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CONDUIT

Issue I • 2017

WHAT'S INSIDE?

- Using Your Prescription Drug Benefits
- A Message from the Board of Trustees Regarding Retiree Health Care
- Your New and Improved Member Assistance Program

Using Your Prescription Drug Benefits

As you know, effective January 1, 2017, the Trustees made changes to the prescription drug benefit program to ensure that the Plan can continue to offer you benefits that balance cost and quality. You were sent information on these changes last fall and at the start of this year. Keep reading for a refresher on these changes so you can make the most of your prescription drug benefits.

Your Prescription Drug Copayments At-A-Glance

The cost of prescription drugs continues to increase, and as a result, the prescription drug copayments (which were last updated in January 2011) have increased.

Prescription Type	Any Network Pharmacy *(up to a 30-day supply — two fill limit for maintenance/long-term prescriptions only)*	Maintenance Choice® Mail Order or CVS Pharmacy *(up to a 90-day supply — no fill limit)*
Generic*	$10 copay	$20 copay
Preferred Brand and Specialty Preferred Brand	You pay 25% of drug cost *($30 min., $50 max.)*	You pay 25% of drug cost *($60 min., $100 max.)*
Non-Preferred Brand and Specialty Non-Preferred Brand	You pay 30% of drug cost *($50 min., $100 max.)*	You pay 30% of drug cost *($100 min., $200 max.)*
Out-of-Network Pharmacy	No coverage	No coverage

** If cost of generic drug is less than copayment, pay only the cost of drug.*

Your Rx Terms Toolbox

Term	What Does it Mean Exactly?
Generic Drugs	Generic prescription drugs use the same active ingredients as brand-name prescription drugs and work the same way. Generic drugs are equivalent to a brand product in dosage form, strength, quality and intended use.
Preferred Brand Drugs	Drugs sold under a specific trade name that are favorably priced by the pharmacy plan.
Non-Preferred Brand Drugs	Drugs sold under a specific trade name that are not on the pharmacy plan's preferred drug list and cost both you and the Plan more.
Specialty Drugs	Drugs used to treat complex and chronic health conditions. To receive coverage for specialty drugs, **you must purchase them through the CVS Specialty Pharmacy.**
Maintenance Drugs	Prescriptions commonly used to treat conditions that are considered chronic or long-term, such as heart disease, diabetes and high blood pressure. These conditions usually require daily medication.
Specialty Drug Step Therapy	A progressive drug therapy that starts with using lower-cost preferred drugs.
Dispense as Written (DAW)	A notation on your prescription from your doctor indicating that the pharmacy must "Dispense as Written," meaning the specific drug is medically necessary and no substitution can be made.
Medically Necessary*	Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

** **Source:** www.healthcare.gov*

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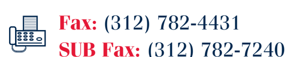
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Published by: EIT

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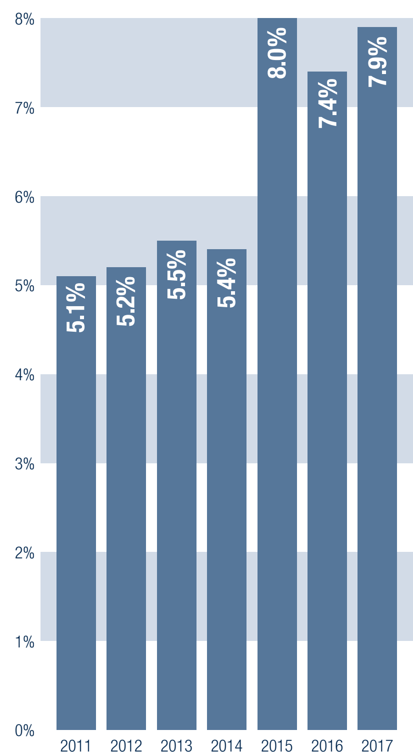
SPECIALTY DRUG STEP THERAPY

In some cases, CVS Specialty may ask your doctor if a lower cost drug could be used for your treatment before prescribing a more expensive, non-preferred specialty drug that could cost you and the Plan more money. Typically, these lower cost drugs are just as effective as their more expensive counterparts. However, in the event your doctor insists that your treatment requires the use of the non-preferred specialty drug, your prescription would only cost you the appropriate non-preferred copay.

