, including the deductible and applicable coinsurance.

The following information is an illustrative example of the average cost of care for each type of medical provider.

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