



Eighth District Electrical Benefit Fund



Summary of Material Modifications to the Eighth District Electrical Benefit Fund Active, Basic & Retiree Plans

This Summary of Material Modifications (SMM) will advise you of certain material modifications that have been made to the Active, Basic and Retiree Plan 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 ACTIVE, BASIC & RETIREE PLANS

Changes to the Plans’ Definition of Eligible Dependents

Effective January 1, 2021, Domestic Partners and Dependent Children of Domestic Partners will no longer be eligible for benefit coverage under the Plans. After this date, the Domestic Partner will be required to be legally married to an Eligible Employee or Retiree to continue eligibility as a Dependent under the Plan. In addition, as of that date, if a Domestic Partner is no longer eligible for coverage because the Domestic Partner is not a legal spouse, then the Domestic Partner’s Dependent Children will no longer be eligible for coverage as well.

In other words, effective January 1, 2021, the Plans will cover the following dependents of an Eligible Employee:

1. The Eligible Employee’s **legal spouse**, meaning a person to whom the Eligible Employee is legally married to* and not legally separated from.

**This may include a common law spouse if the Fund obtains sufficient documentation that such marriage meets the requirements of a valid common law marriage in a state that allows common law marriages to be established in that state. This is because valid common law marriages are legal marriages. This means that in the event that you and your spouse are no longer together, you will be required to submit a copy of a Divorce Decree or a Decree of Legal Separation from a court to remove your spouse as a Dependent. You should consult legal counsel on the legal implications and consequences of a common law marriage.*

2. The Eligible Employee's **Dependent Child**, meaning a child that:

(a) Has One of the Following Relationships with the Eligible Employee:

- Son, daughter, stepson, or stepdaughter
- A legally adopted child or a child placed for adoption;
- A child for whom the Eligible Employee has responsibility for under a current permanent legal guardianship order; or
- A child who is covered by the Plan pursuant to a Qualified Medical Child Support Order ("QMCSO")

And

(b) Meets One of the Following Requirements:

- (1) (s)he is under the age of 26; or
- (2) (s)he is incapable of self-sustaining employment by reasons of mental or physical disability that commenced (1) while the child was covered by the Fund as a dependent and (2) before the child would have lost coverage from the Fund if not for the disability. You must submit proper notification and proof of such disability to the Administrative Office within thirty-one (31) days of the child's 26th birthday. This is known as Disabled Adult Child coverage.

You may be required to submit proof of relationship information to confirm that your Dependents are eligible for coverage from the Plans.

To ensure that Plan Dependents meet the Plans' eligibility rules, the Trustees have authorized Health Management Systems, Inc. ("HMS"), an independent third-party cost containment company, to verify the eligibility of dependents covered by the Plans. HMS specializes in verifying health plan eligibility and has the expertise necessary to complete this program accurately and successfully, and to limit inconvenience to participants. More information will be forthcoming regarding this dependent eligibility audit, which will likely commence in January 2021. Please watch your mailings for this information from HMS in the coming months.

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.8thdist.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 following information is an illustrative example of the average cost of care for each type of medical provider. As you can see if you do not have a true emergent medical condition you can be treated at a much lower cost than the Emergency Room.

Lower Costs  **Higher Costs**

Telehealth Doctor on Demand	Doctor's Office	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

Please direct any questions you may have about this announcement to the Trust Fund Office at (884) 989-2321.

*This document has been uploaded and is available on the participant website at
www.yourtrustoffice.net/ibew8thdistrict/*