

RECEIVED BY
SEP 08 2020
BENE SYS, INC.

AMENDMENT NO. 21
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:

ARTICLE II: QUICK REFERENCE CHART

Effective April 1, 2020, Article II shall be amended at the line for "Claims Administrator (Administrative Office)" to delete the corresponding contact information and replace it with the following:

BeneSys Administrators, Inc.
P.O. Box 30751
Salt Lake City, UT 84130
Phone: 844-989-2321

Effective April 1, 2020, Article II shall be amended at the line for "COBRA Administrator" to delete the corresponding contact information and replace it with the following:

BeneSys Administrators, Inc.
Mailing Address:
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

Phone: 844-989-2321

Effective April 1, 2020, Article II shall be amended at the line for "Board of Trustees (Plan Administrator)" to delete the corresponding contact information and replace it with the following:

BeneSys Administrators, Inc.
P.O. Box 30751
Salt Lake City, UT 84130
Phone: 844-989-2321

Effective April 1, 2020, Article II shall be amended at the line for "HIPAA Privacy Officer and HIPAA Security Officer" to delete the corresponding contact information and replace it with the following:

HIPAA Privacy/Security Officer for Eighth District Electrical Benefit Fund
P.O. Box 30751
Salt Lake City, UT 84130
Phone: 844-989-2321

ARTICLE VII: SCHEDULE OF MEDICAL PLAN BENEFITS

Effective September 24, 2019, Article VII shall be amended at Transplants, Organ and Tissue by modifying the second bullet in the Explanations and Limitations column to be as follows:

- For precertified Transplant services, coverage is permitted for certain travel benefits when the transplant must occur in a location where the participant does not reside: The following transportation, lodging, and meal expenses will be reimbursed up to the maximum benefits for each covered transplant procedure completed. If the recipient of the covered transplant procedure is an adult, costs of transportation to and from the site of the covered transplant procedure for the recipient and one other individual will be reimbursed. If the recipient of the covered transplant procedure is a minor, costs of transportation to and from the site of the covered transplant procedure for the recipient and two other individuals will be reimbursed. All reasonable and necessary lodging expenses incurred, up to a daily maximum of \$200.00, by said individual(s) accompanying the recipient will be reimbursed. Reimbursable meal expenses incurred during the time of transplant services include any edible food and cooking ingredients (not including non-edible cooking implements or non-edible daily necessities), regardless if purchased from a restaurant or grocer. If restaurant or grocery expenses are submitted for reimbursement, and if such receipts include meals or food for persons in excess of the number of individuals eligible for reimbursement, such expenses will be divided to reimburse only the share attributable to the recipient and accompanying covered individual(s). Sales tax and tips are not covered meal expenses. The aggregate sum of all costs of transportation, meals, and lodging is payable at 100% no deductible to a maximum of \$10,000 per transplant, thereafter the Plan pays 10%.

Effective January 1, 2020, Article VII shall be further amended by adding the following Gene Therapy Benefit:

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
<p>Gene Therapy Category of pharmaceutical products approved by the US Food and Drug Administration (FDA) to treat or cure a disease by:</p> <ul style="list-style-type: none"> • 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. <p>Each gene therapy product is specific to a particular disease and is administered in a specialized manner.</p>	<ul style="list-style-type: none"> • Gene Therapy Product - Coverage includes the cost of the gene therapy product; medical, surgical and facility services directly related to administration of the gene therapy product; and professional services. • Inpatient Facility & Professional Services - Gene therapy products and their administration are covered when preauthorized to be received at participating in-network facilities specifically contracted with Cigna for the specific gene therapy service. • Outpatient Facility & Professional Services - Gene therapy products and their administration received at other facilities are not covered. • Travel Services - Coverage is permitted for certain travel benefits when gene therapy must occur in a location over 60 miles away from where the participant resides: The following transportation, lodging, and meal expenses will be reimbursed up to the maximum benefits for each gene therapy procedure completed. If the gene therapy recipient is an adult, costs of transportation to and from the approved treatment center for the recipient and one other individual will be reimbursed. If the gene therapy recipient is a minor, costs of transportation to and from the approved treatment center for the recipient and two other individuals will be reimbursed. All reasonable and necessary lodging expenses incurred, up to a daily maximum of \$200.00, by said individual(s) accompanying the recipient will be reimbursed. Reimbursable meal expenses incurred during the time of gene therapy services include any edible food and cooking ingredients (not including non-edible cooking implements or non-edible daily necessities), regardless if purchased from a restaurant or grocer. If restaurant or grocery expenses are submitted for reimbursement, and if such receipts include meals or food for persons in excess of the number of individuals eligible for reimbursement, such expenses will be divided to reimburse only the share attributable to the recipient and accompanying covered individual(s). Sales tax and tips are not covered expenses. The aggregate sum of all costs of transportation, meals, and lodging is payable at 100% no deductible to a maximum of \$10,000 per gene therapy treatment, thereafter the Plan pays 10%. 	<p>Actives and Retirees: 75% after Deductible met</p>	<p>Not Covered</p>	<p>Not Covered</p>

