



BENEFITS UPDATE

January 2017

Changes to your Health Care Benefits

The Trustees have made the following important changes to the Electrical Insurance Trustees Health and Welfare Participatory Plan ("Plan") as described in the Summary Plan Description for the Plan, dated as of January 1, 2008.

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.

Medical

Annual Deductible, Coinsurance & Copay and Annual Out-of-Pocket Maximum Increase

Effective for eligible claims incurred on and after January 1, 2017, your annual deductible, coinsurance & copay and annual calendar year out-of-pocket maximum have increased as described below:

	In-Network	Out-of-Network	Out-of-Area
Annual Deductible <i>(based on calendar year)</i>	\$1,200/individual \$2,400/family	\$2,400/individual \$4,800/family	
Coinsurance & Copays	<ul style="list-style-type: none"> Plan pays 85% of PPO negotiated rates after deductible You pay 15% After the deductible is satisfied, you pay a \$25 office visit copay for in-network care, plus 10% of covered charges for services 	<ul style="list-style-type: none"> Plan pays 60% of allowable charges after the deductible You pay 40%, plus any amount above the allowable charges 	
Annual Out-of-Pocket Maximum <i>(based on calendar year)</i>	\$4,000/individual \$8,000/family <i>Includes deductibles, coinsurance and copays for in-network essential health benefits</i>	\$8,400/individual \$16,800/family <i>Includes deductibles, but does not include office visit copays and amounts in excess of the allowable charges</i>	
<i>After you meet your out-of-pocket maximum, the Plan pays 100% of additional covered expenses for the remainder of the calendar year.</i>			

Behavioral Health & Substance Abuse Benefits

Change of Benefit Provider from Cigna to Blue Cross Blue Shield of Illinois (BCBSIL)

Effective for eligible claims incurred on and after January 1, 2017, BCBSIL is the new Behavioral Health and Substance Abuse benefits provider. All other provisions and limitations contained in the Plan are unchanged and continue to be applicable.

For questions about the BCBSIL network, preauthorization for inpatient behavioral health or substance abuse care and your transition of care needs, you may contact BCBSIL Behavioral Health customer service at **(800) 851-7498**.

Member's Assistance Program (MAP)

Effective January 1, 2017, Employee Resource Systems, Inc. (ERS) will be the new MAP provider. The MAP provides consultation services for such needs as mental health, alcoholism, drug dependency, retirement, child care, legal, financial and ID recovery.

For questions regarding the services provided by the MAP, contact ERS' customer service at **(800) 292-2780** or visit www.ers-eap.com.

Prescription Drug Benefits

Copay Increase

Effective for eligible claims incurred on and after January 1, 2017, the prescription drug copays are increased as described below:

	Any Network Pharmacy <i>(up to a 30-day supply*)</i>	Maintenance Choice® Mail-Order or CVS Pharmacy <i>(up to a 90-day supply**)</i>
Generic	\$10 copay	\$20 copay
Preferred Brand	You pay 25% <i>(\$35 min., \$50 max.)</i>	You pay 25% <i>(\$70 min., \$100 max.)</i>
Non-Preferred Brand	You pay 30% <i>(\$55 min., \$100 max.)</i>	You pay 30% <i>(\$110 min., \$200 max.)</i>
Out-of-Network Pharmacy		No Coverage
<i>*Two fill limit on maintenance/long-term prescriptions</i>		
<i>**No fill limit</i>		

Generic Substitutions

Effective for eligible claims incurred on and after January 1, 2017, your prescription for brand-name drugs will automatically be filled with a generic drug unless your prescription specifies that it is medically necessary for you to use the brand-name drug. If your doctor indicates it is medically necessary, you will be responsible for paying the appropriate brand-name drug copay with no penalty.

If it is not medically necessary for you to fill your prescription with a brand-name drug and a generic drug is available, you will be responsible for the difference in cost between the generic drug and brand-name drug, plus the generic drug copay, if you choose to fill the prescription with a brand-name drug.

Maintenance Choice® for Maintenance/Long-Term Prescriptions Only

Effective for eligible claims incurred on and after January 1, 2017, if you take a prescribed maintenance or long-term drug(s) (medications you fill each month for longer than two (2) months), you can obtain them from the CVS mail-order program or through a CVS Pharmacy.

When you purchase up to a 90-day supply of maintenance or long-term drugs, the Plan pays 100% after you pay the appropriate copay.

If you have a maintenance drug prescription filled at a retail pharmacy other than a CVS Pharmacy, the Plan will only cover the first two (2) 30-day fills. All subsequent 30-day fills of maintenance drugs after the second 30-day fill will only be covered by the Plan if you use the CVS mail-order program or a CVS Pharmacy.

Maintenance Choice does not apply to drugs that are not considered maintenance or long-term.

If you have questions about whether your prescription is considered a maintenance drug, you may call CVS/Caremark customer service at **(800) 566-5693**.

Specialty Drugs

Effective for eligible claims incurred on and after January 1, 2017, the Plan has made the following changes to the specialty prescription drug provisions:

CVS Specialty Pharmacy: Specialty drugs are prescriptions used to treat complex and chronic health conditions. To receive coverage for specialty drugs, you must purchase your specialty drugs through the CVS Specialty Pharmacy. The CVS Specialty Pharmacy is a mail-order pharmacy that will ship your specialty medications directly to you or, if you prefer, to a CVS Pharmacy. The copay amounts for specialty drugs are the preferred brand or non-preferred brand copays, as appropriate.

If you do not purchase your specialty drugs through the CVS Specialty Pharmacy, the cost of your prescription specialty drugs will not be covered by the Plan.

CVS Specialty Preferred Drug Program:

If you use specialty drugs, you may be asked by the CVS Specialty Pharmacy to try a preferred, lower-cost drug. If you are asked to try a preferred, lower-cost drug, and it is determined to be medically necessary for you to continue to use a non-preferred specialty drug, you will be responsible for paying the non-preferred drug copay.

If it is determined that it is not medically necessary for you to continue to use a non-preferred specialty drug and you do not try the recommended preferred specialty medication, you will be responsible for paying the full cost of the non-preferred specialty drug.

For further information and support relating to your specialty prescriptions, please visit www.CVSprescription.com or call CVS Caremark customer service at **(800) 237-2767**.

IMPORTANT INFORMATION

This Benefits Update is intended to serve as a Summary of Material Modifications for the Electrical Insurance Trustees Health & Welfare Participatory Plan (the "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 Plan at any time. Receipt of this Benefits Update does not confer any eligibility or entitlement to any benefits under the Plan.

Electrical Insurance Trustees Health & Welfare Participatory Plan
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