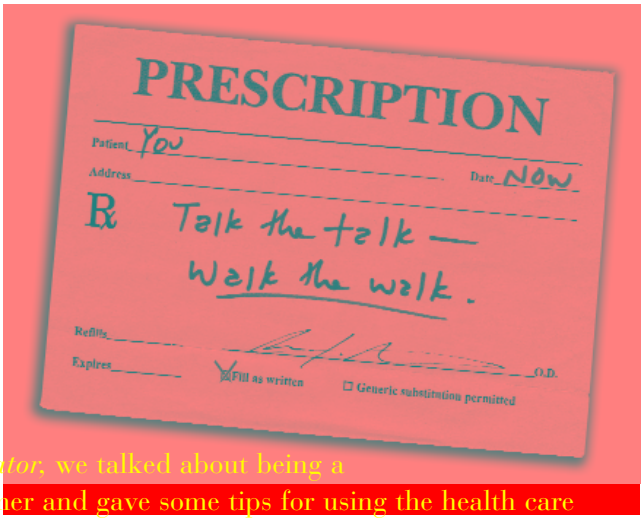
Communicator

APRIL 2004

ELECTRICAL INSURANCE TRUSTEES

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Becoming a Good Health Care Consumer

In the last issue of the *Communicator*, we talked about being a more involved health care consumer and gave some tips for using the health care plan wisely. In the next few issues, we're going to discuss more thoroughly ways to become an active health care consumer. In this issue, we're focusing on talking with your doctor to make sure you know how to make the most of your health care plan and the prescription drug benefit.

The American Medical Association has several useful tips on how to effectively talk with your doctor so that your appointments are more valuable:

Keep a Record

As soon as you make a doctor's appointment, think about your symptoms and write down:

- What the symptoms are
- When the symptoms started
- What causes the symptoms (for example, increased stress, certain types of foods, changing medication)

Keep a record of this information so that you build your health history. This information can be important, not only for you, but for your family.

Listen, Ask, Decide

Once you discuss your health issues with your doctor, listen carefully to your doctor's advice. Take time to think about the doctor's recommendations — consider writing them down or bringing a tape recorder to help you remember details of your appointment. Ask your doctor to explain any information you don't understand, and let your doctor know if you need more time with him or her, or ask if you can speak with a nurse or physician on staff. Any health care decisions should be a mutual agreement between you and your doctor.

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Employer Trustees:

Union Trustees:

Fund Office:

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An Important Note about the COBRA Communication You Received

In the last issue of the *Communicator*, we discussed using generic drugs because they are less expensive than brand-name drugs, yet are therapeutically equivalent. You should always ask your doctor or pharmacist if your prescription can be filled with a generic equivalent because you will save money.

There's another way to save money — and time — by using the mail-order program. It makes sense to use the mail-order program if you take certain drugs on a regular basis for chronic conditions (for example, high cholesterol, diabetes or high blood pressure). When you go to your pharmacy, you can only purchase up to a 34-day supply of your prescribed drugs, and your co-payment is $9.00. When you use the mail-order program, you can purchase up to a 90-day supply, and your co-payment is only $15.00. So, the same medication you pay $15.00 for using mail-order would cost you $27.00 at the pharmacy. Quite a savings! Plus, your medication is delivered to your home, so you don't have to worry about running to the pharmacy to fill a prescription. Please allow approximately 10-14 days for your new prescription to be processed and shipped.

PPO Report Card

Saving Money for You and the Fund

In January 1, 2003 EIT joined the Blue Cross/Blue Shield Physician PPO (Preferred Provider Option) network so we could offer you the same savings, in the form of lower physician's fees that you were already receiving under the Blue Cross/Blue Shield Hospital PPO. In 2003, the Physician PPO network provided discounts of $26,000,000. The Hospital PPO network afforded an additional $48,000,000 in savings. Combined in-network discounts totaled $74,000,000 — with the Plan saving $52,000,000 and participants saving $22,000,000!