ARTICLE VII-B: SCHEDULE OF PRESCRIPTION BENEFITS

Effective March 23, 2020, Article VII-B shall be amended by adding a new subsection 8 as follows:

8. Compound Management Strategy

If you are prescribed a Compound Drug and seek to fill such a prescription on or after March 23, 2020, it will be subject to the Compound Management Strategy. If the prescribed Compound Drug contains an ingredient that is on a list of excluded ingredients, coverage will be denied and the pharmacy will be notified the prescription is not covered. You will then receive a letter from the Plan's pharmacy benefit manager (PBM), advising you that the Compound Drug was not covered and advising you to consult with your Physician for a different prescription that is not excluded. If you fill the excluded Compound Drug, you will be responsible for payment in full.

The Compound Management Strategy evaluates every ingredient within a Compound Drug claim against a list of ingredients that are targeted within this program because they represent a significant cost, are subject to significant or continuous price increases, lack clinical evidence within compounds, and have commercially available alternatives. The program 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 Compound Drugs that include a non-hormonal topical cream.

Compound Drugs may be excluded under the Compound Management Strategy 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 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 as was originally prescribed.

ARTICLE IX: PRECERTIFICATION AND MEDICAL REVIEW

Effective January 1, 2020, Article IX shall be amended at Section 5 – Precertification (Preservice) Review in the table in subsection A by adding the following item 13 in the “What Services Must Be Precertified” column:

13. Gene Therapy.

ARTICLE X: MEDICAL PLAN EXCLUSIONS

Effective September 24, 2019, Article X shall be amended at Section 2, Subsection S - Transplants (Organ and Tissue) Exclusions by adding the following Exclusion 5:

5. Sales tax and tips related to meal expenses.

Effective January 1, 2020, Article X shall be amended at Section 2, Subsection G – Drugs, Medicines and Nutrition Exclusions by deleting Exclusion 6 and replacing it with the following:

6. Compound Drugs that do not meet the requirements of the Compound Management Strategy set forth in Article VII-B, Subsection 8.

Effective January 1, 2020, Article X shall be amended by creating a new Section 2, Subsection V – Gene Therapy, which shall state the following:

V. Gene Therapy.

1. Expenses for Gene Therapy that does not meet the requirements of the Gene Therapy benefit of the Plan as described in the Schedule of Medical Plan Benefits of Article VII or the precertification and medical review requirements of Article IX.

ARTICLE XVI: GENERAL PROVISIONS AND ERISA INFORMATION

Article XVI shall be amended under Section 7 by deleting the contact information and replacing it with the following:

Blake & Uhlig, P.A.
753 State Avenue, Suite 475
Kansas City, KS 66101
Phone: (913)-321-8884

or

BeneSys Administrators
4704 Harlan Street, Suite 205
Denver, CO 80212

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

Article XVI shall be amended at Section 2 by deleting the contact information and replacing it with the following:

Board of Trustees of the Eighth District Electrical Benefit Fund
P.O. Box 30751
Salt Lake City, UT 84130
Phone: 844-989-2321

Article XVI shall be amended at Section 12 by deleting the current listing of Trustees and replacing it with the following:

Management Trustees

Rory Berumen, *Alternate*
Rocky Mountain Chapter, NECA
495 Uinta Way, Suite 240
Denver, CO 80203

Patrick Carlson
Wyoming Chapter, NECA
158 South Fenway
Casper, WY 82601

Union Trustees

Brian Bradley
IBEW Local #113
2150 Naegele Rd
Colorado Springs, CO 80904

John Gordon
IBEW Local #233
P. O. Box 131
Helena, MT 59624

Management Trustees

Klaas DeBoer, Jr.
Intermountain Chapter, NECA
2125 West 2300 South
West Valley City, UT 84119

Francis Marcotte, *Alternate*
Sturgeon Electric
12150 East 112th Avenue
Henderson, CO 80640

James Peterson
Berwick Electric
3450 N. Nevada Avenue, Suite 100
Colorado Springs, CO 80907

Mike Schmidt
Montana Chapter, NECA
Reddi Electric, Inc.
P. O. Box 20272
Billings, MT 59104

Josh Wheeler
Idaho Chapter, NECA
Wheeler Electric
469 W. 16th Street
Idaho Falls, ID 83403