WHY ARE MY PRESCRIPTIONS MORE EXPENSIVE THAN LAST YEAR?

The cost of prescription drugs is rising faster than any other health care expense. As a result of these ongoing increases, the Trustees made difficult, but necessary changes to your 2017 prescription drug program to ensure the Plan remains financially sustainable for the future.

Source: *Mercer National Survey of Employer-Sponsored Health Plans 2016*



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Using Your Prescription Drug Benefits

Three Things You Should Know about Your Prescription Drug Program

#1 **With Substitutions, There Are Savings —** To save you money, your prescription will automatically be filled with a generic drug. If your doctor feels that it is medically necessary for you to use a preferred or non-preferred brand drug, your doctor may indicate that no substitution can be made. In these cases, you would pay the appropriate preferred or non-preferred copay. However, if you choose to use a preferred or non-preferred drug over a generic, and it is not medically necessary, you will be responsible for paying the difference between the cost of the preferred or non-preferred drug and the generic, **plus** the generic drug copay.

See How You Can Save!

Below is a quick cost comparison of three popular drugs that have a generic equivalent.

Non-Preferred Brand	Cost for 90-day Supply	Generic	Cost for 90-day Supply	
Crestor	$200	Rosuvastatin	$20 or less*	90% savings or more!
Lipitor	$200	Atorvastatin	$20 or less*	
Benicar HCT	$200	Olmesartan	$20 or less*	

** If the total cost of the generic drug is less than the $20 copay, you would only pay that amount instead of the $20 copay.*

#2 **Most Maintenance Drugs Must Be Filled through CVS Mail-Order or CVS Pharmacy —** Maintenance drugs listed on the CVS Maintenance Drug List must be filled through either the CVS Mail-Order program or your local CVS Pharmacy.

Now, you can get a 90-day supply of your maintenance drugs at your CVS Pharmacy, which offers you convenience while also saving you money. In most cases, getting a 90-day prescription will end up saving you about the amount of a 30-day copayment.

If you have a maintenance drug listed on the CVS Maintenance Drug List filled at a retail pharmacy other than a CVS Pharmacy, the Plan will only cover the first two 30-day fills. After the second 30-day fill, you and your doctor will be notified that your next fill must be a 90-day prescription and must be filled using the mail-order program or a CVS Pharmacy. If you choose to have your prescriptions filled elsewhere after the first two fills, the Plan will not cover future fills.

If your prescription is for a Class II controlled substance and can only be written for 30 days, you may fill your prescription at any pharmacy, even though it may be a drug you take regularly.

Not sure if your current prescription is considered a maintenance drug or a Class II controlled substance? You can find out by visiting the Fund Office website at **www.fundoffice.org**. Click “Participant Information” followed by “General Downloads,” and then find the Maintenance Drug, and Controlled Substance Lists listed under Prescription Drug Information.

#3 **Specialty Drugs Must Be Filled by CVS Specialty Pharmacy —** CVS Specialty Pharmacy is a mail-order pharmacy that will ship specialty medications directly to you or to your local CVS Pharmacy. **If you do not use the CVS Specialty Pharmacy, your specialty drugs will not be covered.** For more information, visit **www.CVSspecialty.com** or call CVS Specialty Pharmacy at **(800) 237-2767.** A list of Specialty Drugs can also be found on the Fund Office website at **www.fundoffice.org** under “General Downloads.”

How Much Does It Cost?

Do you know how much your plan pays when you fill a prescription? With drug manufacturers charging astronomical amounts for brand-name drugs, it is difficult for plans to keep costs down for their participants.

Here are some examples of commonly used prescription drugs and the cost to both the Plan and you. Various factors, such as different strengths, manufacturers, dosages and quantities could change the overall cost.

