

AMENDMENT NO. 5
TO THE EIGHTH DISTRICT ELECTRICAL BENEFIT FUND
SUMMARY PLAN DESCRIPTION /PLAN RULES AND REGULATIONS
BASIC Medical Plan, Personal Care Account, and
Life and Accidental Death and Dismemberment Benefits
for Active Employees
Effective March 1, 2018

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

Article VII – Schedule of Medical Plan Benefits is amended at Radiology (X-Ray), Nuclear Medicine and Radiation Therapy Services (Outpatient) by modifying the 2nd bullet in the Explanations and Limitations column to no longer require precertification for high tech radiology services as follows:

ARTICLE VII: SCHEDULE OF MEDICAL PLAN BENEFITS 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. *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.				
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
<u>Radiology (X-Ray), Nuclear Medicine and Radiation Therapy Services</u> (Outpatient) <ul style="list-style-type: none"> Technical and professional fees associated with diagnostic and curative radiology services, including radiation therapy. 	<ul style="list-style-type: none"> Covered only when ordered by a Physician or Health Care Practitioner. Certain outpatient services require precertification by calling the UM Company, whose contact information is listed on the Quick Reference Chart in the front of this document. See Article VIII on Precertification and Medical Review for more information. Some Radiology procedures are covered under the Wellness Programs described in this Schedule. 	Actives and Retirees: 75% after Deductible met	Actives and Retirees: 50% after Deductible met	Actives and Retirees: 75% after Deductible met

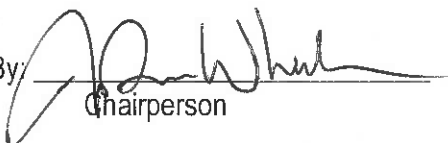
Article VIII – Precertification and Medical Review is amended at the table in Section 5a by deleting #7 in the What Services Must Be Precertified column and renumbering the subsequent services accordingly. The updated table is as follows:

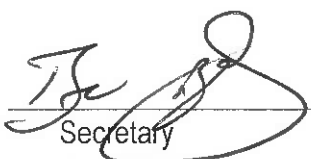
WHAT SERVICES <u>MUST</u> BE PRECERTIFIED:	MEDICAL REVIEW FIRM TO BE CONTACTED	PENALTY FOR FAILURE TO PRECERTIFY
<ol style="list-style-type: none"> 1. All Elective Hospital admissions, including an admission for mental health and/or substance abuse. (Note: for pregnant women, precertification is required only for hospital stays that last or are expected to last longer than 48 hours for a vaginal delivery and 96 hours for a C-section.) 2. Residential treatment program admission, skilled nursing facility admission and inpatient rehabilitation admission. (Note that there is no coverage for a non-network residential treatment program, skilled nursing facility or inpatient rehabilitation facility even if precertified.) 3. An upcoming transplant as soon as the participant is identified as a potential transplant candidate. Transplantation-related outpatient services and admission to a hospital for a transplant may require precertification. 4. The following procedures: surgical treatment of morbid obesity/bariatric surgery, such as gastric bypass, lap band, etc.; Cord Blood Harvesting, Pharyngoplasty; Outpatient Vein therapy procedures, spinal procedures; Brachytherapy; Sleep Management; Potential experimental or investigational treatments. 5. Home Health Care services and Home Infusion services 6. Outpatient injectable drugs administered in an outpatient facility. 7. Speech therapy. 8. Orthotic devices. 	<p style="text-align: center;">Utilization Management Company whose name and phone number are listed on the Quick Reference Chart in the front of this document.</p>	<p>If you fail to notify the Utilization Management (UM) Company before receiving any services requiring precertification benefits may NOT be paid for the related expenses.</p>
<ol style="list-style-type: none"> 9. Prosthetic devices including implantable hearing aids such as cochlear implants. 10. Durable Medical Equipment. 11. For individuals who will participate in a clinical trial, precertification is required in order to notify the Plan that routine clinical trial costs, services and supplies may be incurred by the individual during their participation in the clinical trial. 		

WHAT SERVICES <u>MUST</u> BE PRECERTIFIED:	MEDICAL REVIEW FIRM TO BE CONTACTED	PENALTY FOR FAILURE TO PRECERTIFY
Certain outpatient prescription drugs	Prescription Drug Program whose name and phone number are listed on the Quick Reference Chart in the front of this document.	If you fail to notify the Prescription Drug Program before receiving any services requiring precertification then <u>benefits may NOT be paid for the related expenses.</u>

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 #5 to the March 1, 2018 Plan was duly adopted and executed at a meeting of the Board of Trustees called and held on September 23, 2021.

By: 
Chairperson

By: 
Secretary