Susan King, *Alternate*
Southern Colorado NECA
1070 S. Eighth St.
P. O. Box 61000
Colorado Springs, CO 80960

Union Trustees

Ned Jones
IBEW Local #449
1537 Baldy Ave.
Pocatello, ID 83205-4949

Jerry Payne
IBEW Local #322
691 English Drive
Casper, WY 82601

Jeremy Ross
IBEW Local #68
5660 Logan St
Denver, CO 80216

Steve Woodman
IBEW Local #354
3400 West 2100 South
Salt Lake City, UT 84119

Mark Zaleski, *Alternate*
IBEW Local #291
225 North 16th Street, Suite 110
Boise, ID 83702

Tom Kelley, *Alternate*
IBEW Local #12
P. O. Box 12
Pueblo, CO 81002

Jeff Morrow, *Alternate*
IBEW Local Union #415
810 Fremont Ave
Cheyenne, WY 82001

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 No. 21 to the 2014 Plan was duly adopted and executed on 22nd of July, 2020.

By: By M
Chair

By: A. D. Wheeler
Secretary

AMENDMENT NO. 22
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, 2020:

DEAR PARTICIPANT LETTER

The “Dear Participant” letter shall be amended by deleting paragraph 3 and replacing it with the following paragraph:

The majority of benefits described in this booklet are self-funded and provided by the Fund, except for the Dental Plan and the Medicare Advantage Plan with Part D Coverage (MA-PD Plan) for Medicare Retirees are underwritten by Insurance Companies (whose names can be found in the Quick Reference Chart toward the front of this document).

ARTICLE I: INTRODUCTION

Article I shall be amended under “What This Document Tells You” by deleting the first paragraph and replacing it with the following paragraph:

This Summary Plan Description/Plan Rules and Regulations document describes the applicable Medical (self-funded and MA-PD Plan), Dental, and Vision Plans, Weekly Disability benefit, Personal Care Account, Death and AD&D benefits of the Eighth District Electrical Benefit Fund hereafter referred to as the “Plan” or “the Fund.”

Article I shall be amended by deleting the first bullet point and replacing it with the following:

- Contributions provide coverage for applicable Medical (self-funded and MA-PD Plan) and Dental plan benefits, Death, and AD&D benefits.

Article I shall be further amended by deleting the last two bullet points under “What This Document Tells You” and replacing them with the following:

- The medical (for Eligible Employees, Non-Medicare Eligible Retirees, and their Dependents), personal care account, vision, weekly disability, Death and AD&D benefits of the Plan are self-funded with contributions from participating employers and Eligible Employees and Non-Medicare Retirees held in a Trust. An independent Claims Administrator pays benefits out of Trust assets.
- The MA-PD Plan for Medicare Eligible Retirees and the Dental Plan are insured by Insurance Companies whose names are listed on the Quick Reference Chart in this document.

Article I shall be amended at “Suggestions For Using This Document,” by adding a new bullet point that says:

- If you are a Medicare-eligible Retiree or Medicare-eligible Dependent, review information about the MA-PD Plan and its eligibility requirements.

ARTICLE II: QUICK REFERENCE CHART

Article II shall be amended by adding an information box for the MA-PD Plan as set out below:

MA-PD Plan Administrator for questions regarding medical and prescription benefits, medical providers, and pharmacies.	Labor First Contact (877) 969-2119 (TTY 711)
MA-PD Plan Insurance Company	UnitedHealthcare PO Box 31362 Salt Lake City, UT 84131-0362 Phone: (844) 481-8820 (TTY 711)
Administrator for MA-PD Plan self-payments	BeneSys Administrators, Inc. Mailing Address: Eight District Electrical Benefit Fund – Self Payment P.O. Box 561284 Denver, CO 80256-1284 For Overnight or Express Mail: US Bank Denver Lockbox <i>Attn: Eighth District Electrical Benefit Fund Self Payment – Utah 561284</i> 10035 East 40th Ave., Suite 100 Denver, CO 80238 Phone: (844) 989-2321

ARTICLE III: ELIGIBILITY

Article III shall be amended at Section 4(b)(3) by adding the following language to the text box:

There is no coordination of benefits between Medicare and the MA-PD Plan which covers Medicare-eligible Retirees or Medicare-eligible Dependents.

Article III shall be amended at Section 5 by inserting the following subsection (d) and renumbering all subsequent subsections accordingly:

d. Eligibility Requirements for Medicare-Eligible Retirees and Medicare-Eligible Dependents.

