AMENDMENT NO. 20
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

Effective as listed below, the Summary Plan Description/Plan Rules and Regulations is amended as follows effective January 1, 2019, except as otherwise noted:

ARTICLE V: PERSONAL CARE ACCOUNTS (PCA)

Article V shall be amended at Section 5 by adding a new subsection d and renumbering the subsequent subsections accordingly. The new subsection d will be as follows:

d. **Death of Participant**

1) If a PCA Participant is married and/or has one or more Dependents and dies with a balance in a PCA Account, the surviving Spouse and Dependents, who met the eligibility requirements of Section 1-e(5) of this Article V at the time of the PCA Participant's death, may use the remaining balance in the PCA Account in the manner provided in Section 1-e(3) of this Article V This provision only applies to PCA contributions accumulated during the life of the deceased PCA Participant. The surviving Spouse and Dependents need not continue coverage under the group health plan sponsored by this health and welfare fund in order to continue using a deceased PCA Participant's PCA Account balance. The surviving Spouse and Dependents may voluntarily waive the remaining balance according to Section 5-c(2) of this Article V. If the surviving Spouse and all Dependents voluntarily waive their right to use the remaining balance of a deceased PCA Participant, such balance shall be immediately and permanently forfeited. Otherwise, PCA accounts subject to this provision shall be subject to the inactive account and forfeiture rules set forth in Section 5-d(a) of this Article V.
2) If a PCA Participant is not married and has no Dependents, the remaining balance in the PCA Account is immediately forfeited upon the death of the PCA Participant without regard to the inactive account and forfeiture rules set forth in Section 5-d(1) of this Article V.

ARTICLE VI: MEDICAL PLAN

Article VI shall be amended at Section 3 by deleting the current subsection c and replacing it with the following:

c. **Out of Area:**

Out of Area refers to when a Participant receives services from an Out-of-Network provider because there are fewer than two In-Network providers in the same specialty for a particular service within a 30 mile radius of their zip code. If this occurs, the Plan will pay benefits at the same rate as an In-Network provider as explained in Section 3-a of this Article VI and as listed in the Schedule of Medical Plan Benefits. If you use an Out of Network provider when there are at least two In-Network providers in the same specialty for a particular service within a 30 mile radius of your zip code, the provider **will not be covered as an Out of Area provider.** Instead, the Plan will pay benefits as an Out-of-Network provider as explained in Section 3-b of this Article VI and as listed in the Schedule of Medical Plan Benefits. An Out of Area provider **may bill a Plan Participant a non-discounted amount for any balance that may be due in addition to** the allowed amount payable by the Plan, also called balance billing. See Article VIII, the Medical Network Article for more details.

ARTICLE VII: SCHEDULE OF MEDICAL PLAN BENEFITS

Article VII shall be amended at the heading row of the Schedule of Medical Plan Benefits to clarify the categories of providers. Every heading row will be updated 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** Providers within the PPO Network	**Out-of-Network** Providers not within the PPO Network	**Out of Area** Out-of-Network provider if there are fewer than two In-Network providers in the same specialty within a 30 mile radius of your zip code

ARTICLE VIII: MEDICAL NETWORKS

Article VIII shall be amended at Section 1 by deleting the current subsection c and replacing it with the following:

c. Out of Area:

Out of Area refers to when a Participant receives services from an Out-of-Network provider because there are fewer than two In-Network providers in the same specialty for a particular service within a 30 mile radius of their zip code. If this occurs, the Plan will pay benefits at the same rate as an In-Network provider as explained in Section 3-a of Article VI and as listed in the Schedule of Medical Plan Benefits. If you use an Out of Network provider when there are at least two In-Network providers in the same specialty for a particular service within a 30 mile radius of your zip code, the provider **will not be covered as an Out of Area provider.** Instead, the Plan will pay benefits as an Out-of-Network provider as explained in Section 3-b of Article VI and as listed in the Schedule of Medical Plan Benefits. An Out of Area provider **may bill a Plan Participant a non-discounted amount for any balance that may be due in addition to** the allowed amount payable by the Plan, also called balance billing. See Article VIII, the Medical Network Article for more details.

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 #20 to the 2014 Plan was duly adopted and executed at a meeting of the Board of Trustees called and held on March 27, 2019.

By: _____
Chairperson

By: _____
Secretary