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Published by: EIT

Become a Smart Healthcare Consumer

Your health is important to EIT, and providing you with excellent health insurance coverage is our top priority. But how you use your benefits makes a huge impact on the quality and value you receive when seeking healthcare.

Spend Your Healthcare Dollars Wisely

You may consider yourself a smart buyer when purchasing a car or booking a vacation, but what about when choosing healthcare? Do you shop around when looking for a doctor or specialist to look for the right balance of quality and cost? Do you ask questions about follow-up services or prescriptions recommended for you to be sure you're getting exactly what you need to feel your best?

Being a smart healthcare consumer is not only key to saving money, but can also help you live a healthier and more productive life. A smart healthcare consumer makes informed healthcare choices based on quality and price — and knows that **prevention is often the best medicine.**

Why Preventive Care Works

Preventive care can help catch a small health issue before it becomes serious. Prevention should be an important part of your healthcare strategy because it allows you to use your healthcare benefits less, which keeps your costs down and steers you toward better health. And, eligible, in-network preventive care services are covered at 100% under your EIT health plans!

For more information about preventive care services, including what's considered eligible and age- and gender-appropriate, see the 2013 Fall *Conduit* issue at www.fundoffice.org/newsletter.html. Or, contact Blue Cross Blue Shield of Illinois for more details using the contact information on the back of your medical ID card.

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Protect Your Future Health with Preventive Care

Practicing good preventive care helps you and your family stay healthy by either catching problems early — when they're most treatable — or by preventing them before they start. Preventive care also helps prevent your financial health by keeping you from having to pay for expensive medical treatments later on.

Need another reason to start taking advantage of your preventive care benefits? Here's one — **It's Free!** The EIT Health & Welfare Plan covers eligible preventive care services received from an in-network provider at 100%, so you pay nothing! The Plan will pay 80% of

100 regulated rates for eligible preventive care services provided for a self-of-network provider, subject to Plan deductibles.

Your Preventive Care Checklist

Not sure what preventive services you should have and how often? Refer to the handy checklist below for a list of recommended preventive services for adults, and see the chart on the opposite page for recommended children's immunizations.

SCHEDULE YOUR ANNUAL PREVENTIVE EXAM TODAY!

If you haven't taken advantage of your preventive care benefits in 2013, it's not too late! Call your doctor today to schedule your annual preventive exam. Even if you are feeling healthy, your doctor may find symptoms you may not notice, as well as give you any necessary vaccinations and schedule other appropriate preventive screenings.

WOMEN'S HEALTH BENEFIT NOTICE

Each year, you are required by federal law to notify participants that certain mastectomy procedures are covered by the EIT Health & Welfare Plans. These procedures include:

- Reconstruction of the breast on which mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prophylactic and treatment of physical complications of all stages of mastectomy, including lymphedema.



Men

GREENLIGHT	REDLIGHT
<ul style="list-style-type: none"> Weight: Every 1-3 years Blood Pressure (BP): Every 1-3 years Cholesterol Screening: Every 3 years Colonoscopy: Every 10 years, beginning at age 50 Prostate Cancer Screening: Age 50 or older Abdominal Aortic Aneurysm Screening: Once between ages 65 and 75 if you have ever smoked 	<ul style="list-style-type: none"> Influenza (Flu): Yearly Tetanus, Diphtheria, Pertussis (Tdap): Get Tdap once every 10 years, then a Td booster every 10 years Herpes (HSV) test: 2 doses if no evidence of infection Human Papillomavirus (HPV): 3 doses between ages 16-26 if not already given Mumps, Measles, Rubella (MMR): 1 or 2 doses between ages 12-18 if no evidence of immunity Polio (Polio): 1 dose at age 16 or over Pneumococcal (pneumonia): 1 dose at age 65 or over

Women

GREENLIGHT	REDLIGHT
<ul style="list-style-type: none"> Weight: Every 1-3 years Blood Pressure (BP): Every 1-3 years Cholesterol Screening: Every 3 years Colonoscopy: Every 1-2 years for women age 40-74 Cholesterol: Starting age 40 and frequency based on individual risk factors Colonoscopy: Every 10 years, beginning at age 50 Mammography Screening: Every 1-2 years, beginning at age 40, or at age 45 if at high risk factors are present 	<ul style="list-style-type: none"> Influenza (Flu): Yearly Tetanus, Diphtheria, Pertussis (Tdap): Get Tdap once every 10 years, then a Td booster every 10 years Herpes (HSV) test: 2 doses if no evidence of infection Human Papillomavirus (HPV): 3 doses between ages 16-26 if not already given Mumps, Measles, Rubella (MMR): 1 or 2 doses between ages 12-18 if no evidence of immunity Polio (Polio): 1 dose at age 16 or over Pneumococcal (pneumonia): 1 dose at age 65 or over

Note: Recommended rates for eligible preventive care services provided for a self-of-network provider, subject to Plan deductibles.

Know Your Medical Plan

To be a smart healthcare consumer, you must first understand your medical plan. Here are the building blocks of your health plan:

- **Medical preventive care:** The plan provides 100% coverage for certain in-network preventive medical care services. If you use in-network providers, no deductible or copay applies.
- **Deductible:** This is the amount you pay out of your own pocket before the plan will begin paying for care.
- **Copay:** This is the dollar amount you pay for in-network primary care physician office visits, in-network specialist office visits, immediate care visits, vision exams and prescription drugs. The amount of the copay varies depending on the service. Check your Summary Plan Description and Benefit Updates for details or contact the Fund Office.
- **Coinsurance:** Once you meet your deductible, you will share in the cost of service with the plan, and the percentage you pay is called coinsurance. The percentage you will pay varies based on your health plan, but in all cases, you will pay the lowest cost for all covered expenses when you choose in-network providers.
- **Medical out-of-pocket maximum:** This is the limit on the amount you pay out of your own pocket for eligible services during the calendar year. The amount of the out-of-pocket maximum varies depending on your health plan. The out-of-pocket maximum is your safety net and protects you in cases of unexpected accident or illness. Once you reach the out-of-pocket maximum, the plan pays 100% for all *in-network* covered expenses. Eligible out-of-network expenses are covered at 100% after meeting a separate out-of-pocket maximum; however, any charges above the Medicare Fee Schedule* will be your responsibility. The money you pay towards your deductible, as well as medical office visit copays and coinsurance, all count towards your annual out-of-pocket maximum.