1. Effective January 1, 2020, if you are a Medicare-eligible Retiree or a Medicare-eligible Dependent, you will be transferred from your prior coverage under this Plan to coverage under the Plan's fully insured MA-PD Plan. Non-Medicare-eligible Retirees covered under this Plan will be transferred to the Plan's MA-PD Plan upon attaining Medicare eligibility. In addition to meeting all other requirements for Retiree eligibility set forth in this Section 5, or for Dependent eligibility set forth in

Section 6, Medicare-eligible Retirees and Medicare-eligible Dependents must also enroll in Medicare Parts A and B and pay applicable Part B premiums. If you are a Medicare-eligible Retiree or a Medicare-eligible Dependent and you are not enrolled in Medicare Parts A and B, then you will not be eligible for the MA-PD Plan and you will not be eligible for any benefits under this Plan. Failure to enroll in Medicare Parts A and B will result in you and/or your Dependents no longer being eligible for coverage under the Eighth District Electrical Benefit Fund or the MA-PD Plan.

2. If a Retiree is or becomes a Medicare-eligible Retiree, then the Medicare-eligible Retiree's benefits will be provided through the MA-PD Plan. Any of the Medicare-eligible Retiree's Dependents that are not Medicare-eligible Dependents will remain covered under the Retiree Plan.
3. If the Dependent of a Retiree is or becomes a Medicare-eligible Dependent, then the Medicare-eligible Dependent's benefits will be provided through the MA-PD Plan and the non-Medicare eligible Retiree will remain covered under the Retiree Plan.
4. If a Retiree and his or her Dependent become a Medicare-eligible Retiree and a Medicare-eligible Dependent, respectively, then benefits for both will be provided through the MA-PD Plan and no benefits will be provided under the Retiree Plan.
5. If you are a Medicare-eligible Retiree or a Medicare-eligible Dependent and you cease to meet the eligibility requirements set forth in this section, including for failure to enroll in Medicare Parts A and B, then you will not be entitled to benefits through the MA-PD Plan or the Retiree Plan.
6. If a Retiree or Medicare-eligible Retiree ceases to be covered under either the MA-PD Plan or the Retiree Plan, the Dependent or Medicare-eligible Dependent shall also lose coverage.
7. Coverage under the MA-PD Plan and the Eighth District Electrical Benefit Fund Plan will terminate for any of the reasons set forth in Section 5(j) of this Article III.
8. Coverage under the MA-PD Plan will terminate if a Retiree or Dependent ceases to be Medicare eligible due to a disability or end-stage renal disease ("ESRD") and is not Medicare eligible due to age. In this event, you will be re-enrolled in the Retiree Plan until such time you again become a Medicare-eligible Retiree or Medicare-eligible Dependent.

Article III, Section 5 shall be amended by deleting Section 5(h) (renumbered 5(i)) and replacing it with the following:

- h. **Enrollment in Medicare Parts A and B.** A Medicare-eligible Retiree or Medicare-eligible Dependent will not be eligible for the MA-PD Plan or any other benefits under the Plan if they are not enrolled in Medicare Parts A and B.

Retirees are eligible to enroll in the following Benefit Options:

Type of Benefits (* denotes an insured benefit)	Early Retiree (not Medicare-eligible)	Medicare-eligible Retiree
Option A: Medical Plan including Prescription Drugs benefits BUT NOT the Dental Plan*, Death Benefit, and AD&D.	Yes	No
Option B: MA-PD Plan* BUT NOT the Dental Plan*, Death Benefit, and AD&D	No	Yes
Option C: Medical Plan including Prescription Drugs benefits PLUS Death Benefit and AD&D, BUT NOT the Dental Plan*.	Yes	No
Personal Care Account: Is only available if an individual had this benefit as an active participant. Amounts remaining in the PCA are available for use by a self-pay participant however, no additional contributions will be allowed to be deposited into the PCA.	See comments to the left.	See comments to the left.

Newly eligible Early (non-Medicare eligible) Retirees will have a one-time option Death and AD&D benefits. This one-time option is only available at retirement. Note however, that Death and AD&D benefits is not available to Medicare Retirees.

Once a selection is made, it cannot be changed at a later date, except when a non-Medicare Retired Employee becomes eligible for Medicare he/she will automatically be transferred to the MA-PD Plan on the first day of the month he/she becomes eligible for Medicare.

Article III shall be amended at the current Section 5(i) (renumbered 5(j)) by adding the following numbers 7, 8, and 9:

7. the date the Retiree returns to work and accumulates sufficient hours to be eligible for coverage as an Active Employee under Section 1 of this Article III.
8. the date the Retiree is eligible for Medicare Parts A and B and does not enroll in the same.
9. the date a Medicare-eligible Retiree enrolls in a Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan that is not the MA-PD Plan as defined in Article XVII.

