



BENEFITS UPDATE

November 2010

Changes to Your Health Care Benefits Effective as of January 1, 2011

The Trustees have made the following important changes to the Electrical Insurance Trustees Health & Welfare Plan. The Plan is described in detail in the following Booklets:

- Health Care Booklet for Communication Members
- Disability, Death and Accidental Death & Dismemberment Benefits Summary Plan Description

This Benefits Update supplements the information contained in these Booklets. Please keep these documents together for your records and future reference.

Medical Benefits

Annual Deductible

Effective for eligible claims incurred on and after January 1, 2011, the annual deductible for medical coverage will be \$600 per person and \$1,200 per family for in- or out-of-network services.

Out-of-Pocket Maximum

Effective for eligible claims incurred on and after January 1, 2011, the out-of-pocket maximum will be \$3,000 in-network per family and \$5,000 out-of-network per family. The maximums include the deductible, but do not include office visits or prescription drug copays.

Office Visit Copays

Effective for eligible claims incurred on and after January 1, 2011, your copay for in-network primary care physician visits will be \$25 per visit, and your copay for in-network specialist visits will be \$60 per visit.

The Plan will continue to pay up to \$75 per year for expenses related to a preventive care physician visit; thereafter, you are responsible for any copay or remaining expense.

Prescription Drug Copays

Effective for eligible claims incurred on and after January 1, 2011, your prescription drug copays for Preferred Brand and Non-preferred Brand drugs will be the following:

	Retail (30-day supply)	Mail order (90-day supply)
Preferred Brand	\$18 or 25% of the cost, up to a maximum of \$30 per prescription	\$36 or 25% of the cost, up to a maximum of \$60 per prescription
Non-preferred Brand	\$33 or 30% of the cost, up to a maximum of \$60 per prescription	\$66 or 30% of the cost, up to a maximum of \$120 per prescription

Your copays for generic drugs will remain at \$5 at a retail pharmacy or \$10 through mail order.

Time Limit For Hearing Aids

Effective for eligible claims incurred on and after January 1, 2011, the Plan will pay up to 80% of the first \$2,500 for a hearing aid, per person per ear, once every 60 months (not to exceed two hearing aids).

Vision Benefits

Vision Exam Copay

Effective for eligible claims incurred on and after January 1, 2011, the copay for a vision exam is increasing to \$30 per exam.

Short-term Disability Benefits

Application For Benefits

Effective for eligible claims incurred on and after January 1, 2011, you must submit your application for short-term disability benefits within either 1) 90 days of the date you last worked contributed hours, or 2) 90 days of the date of your injury, whichever is later. You are eligible for two periods of coverage within any rolling, or consecutive, 60-month period.

Take Charge Program Financial Rewards

Effective January 1, 2011, you will no longer receive financial rewards for participating in the *Take Charge* program. The Health Assessment will be available from November 1, 2010 through October 31, 2011. The NextSteps program will be available to participants and spouses only. It will be offered by mail and phone only (not online).

Medical Emergency Contact Services

Effective January 1, 2011, the Plan will no longer cover emergency contact services through Global Med-Net.

Please Note: This Benefits Update is intended to serve as a Summary of Material Modifications for the Electrical Insurance Trustees Health & Welfare Plan for Communication Members. If any conflicts exist between the terms of this Benefits Update and the official Plan documents, the terms of the official Plan documents will control. The Trustees reserve the right to amend, modify or terminate the Plan at any time. Receipt of this Benefits Update does not confer any eligibility or entitlement to any benefits under the Plan.

SUMMARY OF MATERIAL MODIFICATIONS

EIN: 36-1033970; Plan No. 510

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