



Eighth District Electrical Benefit Fund



Summary of Material Modifications to the Eighth District Electrical Benefit Fund Regular and Basic Plans

This Summary of Material Modifications (SMM) will advise you of certain material modifications that have been made to the Regular and Basic Plans 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 REGULAR & BASIC PLANS

Retiree Eligibility Clarifications – Regular Plan Only

Effective January 25, 2021, the Trustees have made the following clarifications to the Retiree eligibility rules:

- Retiree’s application to participate must be filed with the Administrative Office by the first day of the month coinciding with the effective date of the applicant’s Pension from the Eighth District Electrical Pension Fund or by the fifteenth (15th) day of the month following the month in which the applicant lost eligibility under the eligibility rules of the Medical Plan for Active Employees, whichever occurs later. Coverage under the Plan as a Retiree (Early Retiree or Medicare-eligible Retiree) must be continuous immediately following the loss of eligibility as an Active Employee, either through Employer contributions, hour bank coverage, or COBRA continuation coverage.
- If the Retiree is not eligible to receive a retirement benefit from either the Eighth District Electrical Pension Plan or Annuity Plan, to be considered a Retired Employee, the Retiree must self-certify on a form approved by the Trustees that they are retiring and will not return to work in the electrical industry in accordance to work outlined in the Collective Bargaining or Participation Agreement.
- The Trustees clarified that in order to be eligible for Retiree coverage, the “Years of Service” requirements in the Plan have been interpreted to mean “months of coverage in the Plan.” In other words, Retirees must meet the following Active Plan participation requirements prior to retirement, depending on a Retiree’s age at retirement:



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1. If the Employee retires between the ages of 55 and 60, the employee must have participated in the Medical Plan as an Active Employee for:
 - a. 60 of the last 84 months immediately prior to retirement; and
 - b. a minimum of 240 months.
 2. If the Employee retires at age 60 or older, the employee must have participated in the Medical Plan as an Active Employee for:
 - a. 60 of the last 84 months immediately prior to retirement; and
 - b. a minimum of 120 months.
- A Retired Employee will become eligible under the Plan as a Retiree on the first day of the month during which application for a pension or disability application has been approved from the Eighth District Electrical Pension Fund or the date eligibility under the Medical Plan for Active Employees through either Employer contributions or COBRA Coverage for the Eighth District Electrical Benefit Fund terminates whichever is later, provided application to participate and the required self-payment premium has been made.

Extended Expanded Telehealth Benefit

Effective for services incurred from April 1, 2021 – June 30, 2021, the Plan will continue to cover all virtual visits that are provided by a Physician's office via telephone call or video chat in lieu of a face to face visit in the office. Virtual visits can be for any diagnosis, it does not have to be COVID-19 related. If the virtual visit is provided by an In-Network provider, it will be at **no cost to you**. If the virtual visit is provided by an Out-of-Network provider, it will be paid according to the Plan's standard Out-of-Network rates, up to the Allowed Charge, including the deductible and applicable coinsurance. This means that if you choose an Out-of-Network provider, you could be balanced billed in addition to the deductible and applicable coinsurance.

Prior to this change, the expanded Telehealth Benefit applied to services incurred from March 24, 2020 – March 31, 2021.

American Rescue Plan Act of 2021 and 100% COBRA Premium Assistance

The American Rescue Plan Act of 2021 (ARPA) provides 100% COBRA premium assistance for COBRA Premiums due April 1, 2021 – September 30, 2021 to qualified beneficiaries (i.e. Individuals who are eligible for COBRA continuation coverage) who meet the following criteria:

- At any time between April 1, 2021 and September 30, 2021, such individual was or is eligible to elect COBRA continuation coverage;
- The individual elected such COBRA continuation coverage either initially or with a "second chance" election;



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- The individual lost coverage from the Plan based on either an involuntary termination of employment or a reduction in hours;
- The individual **MUST NOT** be eligible for coverage under any other group health plan, such as a plan sponsored by another employer or spouse's employer;
- The individual **MUST NOT** be eligible for Medicare; and
- The individual must complete the COBRA Coverage Election Form and Request for Treatment as an Assistance Eligible Individual Form and return both forms to the Fund Office in a timely manner.

If you may be eligible for the federal COBRA premium assistance, you will receive more information about the federal COBRA premium assistance from the Fund Office in a separate mailing, including the Request for Treatment as an Assistance Eligible Individual Form. Please note that any required Forms must be returned in the timeframes listed on the applicable form and are not subject to any COVID-19 Deadline Extension Relief.

When will the free COBRA continuation coverage end?

An individual's free COBRA continuation coverage under ARPA will end on the earliest of the following dates:

- September 30, 2021;
- The last day of the month in which you are eligible for COBRA continuation coverage from the Plan;
- The date on which you once again become a Covered Employee in the Eighth District Electrical Benefit Fund (either Regular Plan or Basic Plan);
- The date on which you become eligible for coverage under any other group health plan; or
- The date on which you become entitled to Medicare.

In addition, even though it is not anticipated, if the 100% COBRA premium assistance period is extended by the government, the Plan will automatically extend this provision. For more information on the federal COBRA subsidy, please contact the Administrative Office.

Temporary Suspension of the Regular Plan's current COBRA Subsidy and Short Hour Self-Payment

Short Hour Self-Payment: Currently, the Plan allows participants to make short hour self-payments for up to two months in a twelve-month period under certain circumstances due to unemployment or under employment. During the time the ARPA provides 100% COBRA premium assistance (as explained above), the Plan will temporarily suspend this provision. This means that in order to continue coverage from the Plan from April 1, 2021 through September 30, 2021, an individual must elect COBRA continuation coverage.



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COBRA Subsidy for Active Participants in the Regular Plan: The Plan also currently provides a temporary COBRA subsidy up to three months for Qualified Beneficiaries in the Regular Plan. The subsidy is not associated with ARPA. For the period beginning, June 1, 2021 through the remaining period ARPA provides 100% COBRA premium assistance (as explained above), the Plan will temporarily suspend the three-month Plan subsidy.

Once the ARPA 100% COBRA subsidy expires, the Plan will reinstate the short hour self-payments and temporary COBRA subsidy up to three months for Qualified Beneficiaries in the Regular Plan.

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.8thDistrictBenefits.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.**

Also, effective for visits from March 24, 2020 – June 30, 2021, the Plan will continue to cover all virtual visits provided by a Physician's office via telephone call or video chat provided by a Physician in lieu of a face to face visit in the office. Virtual visits can be for any diagnosis. If the virtual visit is provided by an In-Network provider, it will be at **no cost to you**. If the virtual visit is provided by an Out-of-Network provider, it will be paid according to the Plan's standard Out-of-Network rates, up to the Allowed Charge, including the deductible and applicable coinsurance.

The following information is an illustrative example of the average cost of care for each type of medical provider.

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