Article III shall be amended by deleting the Section 5(j) (renumbered 5(k)) and replacing it with Section 5(k) (renumbered 5(l)).

Article III shall be amended by deleting Section 5(l) and replacing it with the following:

1. Medicare Retiree One-Time Reenrollment Opportunity.

Effective January 1, 2020, through December 31, 2020, a Medicare-eligible Retiree will be allowed to opt out of the MA-PD Plan and transition to an individual Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan, with the opportunity to reenroll in coverage from the MA-PD Plan if the Medicare-eligible Retiree meets the following criteria:

- 1) (s)he must opt back into the MA-PD Plan with a coverage effective date of January 1, 2021;
- 2) (s)he must provide proof of other coverage from a Medicare Supplement Plan, Medicare Advantage Plan, or a Medicare Part D Plan for the time period they did not have coverage from this Plan; and
- 3) (s)he must provide the appropriate premium payment to this Plan by January 1, 2021.

Article III shall be amended by deleting Section 6(a)(1) and replacing it with the following:

1. Dependent Eligibility: Retirees must enroll their eligible Dependent (including a spouse, child, Domestic Partner, or child of a Domestic Partner) in order for that Dependent to be eligible for benefits under the Plan. In addition, if a Dependent is a Medicare-eligible Dependent, the Medicare-eligible Dependent must enroll in Medicare Parts A and B in order to be eligible for coverage. Refer to Article III, Section 5(d) for more details. There are three opportunities to enroll Dependents for coverage under this Plan: Initial Enrollment (becoming enrolled at the same time the retiree is first eligible), New Dependent Enrollment, and Rolling Enrollment.

Article III shall be amended at Section 6(b)(3) by adding the following language to the text box:

There is no coordination of benefits between Medicare and the MA-PD Plan which covers Medicare-eligible Retirees and Medicare-eligible Dependents.

Article III shall be amended by deleting Section 6(a)(6) and replacing it with the following:

6. Medicare-eligible Dependent One-Time Reenrollment Opportunity.

Effective January 1, 2020, through December 31, 2020, a Medicare-eligible Dependent will be allowed to opt out of the MA-PD Plan and transition to an individual Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan, with the opportunity to reenroll in coverage from the MA-PD Plan if the Medicare-eligible Retiree meets the following criteria:

- 1) (s)he must opt back into the MA-PD Plan with a coverage effective date of January 1, 2021;
- 2) (s)he must provide proof of other coverage from a Medicare Supplement Plan, Medicare Advantage Plan, or a Medicare Part D Plan for the time period they did not have coverage from this Plan; and
- 3) (s)he must provide the appropriate premium payment to this Plan by January 1, 2021.

Article III shall be amended at Section 6(c) by adding the following numbers 7 and 8:

7. attains eligibility for Medicare Parts A and B coverage and does not enroll in same.
8. for Medicare-eligible Dependents, upon enrollment in a Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan that is not the MA-PD Plan as defined in Article XVII.

Article III shall be amended at Section 6(d) by adding the following to numbers 2-5, as noted:

To number 2, add subsection “(e) attains eligibility for Medicare Parts A and B coverage and does not enroll in same.” and subsection “(f) for Medicare-eligible Dependents, upon enrollment in a Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan that is not the MA-PD Plan as defined in Article XVII.”

To number 3, add subsection “(f) attains eligibility for Medicare Parts A and B coverage and does not enroll in same.” and subsection “(g) for Medicare-eligible Dependents, upon enrollment in a Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan that is not the MA-PD Plan as defined in Article XVII.”

To number 4, add subsection “(e) attains eligibility for Medicare Parts A and B coverage and does not enroll in same.” and subsection “(f) for Medicare-eligible Dependents, upon enrollment in a Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan that is not the MA-PD Plan as defined in Article XVII.”

To number 5, add subsection “(g) attains eligibility for Medicare Parts A and B coverage and does not enroll in same.” and subsection “(h) for Medicare-eligible Dependents, upon enrollment in a Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan that is not the MA-PD Plan as defined in Article XVII.”

ARTICLE IV: SELF-PAYMENT PROVISIONS FOR CONTINUATION OF COVERAGE INCLUDING COBRA

Article IV shall be amended at Section 1 by deleting subsections (d) and replacing it with the following:

- d. **For Medicare-eligible Retirees and their eligible Dependents**, the Medical Plan benefits can be continued under COBRA continuation coverage for up to 18 months, or, as an alternative to COBRA, the MA-PD Plan.

