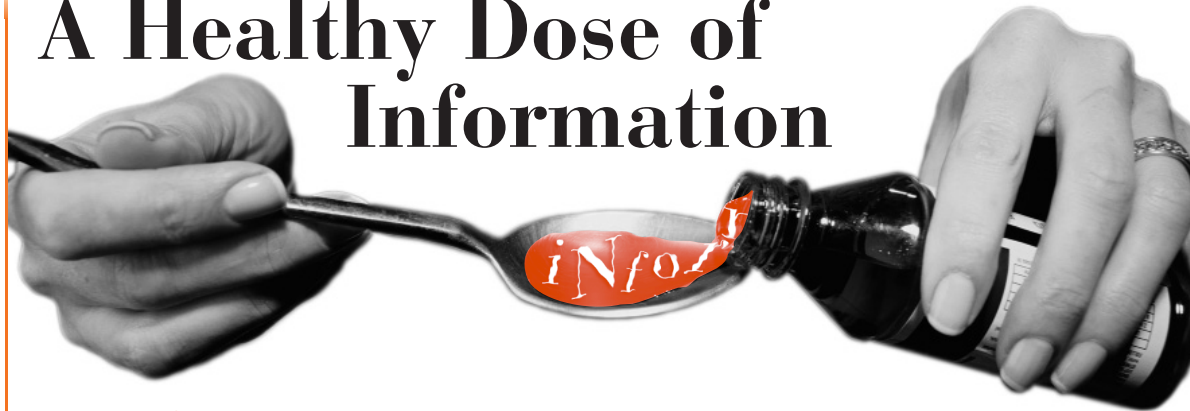


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A Healthy Dose of Information



Tips for Using Your Health Care Plan Wisely

Over the past year, we've talked about rising health care costs and becoming a more actively involved consumer of health care services. In this issue we're going to provide you with some tips and reminders for using your health care plan wisely, so you can take advantage of your plan while saving money for you and the Fund.

- **Confirm your providers, facilities and laboratories are in the BlueCross BlueShield Network (BCBS).** Because health care providers participating in the BCBS plan have agreed to provide services at lower costs to network participants, it's important to ensure the physicians, hospitals, outpatient facilities and laboratories you use are members of the network. By using a network provider, you will pay less in out-of-pocket costs than if you use a non-network provider. Always confirm your physician, hospital, outpatient facility or laboratory is in the network — even if your network provider recommends you visit a particular facility or laboratory.
- **Utilize the BCBS website, www.bcsil.com.** The BCBS website has information about chronic condition management, prescription drugs, disease symptoms and more. You can also order extra ID cards, review a claim's status and access provider directories.
- **Use generic drugs.** Talk with your doctor about the prescription drugs available to treat your condition, including generic drugs. Generic drugs are therapeutically equivalent to brand-name drugs and typically provide the same results as brand-name drugs but at significantly lower costs — usually 30 percent to 70 percent less. So you pay a smaller co-pay when you use generic drugs and you save the plan money too! When your doctor prescribes a drug, ask if a generic equivalent is available and appropriate for your medical needs.
- **Know when to precertify hospital admissions.** You must precertify hospital stays and other services to ensure you receive the appropriate level of care in the proper setting and for an appropriate length of time.

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Fax: 1-312-782-4431
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A More Convenient Way to Purchase Your Diabetes Testing Supplies

On March 1 we will make it more convenient for diabetic members and their covered dependents to purchase blood glucose testing supplies through the Advance PCS prescription drug program. Until now, diabetic testing strips and lancets were paid through BlueCross BlueShield as a supply. Members had to purchase their supplies and then file a paper claim with BlueCross for reimbursement.

Testing supplies will now be available through both the retail and mail order programs. When test strips and lancets are purchased together you will pay one low co-payment of \$5.00 for a 34 day supply at the retail level or \$10.00 for a 90 day supply at mail order.

It's easy to purchase the supplies you need; simply have your physician write a prescription order for test strips and lancets indicating the daily number of times your blood should be checked. If you test your blood three times each day the prescription order should read "three times per day for 34 days" with 11 refills or "three times per day for 90 days" with three refills. Take the prescription to your retail pharmacy or submit it through the mail order program.