	Estimated Plan Cost 90-day supply	Your Estimated Cost 90-day supply
Generic		
Metformin 500 mg – 180 pills	$6,984.62	**$20 or less****
Metformin ER 500 mg – 180 pills	$1,355.49	
Preferred Brand		
Humira 20 mg – 3 units*	$13,290.32	**$100 or less****
Enbrel Sureclick – 3 units*	$12,421.13	
Copaxone 40 mg – 3 units*	$1,365.29	
Januvia 100 mg – 90 pills	$942.42	
Advair 500/50 mcg/dose - 3 disks	$1,200.47	
Xarelto 10 mg – 90 pills	$961.62	
Non-Preferred Brand		
Stelara 45 mg injectable – 1 unit*	$18,972.59	**$200 or less****
Kazano 12.5, 500 mg – 90 pills	$358.46	
Qsymia 11.25, 69 mg – 90 pills	$382.08	

* *Specialty drugs must be filled through a CVS Specialty Pharmacy.*

** *Maximum copayments used for illustration; may be less if cost of drug is less. Preferred and Non-Preferred are subject to the minimum copayment.*

FIND OUT FOR YOURSELF!

Want to check the estimated cost of a drug and find out whether it's covered by the Plan? Visit www.caremark.com. Once you register or log in, click "Check Drug Cost & Coverage" at the top of the page. You can also check your prescription history, drug listings, prescription orders and much more!

A message from the Board of Trustees regarding Retiree Health Care…

The continual rising cost of health care presents many challenges for the Trustees of our Health and Welfare Fund and the professionals who advise us. By far, the most difficult challenge is maintaining a balance between providing the level of benefits to which our participants have become accustomed, while at the same time, preserving the financial integrity of the Fund. One of the key sustainability indicators of the Fund is the ratio of active participants to retiree participants. This is because our retirees have had the extraordinary benefit of having the cost of their health care completely financed by the active participants working in the field.

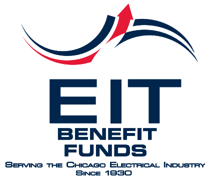
As the number of active participants in the Fund decreased over the last decade, the number of retirees has increased. As a result, our Fund has seen a steady decline in the ratio of active participants to retirees since 2001. In 2001, the ratio of active participants to retirees was 3.41 to 1. This means that for every retiree participating in the Fund, there were hourly contributions being made on behalf of 3.41 active participants to subsidize that one retiree. Fast forward to 2016 and that ratio has declined to 2.04 to 1.

Given this downward trend in the active to retiree ratio, along with a 26% increase in the number of retirees participating in the Fund, it is no surprise that the portion of each hourly contribution spent on retiree health care benefits has increased 395% in fifteen years. In the year 2000, $1.09 of every hourly contribution of $4.74 went toward funding retiree health care benefits. Today, that number has climbed to $4.44. In other words, $4.44 of every hourly contribution of $14.33 is spent on retiree health care benefits.

We know that if the number of active participants does not keep pace with the number of retirees entering the Plan, we will continue to see a negative impact on the portion of the contribution rate that finances the health care benefits for active participants working in the field. While the ratio of active participants to retirees is expected to remain at its present rate for 2017, the Trustees of the Fund have an obligation to explore all options, including implementing a retiree contribution to ensure the future stability of the Fund.

Sincerely,

Kenneth Bauwens, Chairman
Donald Finn, Vice Chairman



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ERS

Founded in 1993 by Gary Cohen, LCSW, CEAP and Bill Heffernan, MS, CEAP, Employee Resource Systems, Inc. (ERS) is a national provider of integrated Employee/Member Assistance Programs (EAP/MAP), managed mental health care, comprehensive training and consultation services, work/life services and drug-free workplace policy development.

Based in Chicago, ERS provides services to client companies ranging in size from 10 to 25,000 employees. Our client companies are engaged in health care, insurance, real estate, legal services, financial services, municipal government, manufacturing, transportation, construction and labor unions.

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Introduction to ERS
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Effective January 1, 2017, EIT introduced a new Member Assistance Program (MAP) and provider through Employee Resource Systems, Inc. (ERS). MAP provides covered participants and their eligible dependents with professional, confidential help in coping with many of life's issues, including stress management, addiction and recovery, grief and loss, and work-life services, such as child and elder care and legal and financial guidance.
For more information, contact ERS at **(800) 292-2780** or **www.ers-eap.com**.

! As a reminder, beginning January 1, 2017, Blue Cross Blue Shield of Illinois (BCBSIL) became your new Behavioral Health Program provider. Call BCBSIL at **(800) 851-7498** for more information.