

AMENDMENT NO. 26  
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 stated below, the Summary Plan Description/Plan Rules and Regulations is amended effective January 1, 2022:

Article VII – Schedule of Medical Plan Benefits is amended at Radiology (X-Ray), Nuclear Medicine and Radiation Therapy Services (Outpatient) by modifying the 1<sup>st</sup> bullet in the Explanations and Limitations column to no longer require precertification for high tech radiology services as follows:

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

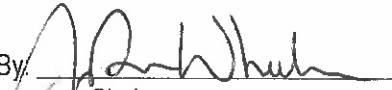
Article IX – Precertification and Medical Review is amended at the table in Section 5a by deleting #7 in the What Services Must Be Precertified column and renumbering the subsequent services accordingly. The updated table is as follows:

WHAT SERVICES <u>MUST</u> BE PRECERTIFIED:	MEDICAL REVIEW FIRM TO BE CONTACTED	PENALTY FOR FAILURE TO PRECERTIFY
<ol style="list-style-type: none"> <li>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.)</li> <li>2. Partial hospitalization, residential treatment program admission, skilled nursing facility admission and inpatient rehabilitation (Note that there is no coverage for a non-network residential treatment program, skilled nursing facility or inpatient rehabilitation facility even if precertified.)</li> <li>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.</li> <li>4. The following procedures: surgical treatment of morbid obesity, 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.</li> <li>5. Home Health Care services</li> <li>6. Home Infusion services including outpatient injectable drugs administered in an outpatient facility.</li> <li>7. Speech therapy.</li> <li>8. Orthotic devices.</li> <li>9. Prosthetic devices including implantable hearing aids such as cochlear implants.</li> <li>10. Durable Medical Equipment.</li> <li>11. For individuals who will participate in a clinical trial, precertification is required in order to notify the Plan that routine costs, services and supplies may be incurred by the individual during their participation in the clinical trial.</li> </ol>	<p style="text-align: center;"><b>Utilization Management Company</b></p> <p>whose name and phone number are listed on the Quick Reference Chart in the front of this document.</p>	<p style="text-align: center;">If you fail to notify the Utilization Management Company <u>before receiving any services requiring precertification (noted to the left) then, <b>benefits may NOT be paid for the related expenses.</b></u></p>

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 #26 to the 2014 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