Glucose meters can be purchased at the retail level once every 365 days for the standard co-payment of \$25.00.

Diabetic testing supplies may also be covered under Medicare. If you or a covered dependent are Medicare primary you will have to file a claim with Medicare first and then file a paper claim with Advance PCS. When filing a paper claim be sure to include an Advance PCS secondary coverage form (which you can obtain by calling the Fund Office), a copy of your itemized bill and the explanation of benefits (EOB) you receive from Medicare.

Your Medicare primary claim will be reimbursed to the limit that it would have been had you purchased your supplies directly through retail. Advance PCS will reimburse you the difference between the charge and the amount paid by Medicare minus the co-payment. Contact the Fund Office **1-312-782-5442** for a secondary coverage drug claim form or to learn more about the Advance PCS mail order program.

Continued from page 1

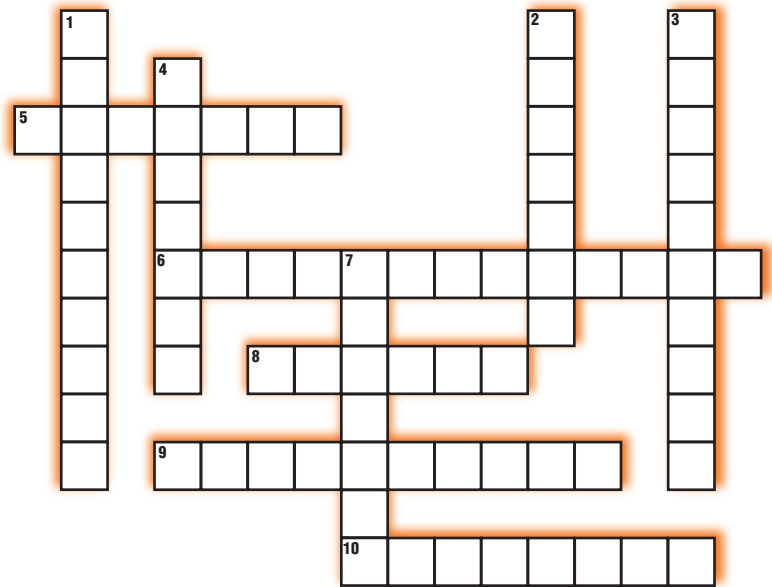
Through the plan's utilization review program you, a family member or your health care provider must certify in advance any hospital stays, including initial admissions and extensions. When you or a family member is hospitalized, you must notify the utilization review organization for your treatment to be reviewed. Notice must be received at least three days before treatment for non-emergency hospital admissions or within 48 hours following an emergency admission — even if you are released from the hospital before the 48 hours are up.

You will pay a \$200 penalty for failure to precertify a hospital admission, and your room and board expenses may be covered at 50% of the reasonable and customary charges for any admission that is not precertified and approved.

- **Take advantage of wellness benefits.** Utilize the preventive care and wellness services each plan offers, and use the doctors and hospitals that are a part of your selected plan. Your health care plan pays 100% of a portion of fees for routine physical exams, gynecological exams, well-child care and immunizations; the plan continues to pay benefits after you meet the deductible.
- **Prepare for your visit.** Don't arrive at your doctor's office empty-handed. Before your appointment, make a list of your symptoms and any questions you want answered and summarize the results of any research you've done. Being prepared will help to make the most of your visit — and could help avoid a second trip to the doctor. ❌

Crossword Puzzle

Try your hand at this crossword puzzle. Some words are industry-related, while others are benefits-related and can be found in this issue of the *EIT Communicator*. Answers are on the bottom of page 3.



Across

5. Type of prescription drug that's just as good as the brand name but costs less money.
6. One of the services covered by the wellness benefit in the EIT health care plan.
8. A lot of malls are like this, but this is the kind that electricians like to plug into.
9. Who you call when you have questions about your benefits.
10. A whole lot of watts.

Down

1. What you need to do to avoid a penalty when you're admitted to the hospital.
2. The form of payment of your pension benefit.
3. What you're called when you're learning the business.
4. What it's called when you earn the right to your pension benefit.
7. The kind of provider you want to see when you need health care for a higher coverage level and greater discounts.

