



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

Precertification No Longer Required for High Tech Radiology

Effective for high tech radiology services (MRI, CT scan, PET scan, nuclear radiology services) received on or after January 1, 2022, the Plan will no longer require precertification. Services will still need to be Medically Necessary to be covered by the Plan. Prior to this change, precertification was required for these services.

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.**

The Plan will cover all virtual visits provided by a Physician’s office via telephone call or video chat at the same level as an in person visit. If the virtual visit is provided by an In-Network provider, it will be paid according to the Plan’s standard In-Network rates, up to the allowed amount, including the deductible and applicable coinsurance. 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 (In Person or Virtual)	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