



Eighth District Electrical Fringe Benefit Funds

Date: May 26, 2020

To: All Active Employees, Early Retirees and Medicare-eligible Retirees and their Dependents, including COBRA Beneficiaries participating in the Eighth District Electrical Benefit Fund

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

This Summary of Material Modifications (SMM) will advise you of certain material modifications that have been made to the Regular Plan regarding coverage for Retiree benefits 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 2014 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 Plan, its amendments, and SMMs can be found on the Fund's website at www.8thdist.org or <https://8thdist.org/>. Hard copies are available by contacting the Administrative Office.

SUMMARY OF MODIFICATIONS TO THE REGULAR PLAN

The Board of Trustees has made changes to the Plan to provide a Medicare Advantage Plan with Part D coverage for Retirees eligible for Medicare.

Effective January 1, 2020, Retirees eligible for Medicare and Dependents of Retirees who are eligible for Medicare will be enrolled in a Medicare Advantage Plan with Part D coverage (MA-PD Plan) insured through UnitedHealthcare instead of the Eighth District Electrical Benefit Fund Medical Plan for Retirees. Please see the attached benefit information and MA-PD Plan FAQs for more information

In order to be eligible in the MA-PD Plan, all Medicare-eligible Retirees and Medicare-eligible Dependents must enroll in Medicare Parts A and B. In addition, if a Medicare-eligible Retiree or a Medicare-eligible Dependent does not enroll in the MA-PD Plan, coverage under the Eighth District Electrical Benefit Fund will not be available.

Payments will continue to be collected by the Administrative Office. Any questions regarding MA-PD Plan benefits should be directed to Labor First at (877) 969-2119. Questions about pre-service and post-service benefit claims and appeals should be directed to UnitedHealthcare at (844) 481-8820 (TTY 711), or in writing at PO Box 31362, Salt Lake City, UT 84131-0362.

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130

Toll Free: 844-989-2321

www.8thDistrictBenefits.org

Please keep this SMM with your Summary Plan Description (SPD)/Plan Rules and Regulations for easy reference to all Plan provisions. If you have any questions regarding this notice or any other benefits covered by the Plan, you can contact the Administrative Office at (844) 989-2321.

Sincerely,
Board of Trustees

2020 –Eighth District Electrical Benefit Fund Medicare Eligible Medical and Prescription Drug Coverage

FREQUENTLY ASKED QUESTIONS

PLAN DESIGN:



Group Medicare Advantage Prescription Drug

MEDICAL	YOU PAY
Maximum out of Pocket	\$400
Deductible	\$400 Inpatient, \$183 Outpatient
Inpatient Services	\$0
Emergency Care	\$0
Ambulance Services	\$0
Urgent Care	\$0
Skilled Nursing Facility	\$0 per day, days 1-100
Home Health Care	\$0
Preventative Services	\$0
Office Visit	20%
Specialist Visit	20%
Therapy (Occupational/Physical/Speech)	20%
Diagnostic Procedure/Tests	20%
Lab Services	20%
Part B Medications	\$0

Prescription	30-day Retail You Pay Up To	90-day Retail You Pay Up To	90-day Mail Order You Pay Up To
Annual Deductible \$0			
Tier 1 Generic	10% with a \$10 minimum and a \$20 maximum	10% with a \$10 minimum and a \$20 maximum	\$20
Tier 2 Preferred Brand	25% with a \$25 minimum and a \$50 maximum	25% with a \$25 minimum and a \$50 maximum	\$50
Tier 3 Non-Preferred Brand	50% with a \$50 minimum and a \$100 maximum	50% with a \$50 minimum and a \$100 maximum	50%
Tier 4 Specialty	\$35	N/A	N/A

PLAN QUESTIONS:

1. What is changing?

Beginning January 1, 2020, Medicare eligible Retirees and Medicare eligible dependents who previously obtained retiree health coverage from the Eighth District Electrical Benefit Fund Plan ("Eighth District Plan") will instead be transferred to a Medicare Advantage-Part D Plan that is fully insured by UnitedHealthcare ("UnitedHealthcare Plan"). In order to be eligible for benefits under the UnitedHealthcare Plan, all Medicare eligible Retirees and Medicare eligible dependents must be enrolled in Medicare Parts A and B.