These tremendous savings wouldn't be possible without you! Let's all strive to save even more in 2004 by selecting providers who are in the PPO Network. And, there are other ways to save money on health care services by becoming a good health care consumer.

The graph below reflects claims submitted and benefits paid in 2003 and compares them to what the Fund and participants would have paid without the PPO discounts.

	Actual 2003 Claim Data	2003 Claim Data without the PPO Network Discount
Eligible Billed Charges	$215,052,793.00	$215,052,793.00
Third Party Liability*		($56,654,598.00)
Eligible Charges	**$158,398,195.00**	**$158,398,195.00**
Hospital PPO Discount		
Physician PPO Discount		
Remaining Eligible Charges	**$84,262,611.00**	**$158,398,195.00**
Claims Paid by BC/BS†		($127,078,556.00)
Participant Responsibility	**$9,449,871.00**	**$31,319,639.00**

**Charges covered primarily by another group carrier — such as Medicare*

†Amount reflects 90% in-network and 80% out-of-network benefits

Electrical Insurance Trustees

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Summer Coverage

Protecting Your Student Dependent's Coverage

ow is the time to protect your college student from losing coverage during the summer months. Did you know that your 19 to 22 year-old student is covered for 120 days from the last day he or she attended school on a full-time basis? That 120 day period is calculated from the last day the Fund Office has proof of the student's full-time attendance. Make sure that you provide the Fund Office with a full-time student certification for the Spring Term to protect your child's coverage for 120 days over the summer months.

If your high school senior turns 19 before he or she starts college in the fall, ask your high school to provide a statement to verify the last date of full-time student status.

Children between the ages of 19 and 22 who cannot provide proof of full-time student status to the Fund office will jeopardize their dependent coverage.

You can get student certifications from the Registrar's office at your child's school. In most instances they will be provided only to the registered student.

Check Your Fax!

Every week the Fund Office receives over 1,000 fax transmissions. Approximately 2%, or 20 faxes, are not legible or are only partially transmitted. We want to encourage you to be sure your fax doesn't become a statistic. If you send a fax, call the Fund Office at **1-312-782-5442** to confirm that your fax was received and is readable. It only takes a minute and in the long run it saves you time.

Word Scramble

Unscramble the words below (most are in this issue of the *Communicator*). Then look at the letters in the circles and unscramble them into a complete word:

OCRSNUEM

YBOSPLTNREIISI

IDRRVOEP

PNISIPOECTRR

FTIOITANCCIER

ACEROEGV

ERCITIAELCN

The answer to the circled letters is **savings**.

Answers
1. consumer
2. responsibility
3. provider
4. prescription
5. certification
6. coverage
7. electrician

Ask EIT

Q: I sent an e-mail to *Ask* EIT and you responded that I should call the Fund Office. Why can't you just e-mail me the information I want?

A: We don't answer personal questions via e-mail for your protection. We use *Ask* EIT to gauge what the membership as a whole is interested in. We then use your general questions for either an article in the *Communicator* or in this Q&A format. Member-specific personal questions cannot be answered in this public forum. We can't simply e-mail you the information you're looking for because we have no proof of who is actually asking the question, and we wouldn't want your private information to be given to someone pre tending to be you or is not authorized to receive such information.

Ask EIT

Q: How should I let you know that I've moved?

A: Because we deal with sensitive material in the form of your health insurance and pension, we will accept a change of address only in written form. You can mail it to the Fund Office or fax it to us at . Once you send the fax, please call the Fund Office at to ensure we've received it. The change must include your name, Social Security number and your new address. The member must sign all address change requests.

This newsletter contains information on various benefits, but it does not give you all of the details. The official plan documents have all of the details. If there are any differences between this newsletter and the plan documents, the plan documents will govern. If you have any questions about your benefits, please contact the Fund Office at **1-312-782-5442.**



Your EIT Newsletter!

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