Article IV shall be amended by deleting the chart in Section 26(d) and replacing it with the following:

Benefit Options (* denotes an insured benefit)	COBRA Self-Pay Participants	Non-Medicare-eligible Retirees and Medicare-eligible Retirees
Option A: Medical Plan including Prescription Drugs benefits <u>BUT NOT</u> the Dental Plan*, Death Benefit and AD&D.	X	Yes, provided that Medicare-eligible Retirees are only eligible for the MA-PD Plan* and not the Medical Plan and Prescription Drug benefits.

Benefit Options (* denotes an insured benefit)	COBRA Self-Pay Participants	Non-Medicare-eligible Retirees and Medicare-eligible Retirees
Option B: Medical Plan including Prescription Drugs benefits <u>PLUS</u> Death Benefit and AD&D <u>BUT NOT</u> the Dental Plan*.	X	Yes, for Non-Medicare eligible Retirees No, for Medicare-eligible Retirees
Option D: Medical Plan including Prescription Drugs benefits and the Dental Plan*, <u>BUT NOT</u> Death Benefit and AD&D.	X	Option not available
Option E: Medical Plan including Prescription Drugs benefits, and the Dental Plan* <u>PLUS</u> Death Benefit and AD&D.	X	Option not available
Personal Care Account (PCA)	Only available if an individual had this benefit as an active participant. Amounts remaining in the PCA are available for use by a self-pay participant however no additional contributions will be allowed to be deposited into the PCA.	Only available if an individual had this benefit as an active participant. Amounts remaining in the PCA are available for use by a self-pay participant however no additional contributions will be allowed to be deposited into the PCA.
Vision Plan	Yes, for Active Employee and their dependents who were covered under the negotiated Vision Plan when coverage terminated. No, for Early Retirees and Medicare-eligible Retirees	Option not available

ARTICLE VI: MEDICAL PLAN

Article VI shall be amended by re-numbering to Article VI-A and changing the title to “Medical Plan for Active Employees, Non-Medicare Eligible Retirees, and their Non-Medicare Eligible Dependents”

Article VI-A shall be amended by creating an “Introduction” section before Section 1, which shall state as follows:

Introduction. This Article VI-A applies to benefits provided by this Plan only. Benefits provided by the MA-PD Plan are listed in a separate document available upon request. For more information, refer to Article VI-B or contact the MA-PD Plan Administrator using the contact details in Article II: Quick Reference Chart.

Article VI-A shall be amended at Section 11 by adding a new subsection h:

- h. You may be enrolled in only one Medicare Advantage plan and one Medicare Part D prescription drug plan at a time. The plan you enroll in last is the plan that Centers

for Medicare & Medicaid Services considers to be your final decision. If you enroll in another Medicare Advantage plan or a stand-alone Medicare Part D prescription drug plan after your enrollment in this Plan or the MA-PD Plan, you will be unenrolled from this Plan and/or the MA-PD Plan.

ARTICLE VI-B: MEDICAL PLAN FOR MEDICARE ELIGIBLE RETIREES AND MEDICARE ELIGIBLE DEPENDENTS PLAN

The Plan is amended by adding a new Article VI-B titled “Medical Plan for Medicare Eligible Retirees and Medicare Eligible Dependents” as follows:

Effective January 1, 2020, the Plan changed its Retiree coverage for Medicare-eligible Retirees and Medicare-eligible Dependents such that these individuals are automatically enrolled in the MA-PD Plan and unenrolled in the Plan’s other Retiree coverage. As of January 1, 2020, such individuals will be enrolled in and transferred to the MA-PD Plan. Retirees and Dependents who are not Medicare eligible but are covered under the Retiree Plan shall be enrolled in and transferred to the MA-PD Plan upon attaining Medicare eligibility.

The MA-PD Plan is a fully-insured plan insured by an insurance company, not the Eighth District Electrical Benefit Fund. This insurance company may change from time to time. Although Medicare-eligible Retirees pay premiums to the Plan Administrator of the Eighth District Electrical Benefit Fund, the insurance company is responsible for paying claims under the MA-PD Plan.

The MA-PD Plan is subject to a separate and distinct schedule of benefits, cost-sharing limits, exclusions, provider network, clinical programs, and claims procedure. A summary of benefits for the MA-PD Plan will be provided by the insurance company that insures the MA-PD Plan. You may also obtain a summary of benefits by contacting the MA-PD Plan Administrator identified in Article II: Quick Reference Chart. You will receive additional information on benefits and coverage under the MA-PD Plan upon enrollment. In order to participate in the MA-PD Plan, you must be enrolled in Medicare Parts A and B.

ARTICLE VII-A: SCHEDULE OF BENEFITS

Article VII-A shall be amended by changing the title to “Schedule of Medical Plan Benefits for Actives and Non-Medicare Eligible Retirees.”

Article VII-A shall be further amended to remove the references in this entire section to “Medicare-eligible Retirees and their Dependents.”