2. Are there any plan differences?

Yes. Benefits under the fully-insured UnitedHealthcare Plan are different from benefits offered under the Eighth District Plan. These differences include several improvements. Some of the improvements include:

- Your Maximum Out of Pocket for medical services has decreased.
 - If you utilize Part A services first you will be responsible for the first \$400.
 - If you utilize your Part B services first you will be responsible for the first \$183 and then have a 20% coinsurance until you meet your \$400 Maximum out of Pocket.
 - You will never pay more than \$400 out of pocket for any Medicare approved services for the year.
- You are no longer tied to a Cigna Preferred Provider Network as previously covered. Any provider that accepts Medicare is a covered provider under this arrangement.

- You are no longer limited to using Walgreens for a 90-day supply and may go to any pharmacy in the UnitedHealthcare Group network. Your prescription coverage is no longer through Express Scripts for this arrangement.
- Non-preferred Brand name drugs have a maximum copay of \$100 at the retail pharmacy.
- Lifestyle medications such as weight loss, hair loss, and erectile dysfunction will now be covered.
- Silver Sneakers Program is now included. This is a health and fitness program designed for adults 65+.
 - Access to 16,000 gyms and fitness locations across the nation
 - You can visit silversneakers.com to find locations and classes.
 - Includes fitness classes, weight equipment, exercise machines, pools, and more
 - You will receive a Silver Sneakers welcome kit and ID card in February. You may present your UnitedHealthcare ID card or Driver's License in the interim.
- You will have a \$500 hearing aid allowance toward the purchase of hearing aids every 36 months.

3. Do I need to do anything to enroll?

No. All Medicare eligible retirees and/or Medicare eligible dependents will automatically be enrolled into this plan.

4. Can I stay on the current plan?

No. All Medicare eligible retirees and/or Medicare eligible dependents must change over to this plan. Your current plan will no longer be available, effective January 1, 2020.

5. What If my spouse or dependent Is not Medicare Eligible?

They will retain the current benefits under the Eighth District Plan that you previously received until they reach Medicare eligibility themselves.

6. Can I leave the plan and come back?

Under the Eighth District Plan rules, Medicare-eligible Retirees are allowed to transition to an individual Medicare Supplement Plan, Medicare Advantage Plan, and/or a Medicare Part D Plan, with the one-time opportunity to reenroll in coverage from the Eighth District Plan. To be eligible to reenroll in the Eighth District Plan, you may have only left the Plan for one calendar year. In other words, if you leave the Eighth District Plan and would like the opportunity to re-enroll in the Eighth District Plan, you must elect to come back to the Eighth District Plan with an effective date of coverage of January 1st of the year immediately after the calendar year you opted out of coverage. If you do not re-enroll by that time, you will not be eligible for benefits under Eighth District Plan again. To re-enroll, you must provide the Eighth District Plan with proof of credible coverage and pay the applicable premium by the effective date of the coverage.

7. When will I receive my card/ Welcome Kit?

New ID Cards and Welcome Kits should be received by the middle to the end of December. You will see UnitedHealthcare logo on these cards. Members and Medicare eligible dependents will each receive their own card with their own unique ID number. Please note that each enrollee may receive their plan information and cards on different days. This is normal. If your spouse or dependents are not Medicare eligible they will retain the current benefits under the Eighth District Plan that you previously received until they reach Medicare eligibility themselves.

8. What do I do if I lose my card?

Please call Labor First Toll Free at **877.969.2119 (TTY 711)** and we will obtain a new one on your behalf, mail/email/fax you a temporary card, and call your pharmacy and/or providers if needed.

9. How much do I have to pay for the plan?

The Administrative Office of the Eighth District Electrical Benefit Fund (BeneSys Administrators, Inc.) will continue to accept your monthly premiums. They can be reached at **844.989.2321** to answer any premium questions.

10. Who do I call if I need assistance with the plan?

Please call Labor First Toll Free at **877.969.2119 (TTY 711)** to reach your Dedicated Eighth District Electrical Benefit Fund Medicare Advocate team from the hours of 8:00am to 5:00pm MWT.