Note: Beginning July 1, 2015, there will be a separate out-of-pocket maximum for prescription drugs. Once you reach the prescription out-of-pocket maximum, your eligible prescriptions are covered at 100%. Further information will be provided about your specific prescription out-of-pocket maximum in the upcoming months.

* The Medicare Fee Schedule is a complete listing of fees used by Medicare to pay doctors or other providers/suppliers.

SMART CONSUMER TIPS

Go generic: Requesting generic drugs is a money-saving rule of thumb. The Food and Drug Administration (FDA) requires generic drugs to have exactly the same active chemicals as the brand name drugs, so you get the same benefit for less money. When your doctor prescribes a medication, be sure to ask if there is a generic equivalent — the savings can be substantial!

Use the mail order program: If your doctor prescribes you a maintenance medication, you will pay less if you order it through the mail order program. You'll pay for 90 days upfront and receive 90 days of medication in the mail all at once. Get started today by visiting

www.caremark.com or by calling (800) 966-5772.



Pension Credit Statements Now Available Online

Your pension credit statement(s) are now available online via the Fund Office website. If you are a new user, or if you have not logged into the system since 2010, please follow the directions below to register:

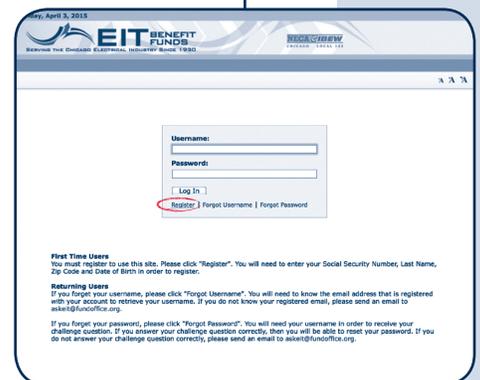
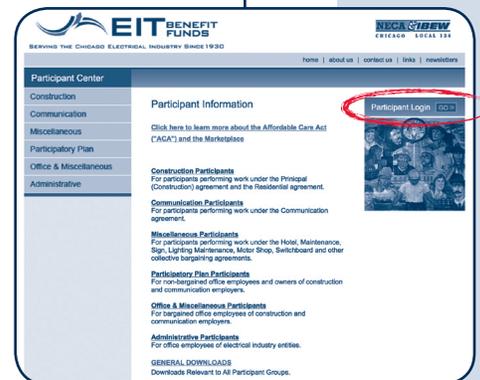
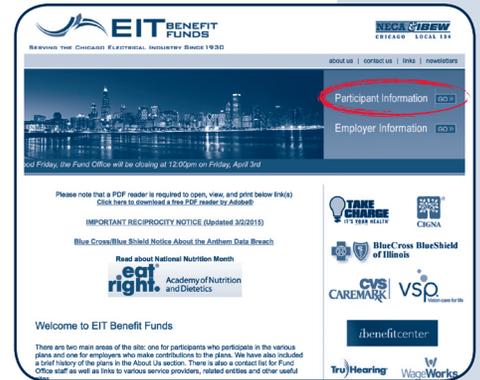
1. From the Fund Office home page, www.fundoffice.org, click on *Participant Information* and then *Participant Login*.
 2. Click *Register* (directly beneath the *Log In* button).
 3. After accepting the Terms of Service, verify your identity on the Member Registration page and click *Validate*.
 4. You will then be taken to the Account Profile Setup page, where you will create a username and password and select a security question.
 5. After entering your information, click *Submit*.
- Once you have successfully logged in, from the home page, click *Your Account and Benefits* and select *View Your Pension History*.

If you have any questions regarding your pension credit statement, please call the Fund Office at **(312) 782-5442** and choose option **1**.

Note: In order to reduce printing and mailing costs, EIT now mails pension statements every three years rather than every year. Your next pension statement will be mailed to you in the spring of 2017.

DON'T MISS OUT!

When was the last time you updated your address with the Fund Office? EIT estimates that hundreds of participants do not have a valid mailing address on file. This means you could be missing out on important mailings, including tax information and notifications of benefits due to you. Reviewing and updating your home address is simple — just visit www.fundoffice.org. If you are a first-time user, follow steps 1 – 4 in the login directions above. Once you have successfully logged in, click *View Your Address Information* on the home page.





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Remembering Terry Allen, 1960 – 2014

As you know, Business Manager/ Financial Secretary and Vice Chairman of the Board of Trustees, Terry Allen passed away on November 11, 2014. Terry's leadership and determination led to numerous improvements for EIT's participants that he helped achieve in so little time. He will always be remembered and greatly missed. 



Plugged In

Meet Donald Finn

Don Finn may be a new face on EIT's Board of Trustees, but he is a familiar face in our industry. Don began his electrical career in 1987 and has been a member of the IBEW, Local 134 for nearly 30 years. In his new role as Vice Chairman and Trustee of the Board of Trustees, he is focused on supporting EIT's member services and benefits offerings.

Outside of work, Don enjoys staying active and giving back to his community through volunteer work. Don also stays busy coaching several sports teams for his four teenage children. 