Article VII-A shall be further amended to make the following changes:

In all rows and columns replace the phrase “Actives and Retirees” with the phrase “Actives and non-Medicare eligible Retirees and non-Medicare eligible Dependents”

ARTICLE VII-B: SCHEDULE OF PRESCRIPTION BENEFITS

Article VII-B shall be amended by changing the title to “Schedule of Prescription Benefits for Actives and Non-Medicare Eligible Retirees.”

ARTICLE VIII – MEDICAL NETWORKS

Article VIII shall be amended by adding the following before Section 1:

Introduction

The following information is only applicable to the self-funded Plan. The MA-PD Plan has its own underlying Medicare network. Information about the Medicare network is available from the MA-PD Plan Administrator identified in Article II: Quick Reference Chart.

ARTICLE IX: PRECERTIFICATION AND MEDICAL REVIEW

Article IX shall be amended at Section 1 by adding the following sentence:

The pre-certification program described here-in only applies only to Actives and non-Medicare eligible Retirees and non-Medicare eligible Dependents. The MA-PD Plan has its own underlying clinical programs. Information about the MA-PD Plan's clinical programs is available from the MA-PD Plan Administrator identified in Article II: Quick Reference Chart.

Article IX shall be amended by removing any reference to the term “retiree” and replace with “non-Medicare retiree”.

ARTICLE X: MEDICAL PLAN EXCLUSIONS

Article X shall be amended by adding the following before Section 1:

Introduction

The following information is only applicable to the self-funded Plan. The MA-PD Plan has different exclusions. Information about the MA-PD Plan's exclusions is available from the MA-PD Plan Administrator identified in Article II: Quick Reference Chart. This Article X applies only to Active and non-Medicare eligible Retirees and non-Medicare eligible Dependents.

ARTICLE XIV: CLAIM FILING AND APPEAL INFORMATION

Article XIV is amended at Section 1 by adding the following sentences at the end of the first paragraph:

Claims arising under the MA-PD Plan are not covered by these procedures. Information about the MA-PD Plan's claim and appeal procedures are furnished by the MA-PD Plan Insurance Company automatically, without charge, as a separate document. For more information or for a copy of these procedures, you may contact the MA-PD Plan Insurance Company or the MA-PD Plan Administrator identified in Article II: Quick Reference Chart.

Article XIV is amended at Section 7(c) by replacing the last sentence of the second paragraph with the following:

For the insured benefits of the Plan, such as the Dental Plan and the MA-PD Plan, follow the claim and appeal procedures outlined in the documents provided by those insurers.

Article XIV is amended at Section 7(d) by replacing the chart with the following:

Appropriate Claims Administrator	Types of Claims Processed
Administrative Office	<ul style="list-style-type: none">Medical including behavioral health and Vision plan post-service claims.Weekly disability claims and PCA claimsDeath benefitAccidental death and dismemberment
Utilization Management Company	<ul style="list-style-type: none">Pre-service, urgent, and concurrent claims
MAP and EAP Program	<ul style="list-style-type: none">Preservice claims for MAP and/or EAP visits
Prescription Drug Program	<ul style="list-style-type: none">Drugs needing pre-service reviewPost-service drug claims
MA-PD Plan Insurance Company	<ul style="list-style-type: none">Pre-service and post-service claims arising under MA-PD Plan
Dental Plan Insurance Company	<ul style="list-style-type: none">Dental pre-service and post-service claims

Article XIV shall be amended at Section 20 by replacing the first sentence with the following:

For the insured benefits of the Plan, such as the Dental Plan and the MA-PD Plan, follow the claim and appeal procedures outlined in the documents provided by those insurers.

ARTICLE XV: COORDINATION OF BENEFITS (COB)

Article XV shall be amended at Section 1 shall be amended by adding the following paragraph:

In the event of conflict, Medicare Secondary Payer rules take precedence over any Plan rule. Effective January 1, 2020, the Plan provides retiree benefits under the fully-insured MA-PD Plan. This Article XV shall not apply to individuals enrolled in the MA-PD Plan on or after January 1, 2020, notwithstanding any contrary language. The rules of this Article XV shall still apply to any relevant claims incurred before January 1, 2020.

ARTICLE XVI: GENERAL PROVISIONS AND ERISA INFORMATION

Article XVI shall be amended at Section 5 by replacing the second paragraph with the following:

Independent insurance companies (whose names and contact information are listed on the Quick Reference Chart in Article II) administer the fully insured benefits of this Plan (including the Dental plan and the MA-PD Plan) and provide payment of claims associated with these benefits.

