



BENEFITS UPDATE

October 2014

Changes to your Health Care Benefits Effective as of July 1, 2014

In order to comply with the Patient Protection and Affordable Care Act of 2010 and the Defense of Marriage Act of 2014, the Trustees have made the following important changes to the Electrical Insurance Trustees Health and Welfare for Participants in the Participatory Plan ("Plan") as described in the Summary Plan Description for the Plan, dated as of January 1, 2008.

Unless otherwise stated, the changes indicated in this Benefits Update are effective for eligible claims incurred on or after July 1, 2014.

This Benefits Update supplements the information contained in that Summary Plan Description.

Please keep these documents together for your records and future reference. If you have any questions about the benefit changes described in this Benefits Update, please contact the EIT Benefit Funds Office at 312-782-5442.

Eligibility

Definition of Spouse

For determinations of marital status made on and after April 8, 2014, the Plan has changed the definition of "spouse" to include same-sex individuals who were legally married in a jurisdiction that recognizes same-sex marriages.

Participant Eligibility Rule

For new employees who will be eligible for health care coverage under the Plan on or after July 1, 2014, coverage will begin on the first day of the month in which the employee's 90th day of employment occurs.

Medical

Changes to Covered Provider Requirements

Covered providers under the Plan now include any medical professional acting within the scope of their state license. However, the services rendered must be provided in the state in which such provider is licensed. Additionally, such services are still subject to: (1) the Plan's definition of Covered Medical Expense and (2) any applicable Plan limitations and maximums.

Co-payments and Co-insurance

Any co-payments and co-insurance made by you for in-network essential health benefits will count towards your annual out-of-pocket maximum.

Maximum Annual Benefit

The Plan has eliminated the \$2,000,000 per person maximum annual benefit.

Occupational Therapy Benefits

You will be limited to 30 visits per person, per diagnosis, per calendar year for occupational therapy services. The Plan's previous \$3,000 annual limit has been eliminated.

Physical Therapy Benefits

You will be limited to 30 visits per person, per diagnosis, per calendar year for physical therapy services. The Plan's previous \$3,000 annual limit has been eliminated.

Speech Therapy Benefits

You will be limited to 30 visits per person, per diagnosis, per calendar year for speech therapy services. The Plan's previous \$3,000 annual limit has been eliminated.

Additionally, speech therapy benefits do not include services designed and adapted to develop a physical function, unless the expenses are provided in combination with the treatment of a condition that is the result of a mental illness or developmental delay related to the medical conditions of a cerebral palsy, cerebral vascular incident (stroke), intracranial bleed, other head trauma, spinal cord injuries, multiple or complicated fractures, other catastrophic diagnoses with neurological implications, significant or multiple injuries and/or illnesses.

Chiropractic and Naprapathic Benefits

You will be limited to 30 visits per person, per calendar year, for chiropractic and naprapathic services. The Plan's previous \$3,000 annual limit has been eliminated.

Acupuncture Benefits

You will be limited to 30 visits per person, per calendar year for acupuncture services. Acupuncture services must be administered by a chiropractor, licensed physician or licensed acupuncturist.

Pediatric Hearing Aids

The annual calendar year benefit limit, hearing aid examination limit, and hearing aid instrument limit do not apply to bone-anchored hearing aids for eligible dependent children under the age of 19.

Dental

Pediatric Orthodontia Benefits

If it is determined to be medically necessary by the utilization review organization, an eligible dependent child under the age of 19 will no longer be subject to the lifetime maximum for orthodontic dental care. However, if the dependent child is age 19 to under age 26, and the treatment is considered medically necessary, the Plan's \$2,000 lifetime limit will still apply.

Treatment for eligible dependent children under age 26, that is not considered medically necessary, will be subject to the Plan's \$2,000 lifetime maximum.

Additionally, the Plan no longer requires that orthodontic treatment begin before age 16 in order to be a covered benefit.

Vision

Pediatric Vision Benefits

- **In Network:** For eligible dependent children under age 19, eye exams are covered at 100% if performed by an in-network provider. Frames and lenses are covered at 100% in-network, subject to a \$20 co-payment. This frames and lenses in-network benefit includes polycarbonate lenses, ultraviolet and scratch-resistant coatings. Any additional lens enhancements are not covered, but discounts may apply.

Contact lenses obtained from an in-network provider are covered at 100%, in lieu of the eyeglass benefit. No co-payment applies.

- **Out-of-Network:** For eligible dependent children under age 19, eye exams are covered at 100%, if performed by an out-of-network provider, subject to a \$30 co-payment. Frames and lenses are covered at 80%, subject to a \$20 co-payment. This frames and lenses out-of-network benefit includes polycarbonate lenses, ultraviolet and scratch-resistant coatings. Any additional lens enhancements are not covered and discounts do not apply.

Contact lenses obtained from an out-of-network provider are covered at 80%, in lieu of the eyeglass benefit. No co-payment applies.

IMPORTANT INFORMATION

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

Electrical Insurance Trustees Health & Welfare Participatory Plan
Employer Identification Number: 36-1033970 Plan Number: 501

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