How Does Plan No. 5 Work?

Through Pension Plan No. 5, your participating employer regularly contributes money on your behalf to an individual account to the plan. You then choose how to invest your account among the fund's investment options. The contributions made to your account, and any investment earnings grow on a tax-deferred basis. When you retire or terminate you may elect one of the forms of payment under the plan. Employees may not supplement their retirement savings through the plan with their own contributions.

Meet Maria Galindez

Maria works in the ASB/SUB Department as a Participant Services Representative working with members to provide — and help them understand — their unemployment benefits.

Maria enjoys working with members and advises them to always pick up the phone and call the Fund Office with any questions they may have. “Don't rely on information you might get from other members, ask us, that way you are sure to get the right answer,” Maria says.

A Chicago native and self-declared “huge Cubs fan,” Maria enjoyed this year's baseball season, and was disappointed after the Cubs' loss to the Marlins but in true Cub fashion she's optimistic about next season. Maria also enjoys spending time with her 13-year-old daughter and is busy looking for a good high school for her daughter to attend after her graduation from junior high in the spring. ❖

Retirement Benefits 101

Understanding Your Retirement Benefits

Whether your retirement is years away or just around the corner, it's never too soon to plan for your financial security. A good place to start is with your retirement benefits. As a member of Local 134, you earn pension benefits while you work for employers who contribute to the Pension Fund. At retirement, you may receive retirement income through fixed monthly payments for life. The amount of your benefit depends on your years of credited service and your age and the form of payment you elect when you retire.

Along with your own savings and investments outside your EIT benefits, as well as Social Security, your EIT retirement program helps provide the foundation for your future retirement income.

This chart provides a general overview of how your benefits work under Pension Plan Nos. 2, 4 and 6.

Feature	Provisions
Eligibility	You become eligible to participate when your employer makes contributions to the plan on your behalf.
Type of Plan	Defined benefit plan where your benefit is based on a formula that uses your credited service and the benefit rate.
How Benefits Grow	Your years of credited service with participating employers help your pension benefits grow. The more years of service you have with participating employers, the higher your benefit can be.
Benefit Ownership or “Vesting”	You are vested after you have: <ul style="list-style-type: none">• Completed 5 years of eligibility service, or• While still actively employed, you reach your normal retirement age, which is generally the later of age 65 or with five years of participation in the plan.
How Benefits Are Paid	Your benefits are paid in the form of an annuity. If you are married, your benefits will be generally paid in a way which provides survivor benefits to your spouse if you die before your spouse, unless you and your spouse elect a different form of payment.



Published by:

Electrical Insurance Trustees

Managing Editors:

Sean Madix
Sherry Frankenbach

Editorial Committee:

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Kevin O'Shea



Crossword Puzzle Answers
Across: 5) generic 6) immunizations 8) outlet 9) fund
office 10) kilowatt
Down: 1) percently 2) annuity 3) apprentice 4) vesting 7) network

Terms to Know



When talking about your retirement benefits, it's important to understand the following terms:

- *Annuity* — Fixed monthly payments for life.
- *Benefit rate* — Amount earned for each year of credited service.
- *Credited service* — This type of service determines the amount of your pension.
- *Defined benefit plan* — A retirement plan where your benefit is determined by a formula.
- *Defined contribution plan* — A retirement plan where your benefit is determined by contributions made to the plan.
- *Eligibility service (1976 and after)* — This type of service determines when you qualify for a pension.

NOTE: If you were a participant in the United States Armed Forces, the time you served in the military may count toward your eligibility service. You must be covered by the plan before and after your military service began to receive credit and meet other plan requirements (e.g., you must return to covered employment during the period as required by law).

- *Vesting* — Vesting means that you will not lose your rights to receive pension benefits if you stop working for a participating employer.

This newsletter contains information on various benefits, but it does not give you all of the details. The official plan documents have all of the details. If there are any differences between this newsletter and the plan documents, the plan documents will govern. If you have any questions about your benefits, please contact the Fund Office at **1-312-782-5442**.



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Electrical Insurance Trustees
221 North LaSalle Street
Suite 200
Chicago, Illinois 60601-1273



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