MEDICAL QUESTIONS:

11. Is there a Part A and/or Part B Deductible?

Yes.

- If you utilize Part A services first you will be responsible for the first \$400.
- If you utilize your Part B services first you will be responsible for the first \$183.
- If you meet your Part B deductible of \$183 and then go to the hospital, you will be responsible for the remaining balances up until you have paid \$400 out of pocket.
- You will never pay more than \$400 out of pocket for any Medicare approved services for the year.

12. Are there Co-insurance or Copays?

Yes. You will be responsible for a 20% coinsurance on Part B type only services until your \$400 Maximum Out of Pocket is met. Part A type services will satisfy the \$400 Maximum out of Pocket as well. Once this is met you will have no out of pocket medical expenses on Medicare approved services for the remainder of the year.

13. Can I go to my current providers?

You can see any provider that accepts Medicare. You are no longer limited to a preferred provider network.

14. What if my Provider says they do not accept this plan?

If your provider accepts Medicare they will be paid the same by UnitedHealthcare whether they are considered in or out of network. Please call Labor First Toll Free at **877.969.2119 (TTY 711)** for assistance. We can reach out to your provider to educate them on your benefits.

15. Does this plan require referrals?

No, this plan does not require referrals.

16. Does this plan have a network?

No, you can see any provider, hospital, or facility as long as they accept Medicare and is willing to bill UnitedHealthcare. Your benefits are the same in and out of network.

17. Do I still use my Medicare Card?

No. Put your Medicare card in a safe place in case you need it later. You will only use your new UnitedHealthcare ID Card for any medical and prescription needs.

PRESCRIPTION QUESTIONS:

18. Is there a Prescription Deductible?

No.

19. Are my drugs covered?

Most likely yes as the UnitedHealthcare plan covers more drugs than your current plan. The UnitedHealthcare Plan has a Comprehensive Formulary meaning most FDA approved medications are covered. You will receive an Abridged Formulary showing the most commonly used medications with your Welcome Kit and cards. Please call Labor First at **877.969.2119 (TTY 711)** if you need you do not see your drug listed or need help looking up your drugs.

20. Is there Donut Hole Coverage?

Yes. The plan has Full Donut Hole Coverage.

21. Is there Catastrophic Coverage?

Yes. The plan has Catastrophic Coverage. You will never pay more than your regular copays.

22. Are my Copays/Coinsurance structure staying the same?

Your copays are slightly changing. At the retail pharmacy non-preferred brands will now have a maximum copay of \$100 for 30- and 90-day fills. Drugs can change tiers year to year and carrier to carrier. If you have any questions about your copays please call Labor First at **877.969.2119 (TTY 711)**.

23. Can I go to the same Retail Pharmacy?

There should be little to no pharmacy disruption. UnitedHealthcare has over 60,000 pharmacies in network including all major chains and small mom and pop pharmacies. You do NOT need new prescriptions for retail pharmacy fills.

24. Is there a Mail Order Pharmacy?

Yes, but you can also use most retail pharmacies for a 90-day supply for the same copay as a 30-day supply. UnitedHealthcare uses Optum Rx for Mail Order Delivery. You will receive more information from UnitedHealthcare directly. If you previously used the mail order program through Express Scripts you will be required to change. Please contact Labor First at **877.969.2119 (TTY 711)** to assist you with this transition.

25. Will my prescriptions transfer from the old plan?

If you use the Retail Pharmacy, and have fills remaining, you do NOT need to obtain new scripts. If you use Mail Order, you WILL need to obtain new scripts from your Provider.

26. Can I still go to the VA for my drugs?

Yes. If you obtain some drugs from the VA, you may continue to do so.

27. Do I need Prior Authorizations (PA) for certain prescription medicines?

Some drugs may require a PA. Please contact Labor First Toll Free at **877.969.2119 (TTY 711)** if you have questions or need assistance with Prior Authorizations as well as any other requirements such as Step Therapy, Quantity Limit, or Formulary Exceptions.

Card Sample:

Front:



Back:

