AMENDMENT NO. 12
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 January 1, 2017, the Summary Plan Description/Plan Rules and Regulations is amended as follows:

Article VII, the Behavioral Health row of the Schedule of Medical Plan Benefits, is amended to add the text in italics and delete the text in strike-through:

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** 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
Behavioral Health Services: (Mental Health and Substance Abuse Treatment) • **NOTE: The EAP Program offers free counseling visits.** See the Quick Reference Chart for the phone number to the EAP Program. The EAP benefits of this Plan may be used for smoking/tobacco cessation counseling. • Inpatient Admission including ~~partial hospitalization~~ *residential treatment program.* • Behavioral Health residential treatment program is covered from in-network providers only for individuals needing treatment in a highly structured 24-hour therapeutic environment when care cannot be safely or effectively treated in a less intensive setting. A residential treatment facility must be properly licensed in the state in which the facility operates. • Outpatient Visits *and other outpatient services such as intensive outpatient program and partial hospitalization.*	• **All inpatient admissions ~~partial hospitalization~~ and residential treatment program admissions 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 requirements of the Plan. • Partial hospitalization means treatment of mental, nervous, or emotional disorders and substance abuse for at least three (3) hours, but not more than twelve (12) hours in a twenty-four (24) hour period. • See the specific exclusions related to Behavioral Health Services in the Exclusions Article. • Expenses for Applied Behavioral Analysis (ABA) Therapy (as defined in the Definitions Article of this document) and related services are not covered by the Plan. • Outpatient prescription drugs for Behavioral Health are payable under Drugs in this Schedule of Medical Benefits.	**EAP Counseling:** No charge **Actives and Retirees:** 75% after Deductible met	**Inpatient Admission, Partial Hospitaliza-tion and Outpatient services for Actives and Retirees:** 50% after Deductible Met **Residential Treatment Program Admission:** Not covered.	**Actives and Retirees:** 75% after Deductible met

Article IX, Section 5 is amended to add the text in italics and delete the text in strike-through.

Section 5: PRECERTIFICATION (PRESERVICE) REVIEW

a. **How Precertification Review Works:**

Precertification Review is a procedure, administered by the Medical Review firms under contract to the Plan, including the Utilization Management firm and Prescription Drug Program, to assure that health care services meet or exceed accepted standards of care and that health care services are medically necessary.

Prior notification does not mean benefits are payable in all cases. Coverage depends on the services that are actually provided, your eligibility status at the time service is provided, and any benefit limitations. If you fail to get the requested services preauthorized before receiving such services, the Plan may still cover the service if it meets the Plan's medical necessity criteria, subject to any benefit limitations.

You or your Physician must precertify (pre-approve) the following services BEFORE the services are provided:

WHAT SERVICES MUST BE PRECERTIFIED:	MEDICAL REVIEW FIRM TO BE CONTACTED	PENALTY FOR FAILURE TO PRECERTIFY[1]
If you use a CIGNA participating provider, your doctor will work with CIGNA to arrange precertification. If you use a Wise provider, you or your provider will need to call the Utilization Management Company whose name and phone number are listed on the Quick Reference Chart in the front of this document. If you use a provider who does not participate in CIGNA or Wise, YOU are responsible for obtaining precertification of these services: 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). 2. ~~Partial hospitalization~~, Residential treatment program admission, skilled nursing facility admission and inpatient rehabilitation admission. (Note that there is no coverage for a non-network residential treatment program, skilled nursing facility or inpatient rehabilitation facility even if precertified.) 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. 4. The following procedures: Surgical treatment of morbid obesity/bariatric surgery, 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. 5. Home Health Care services and Home Infusion services 6. Outpatient injectable drugs administered in an outpatient facility. 7. Diagnostic radiology type services (such as MRI, CT scan, PET scan, nuclear radiology service, etc.). 8. Speech therapy. 9. Orthotic devices. 10. Prosthetic devices including implantable hearing aids such as cochlear implant. 11. Durable Medical Equipment. 12. 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.	**The Utilization Management (UM) Company** whose name and phone number are listed on the Quick Reference Chart in the front of this document.	**If you fail to notify the Utilization Management Company before receiving any services requiring precertification (noted to the left) then, benefits may NOT be paid for the related expenses.**

WHAT SERVICES MUST BE PRECERTIFIED:	MEDICAL REVIEW FIRM TO BE CONTACTED	PENALTY FOR FAILURE TO PRECERTIFY[1]
Certain Specialty 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 benefits may NOT be paid for the related expenses.**

Article X, Section 2B is amended to add the text in italics:

B. Behavioral Health Care Exclusions

1. Expenses for hypnosis, hypnotherapy and/or biofeedback.
2. Expenses related to enuresis (bedwetting).
3. Expenses for **Applied Behavioral Analysis (ABA) Therapy** (as defined in the Definitions Article of this document) and related services.
4. Expenses for Behavioral Health Care services related to:
   - dyslexia, learning disorders, educational delays, including tests and related expenses to determine the presence of or degree of a person's dyslexia or learning/reading disorder.
   - vocational disabilities;
   - court-ordered Behavioral Health Care services *(unless determined to be medically necessary)* or custody counseling;
   - family planning/pregnancy/adoption counseling;
   - Marital or family counseling (except that such counseling is available from the Plan's Employee Assistance Program (EAP)).

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 #12 to the 2014 Plan was duly adopted and executed at a meeting of the Board of Trustees called and held on December 15, 2016.

By: _____
Chairperson

By: _____
Secretary

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