Article XVI shall be amended at Section 6 by replacing the second paragraph with the following:

With respect to the insured benefits of the Plan (Dental Plan and MA-PD Plan), please contact the insurance companies or plan administrator whose names and contact information are listed on the Quick Reference Chart in Article II.

ARTICLE XVII: DEFINITIONS

Article XVII shall be amended at “Covered Individual” by deleting the current definition and replacing it with the following:

Covered Individual: Any employee and/or non-Medicare eligible retiree and that person’s eligible Spouse, or Dependent Child, Domestic Partner or Domestic Partner Dependent Child (as these terms are defined in the Plan) who has completed all required formalities for enrollment for coverage under the Plan and is actually covered by the Plan.

Article XVII shall be amended at “Deductible” by deleting the current definition and replacing it with the following:

Deductible: The amount of Eligible Medical Expenses you are responsible for paying before the Plan begins to pay benefits. The amount of Deductibles for Covered Individuals is discussed in the Medical Plan Article of this document. Information about the amount of Deductibles for individuals covered by the MA-PD Plan is available by contacting the MA-PD Plan Administrator using the information set forth in Article II: Quick Reference Chart.

Article XVII shall be amended at “Retired Employee or Retiree” by deleting the current definition and replacing it with the following:

Retired Employee or Retiree: means an Early (non-Medicare eligible) Retired Employee who meets the eligibility requirements set forth in Article III or a Medicare-eligible Retired Employee who meets the eligibility requirements set forth in the MA-PD Plan. The terms Retired Employee or Retiree shall not include a Dependent Child or the surviving Spouse, Domestic Partner or Domestic Partner Dependent Child of a deceased Retiree.

Article XVII shall be amended at “Maximum Plan Benefits” by deleting the current definition and replacing it with the following:

Maximum Plan Benefits: The maximum amount of benefits payable by the Plan (and described more fully in the Medical Plan Article of this document) on account of medical expenses incurred by any covered Plan Participant, described below:

- **Limited Overall Maximum Plan Benefits:** Certain Plan benefits are subject to limitations that are not considered Lifetime maximums or Annual maximums. These other types of maximums are referred to under this Plan as Limited Overall Maximums. Examples include: Morbid Obesity and Respite care services.

The services or supplies that are subject to Limited Overall Maximum Plan Benefits and the amounts of these maximums are identified in the Schedule of Medical Benefits. Once the Plan has paid the Limited Overall Maximum Plan benefit for any of those services or supplies on behalf of any Covered Individual, it will not pay any further Plan benefits for those services or supplies on account of that Covered Individual.

- **Annual Maximum Plan Benefits:** Plan benefits for certain Eligible Medical Expenses are subject to Annual Maximums per Covered Individual or family during each Calendar Year. Once the Plan has paid the Annual Maximum Plan Benefit for any of those services or supplies on behalf of any Covered Individual or family, it will not pay any further Plan benefits for those services or supplies on account of that Individual or family

for the balance of the Calendar Year. The services or supplies that are subject to Annual Maximum Plan Benefit are identified in the Schedule of Medical Benefits.

Information about the Maximum Plan Benefits for the MA-PD Plan may be obtained by contacting the MA-PD Plan Administrator identified in Article II: Quick Reference Chart.

Article XVII shall be amended by creating the term “MA-PD Plan” and defining it as follows:

MA-PD Plan: The fully-insured Medicare Advantage-Part D plan described in Article VI-B.

Article XVII shall be amended by creating the term “Medicare-eligible Retiree” and defining it as follows:

Medicare-eligible Retiree: A Retiree who is eligible for Medicare based upon one of the following: (1) attaining age 65 or older, (2) incurring a Medicare-qualifying disability, or (3) incurring End-Stage Renal Disease (ESRD).

Article XVII shall be amended by creating the term “Medicare-eligible Dependent” and defining it as follows:

Medicare-eligible Dependent: A Dependent of a Retiree who is eligible for Medicare based upon one of the following: (1) attaining age 65 or older, (2) incurring a Medicare-qualifying disability, or (3) incurring End-Stage Renal Disease (ESRD).

Article XVII shall be amended at “Retiree Plan” by replacing the definition with the following:

Retiree Plan: means the Eighth District Electrical Benefit Fund’s Medical plan of benefits (as described in this document) that is maintained by the Board of Trustees and which is available to eligible Early (non-Medicare eligible) Retirees. The Retiree Plan is distinct from the MA-PD Plan as defined in this Article XVII.

CONFIRMATION

The undersigned Chair and Secretary of the Board of Trustees of the Eighth District Electrical Benefit Fund do hereby certify that the foregoing Amendment No. 22 to the 2014 Plan was duly adopted and executed on July 22, 2020.

By: Bon B
Chair

By: A. J. Whul
Secretary