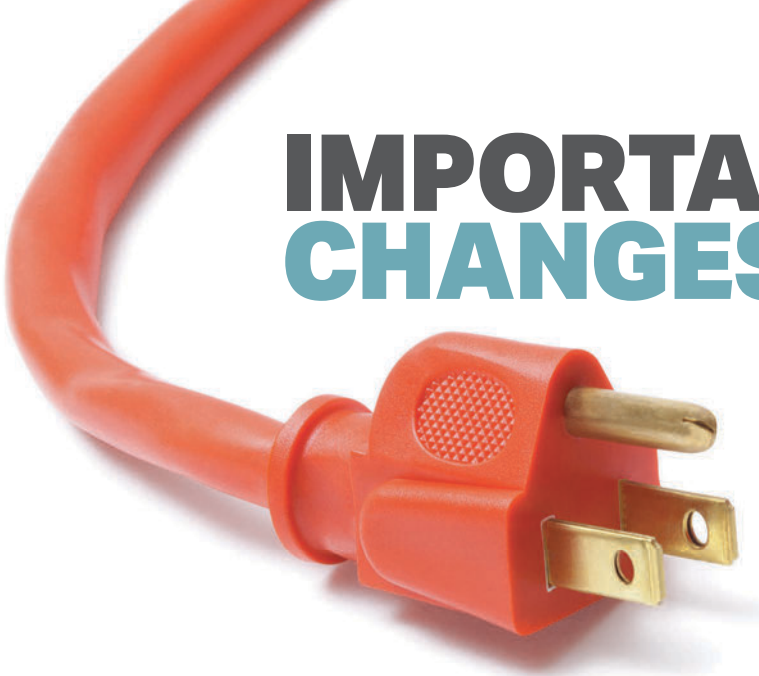


IMPORTANT CHANGES TO BENEFITS



At EIT, we strive to provide you with high-quality and cost-effective benefits. We regularly review our benefits and have maintained the same plans and programs since 2011. However, because the healthcare industry has changed dramatically during that time, we now need to make changes so we can continue to provide benefits that balance cost and quality. With that goal in mind, we are making the following changes to your benefits effective January 1, 2017.

PROGRAM	OVERVIEW OF CHANGES
Medical Benefits	<ul style="list-style-type: none"> › Increase to in-network and out-of-network deductibles, coinsurance and out-of-pocket maximums
Prescription Drug Program	<ul style="list-style-type: none"> › Increase to copays for generic, preferred brand and non-preferred brand drugs (including specialty drugs) › Provide a new way to save money by substituting generics for brand-name drugs › Move to Maintenance Choice® for maintenance or long-term prescriptions › Move to CVS Specialty™ as our exclusive provider for specialty drugs › Introduce the Specialty Preferred Drug Program to help you find lower-cost specialty drugs
Behavioral Health Program	<ul style="list-style-type: none"> › Change from Cigna to Blue Cross Blue Shield of Illinois
Member Assistance Program (MAP)	<ul style="list-style-type: none"> › Change from Cigna to Employee Resource Systems, Inc. (ERS)



Turn to page 2 to learn more about each change.



Medical Changes

The following changes take effect on January 1, 2017.

	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$1,200 individual \$2,400 family	\$2,400 individual \$4,800 family
Coinsurance	You pay 15% (EIT pays 85%) ²	You pay 40% (EIT pays 60% of allowable charges) ^{1,2}
Out-of-Pocket Maximum	\$4,000 individual \$8,000 family	\$8,400 individual \$16,800 family

¹ Emergency room visits will remain the same. You pay 15% for out-of-network services, and EIT pays 85%.

² For ambulance services, you pay 20% and EIT pays 80% for services received from both in-network and out-of-network providers.

You will receive an updated Summary of Benefits and Coverage (SBC) in the coming weeks, which will provide more details about how you and the Plan will share the cost of covered healthcare services in 2017.

Prescription Drug Program Changes

The cost of prescription drugs is rising faster than any other healthcare expense. The following changes take effect on January 1, 2017.

Copay Increases

	ANY NETWORK PHARMACY (up to a 30-day supply ¹)	MAINTENANCE CHOICE [®] MAIL ORDER OR CVS PHARMACY (up to a 90-day supply ²)
Generic	\$10 copay	\$20 copay
Preferred Brand	You pay 25% (\$35 minimum, \$50 maximum)	You pay 25% (\$70 minimum, \$100 maximum)
Non-Preferred Brand	You pay 30% (\$55 minimum, \$100 maximum)	You pay 30% (\$110 minimum, \$200 maximum)

¹ Two fill limit on maintenance/long-term medications.

² No fill limit.

Specialty drug copay amounts are based on the appropriate preferred or non-preferred copays as shown above. The amount you pay will depend on whether your specialty drug is on the CVS Preferred Drug List. Call Specialty Connect at **(800) 237-2767** for the up-to-date list, or visit www.CVSppecialty.com. From the home page, click "Drugs & Conditions," then click "View the CVS Specialty Drug List." The list is typically updated quarterly.

For 2017, medical costs are expected to increase 4 to 7 percent and prescription drug costs are expected to increase 9 to 14 percent nationally. Organizations, including EIT, evaluate their healthcare costs regularly and make changes to continue to offer comprehensive, quality care at a cost that's manageable for the fund and affordable for you.

Source: Mercer Actuarial and Financial Group market trend guidelines.



Save Money by Substituting Generics for Brand-Name Drugs

As you may know, you often save money when you use generic prescription drugs. In most cases, generic drugs are identical to the brand and contain the same active ingredients as their brand-name equivalents, but are often provided at a fraction of the cost. Many pharmacies already automatically substitute generic drugs in place of brand-name drugs.

Beginning January 1, 2017, you can still fill your prescription with a brand-name drug instead of generic (when a generic is available), but by choosing to do so, you will be responsible for the difference in cost between the generic and the brand-name drug, in addition to the generic drug copay, unless your doctor indicates that it is medically necessary for you to take the brand-name drug.

Maintenance Choice® for Maintenance or Long-Term Prescriptions

The Plan allows you to obtain a 30-day prescription of a maintenance medication at any retail pharmacy and a 90-day supply of a maintenance medication using CVS Caremark Mail Order. Starting January 1, 2017, if you take a maintenance or long-term prescription (a medication you refill each month for longer than two months), you will use the Maintenance Choice program.

With the new program, you will be limited to filling two 30-day maintenance drug prescriptions at any retail pharmacy. After your second refill, CVS Caremark will send you information about the Maintenance Choice program, where you have the choice of filling your 90-day supply through a local CVS Pharmacy or through CVS Caremark Mail Order, and instructions on how to get started. If you choose not to use the Maintenance Choice program, the Plan will not cover any subsequent 30-day refills of maintenance drugs after the second 30-day refill.

Whether you choose delivery or pick-up, you will pay the same copay. Typically, when you use mail order or a local CVS Pharmacy for your 90-day prescriptions, you pay a lower cost — usually you end up paying for a 60-day supply even though you are getting a 90-day supply!



YOUR NEXT STEPS

After January 1, if you use a retail pharmacy (other than a CVS Pharmacy) to fill your maintenance medications, you can fill two 30-day maintenance prescriptions at which point, you will need to talk to your doctor about obtaining a new 90-day prescription. You will then have the choice to fill your prescription at a local CVS Pharmacy or through CVS Caremark Mail Order.

To start using mail order home delivery service:

- › **ONLINE:** Register at www.caremark.com to get started with mail order or to have your prescription transferred from your current pharmacy.
- › **BY PHONE:** Call the phone number on the back of your prescription ID card and speak with a customer care representative who can assist you with getting started for mail order home delivery.

To pick up your 90-day medication at a local CVS Pharmacy:

- › **ONLINE:** Register at www.caremark.com to select your preferred CVS Pharmacy.
- › **BY PHONE:** Call the phone number on the back of your prescription ID card to select your preferred CVS Pharmacy.
- › **IN PERSON:** Visit your local CVS Pharmacy and talk with a pharmacist.

Specialty Prescription Drug Changes

Specialty drugs are prescriptions used to treat complex and chronic health conditions. They are often more costly than typical prescription drugs and require a higher level of handling, administration and monitoring.

CVS Specialty™

To ensure you receive the best price and service for your specialty prescription drug needs, we will utilize the CVS Specialty program exclusively. **Beginning January 1, 2017, specialty prescriptions filled through other pharmacies will not be covered by the Plan.**

CVS Specialty is a mail order pharmacy that will ship your specialty medications directly to you, or if preferred, to a local CVS Pharmacy. As many retail pharmacies do not have specialty medications on hand, this is a fast and convenient way for you to receive your prescriptions without leaving your home.

With CVS Specialty, you get more than just your specialty medication. You also can receive personalized specialty pharmacy services, such as:

- › Access to pharmacists and nurses who specialize in your condition, including an on-call pharmacist 24 hours a day, seven days a week.
- › Coordination of care with you and your doctor.
- › Ability to arrange to pick up most of your specialty prescriptions at a local CVS Pharmacy.
- › Online support through www.CVSSpecialty.com, including access to condition-specific information and the specialty pharmacy drug list.



YOUR NEXT STEPS

Be proactive! If you currently take a specialty medication and are not filling it through CVS Specialty, contact Specialty Connect at **(800) 237-2767** to register and work with a specialty care team member who will answer all of your questions.

To ensure a smooth transition, CVS Caremark will also send you a letter and call you to help get you started.

Specialty Preferred Drug Program

The CVS Caremark Specialty Preferred Drug Program supports safe, clinically appropriate and cost-effective use of specialty drugs.

For 2017, we are asking some participants who currently use specialty drugs to try a preferred, lower-cost drug. CVS Specialty will reach out to your prescribing doctor's office for information necessary to conduct a review. If a different preferred specialty drug option is identified for you, you may still choose to continue using your current specialty medication; however, if you choose not to try the recommended preferred specialty drug, you may be required to pay the full cost of your current medication.

You and your doctor will receive a letter in November if you are identified as a participant who may benefit from this program. Work with your doctor and CVS Specialty to transition to the preferred specialty drug.



QUESTIONS?

If you have questions about your prescription drug program, please contact CVS Caremark at **(800) 566-5693**. Customer Care representatives can assist with questions like:

- › What will my prescription copay amount be?
- › When can I refill a prescription?
- › Is my prescription covered?
- › Should I use mail order or retail?
- › Is there a generic equivalent for my prescription?

For questions about your **specialty prescription drugs**, contact Specialty Connect at **(800) 237-2767**.

Your New Behavioral Health Program Provider: Blue Cross Blue Shield of Illinois

Effective January 1, 2017, Blue Cross Blue Shield of Illinois (BCBSIL) will become your new Behavioral Health Program provider. After careful review, we determined that BCBSIL will offer participants a higher level of service and efficiency. Please know that, aside from a potential provider change, **your benefit levels in this program will not change.** You will still have the same level of coverage at the same cost as the current program provided by Cigna.

If you are currently engaged in a Behavioral Health Program, please call BCBSIL at **(800) 851-7498** to discuss your transition of care needs.

If you are currently in contact with the Cigna Member Assistance Program (MAP), please contact your case manager for additional information.

Watch for your new BCBSIL ID card later this year.

A New and Improved Member Assistance Program: Employee Resource Systems, Inc.

The Member Assistance Program (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.

Beginning January 1, 2017, we will have a new MAP provider and a new program through Employee Resource Systems, Inc. (ERS). Watch for more details about these services and how to access them later this year.



FIND IN-NETWORK PROVIDERS

Finding in-network providers is easy! Visit www.fundoffice.org and click the BCBSIL icon. Then click "Find a Doctor or Hospital," choose your state and click "Start Search." Then select your plan and other criteria you are searching. You also can call **(800) 851-7498** to speak with a customer service representative.

The screenshot shows the EIT Benefit Funds website. At the top, there are logos for EIT Benefit Funds and NECA/IBEW. Below the logos, there are navigation links for "Participant Information" and "Employer Information". A banner for "IMPORTANT BENEFIT FAIR INFORMATION" is visible. The main content area includes a "Welcome to EIT Benefit Funds" section with a brief history of the plans. Logos for TAKE CHARGE, CIGNA, and Blue Cross BlueShield of Illinois are also present. A mouse cursor is pointing at the Blue Cross BlueShield of Illinois logo.





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Open immediately for important information about your benefits.

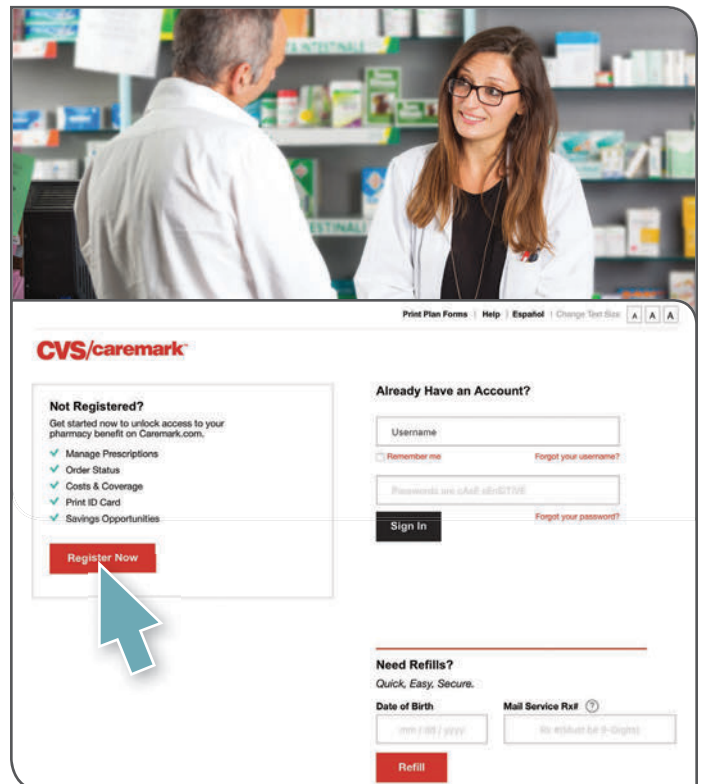
Convenience Is Just a Click Away!

When you register at www.caremark.com, you receive quick and easy access to information and tools from work or home, day or night. You can even access the site from most mobile devices.

With your online Caremark account, you can:

- › Order prescription refills
- › Initiate mail order prescriptions and check the status of current orders
- › View your prescription history
- › Find drug details and prescription drug lists
- › Check drug costs
- › Find a pharmacy
- › And more!

Visit www.caremark.com and click "Register Now" to get started.



This document 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 document and the official plan documents, the official plan documents will govern. If you have any questions about your benefits, please contact the Fund Office at (312) 782-5442.