ELECTRICAL CONTRACTORS OF NEW YORK
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Your Health Plan Update

A Periodic Newsletter from the Joint Industry Board OCT 2010

HEALTH CARE LEGISLATION UPDATE

I. Mandated changes by the government pertaining to Over the Counter medicines and products will affect your Additional Security Benefits Plan and Health Reimbursement Account Plan benefits.

Effective January 1, 2011, over the counter ("OTC") medicines will not be reimbursable under the Additional Security Benefits Plan and Health Reimbursement Account Plan unless you have a valid prescription.

Exceptions:

Insulin still qualifies for reimbursement without a prescription.

Equipment, supplies, and diagnostic devices such as bandages, hearing aid batteries, and blood sugar test kits remain eligible for reimbursement without a prescription.

Following is a list of examples of OTC medicine categories that are no longer covered for reimbursement without a prescription by the Plan as of January 1, 2011 (but remain covered through December 31, 2010):

- Allergy Medicine
- Analgesics
- Antacids
- Antihistamines
- Anti-Diarrhea Medication
- Aspirin
- Calcium Supplements *(only if recommended by a doctor for a specific condition)*
- Cold Medicine
- Contact Lens Solution
- Cough Drops
- First Aid Cream *(Bactine, special diaper rash ointment, calamine lotion, bug bite medication, wart remover treatments)*
- Hemorrhoidal Medications
- Lactose Intolerance Pills
- Laxatives
- Menstrual Cycle Products
- Motion Sickness Pills
- Muscle/Joint Pain Relief
- Nasal Sinus Spray
- Nicotine Gum/Patches
- Pain Reliever
- Pedialyte
- Reading Glasses
- Rubbing Alcohol
- Sinus Medication
- Smoking Cessation Products
- Throat Lozenges
- Visine
- Wound Care Products

Each claim must be accompanied by a valid original prescription. All refills on one prescription must be submitted at the same time.

Participants will be able to submit claims to the Plans for above-referenced OTC medicines purchased without a prescription prior to January 1, 2011. Such claims can be filed for up to one year after the date of purchase.

If you have any questions concerning OTC claims, please contact the Annuity Department at the Joint Industry Board at 718-591-2000, ext. 2222.

Please note that this change does not pertain to the Deferred Salary Plan. You may still submit claims for OTC medicines and products as defined in the Summary Plan Description.

II. Pension, Hospitalization and Benefit Plan of the Electrical Industry ("PHBP") dependent coverage

The Pension, Hospitalization and Benefit Plan of the Electrical Industry ("the Plan") is pleased to be able to extend coverage to adult children up to age 26, as required by the Patient Protection and Affordable Care Act.

Upon further review of the Act and in accordance with regulations, the Trustees of the Plan have decided to exclude from coverage any adult child who is eligible for group health coverage through their own or their spouse's employer. This exclusion will be in effect through September 30, 2014, as allowed under the law. Eligible for coverage means that coverage may be currently provided to such adult child or may be elected at an out-of-pocket cost or through COBRA, even if such coverage is not in fact elected. If no other employer-provided coverage is available, your adult child may be enrolled in the Plan.

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BE ACTIVE & EXERCISE for health!

Before the introduction of modern appliances, gadgets and sedentary video games, most Americans were physically fit. Our daily routines required considerable energy and activity. We walked to school (you needed to live more than a mile from school to qualify for a bus) or work. For fun, we went bowling, skating or played jump rope and other outdoor games in the backyard with the children. Technology has made our lives much easier now, but it has also eliminated many of the activities that kept us in shape. Staying fit and healthy does not require joining a gym or buying expensive equipment. Simple changes in activities, such as climbing stairs instead of taking an elevator or walking more, can improve health.

In 2009, the American College of Sports Medicine issued guidelines (Med Sci Sports Exerc. 2009;41:1510-1530) which stated that all adults should avoid inactivity and that some physical activity is better than none. It noted that adults who participated in any amount of physical activity did gain some health benefits. Additional benefits are seen as the amount of physical activity increases through higher intensity, greater frequency, and/or longer duration of activity.

Physical activity and exercise are not interchangeable terms. Physical activity is defined as bodily movement produced by the contraction of skeletal muscle that increases energy expenditure above the basal level. Categories of physical activity include occupational, household, leisure time, or transportation.

Moderate physical activity includes activity performed at an intensity of three to six METs (metabolic equivalent, a unit used to estimate the metabolic cost or oxygen consumption of physical activity) and is the equivalent of walking briskly at three to four miles per hour. Pleasure bicycling, moderate effort swimming, playing golf (walking), general cleaning at home, leaf raking or lawn mowing constitute moderate physical activity. These activities can improve physical fitness which is the ability to carry out daily tasks with vigor and alertness, without undue fatigue, and with ample energy to enjoy leisure time pursuits and meet unforeseen emergencies.

Regular physical activity may improve cardio-respiratory fitness and decrease overall mortality in a dose-response fashion as demonstrated in multiple medical studies. One such study looked at physical fitness and risk of death in 10,224 men and 3,120 women who were given a preventive medical examination. Physical fitness was measured by a maximal treadmill exercise test. Age-adjusted mortality rates declined across physical fitness levels from 64.0 per 10,000 person-years in the least fit men to 18.6 per 10,000 person-years in the most fit. This is a striking and statistically significant difference. Corresponding values for women were 39.5 to 8.5 per 10,000 person-years with the trends persisting even after adjustment for co-morbid conditions, i.e. other medical diseases.

The term "exercise" is used to denote physical activity that is planned, structured, repetitive, and purposeful in that the main objective is improvement or maintenance of one or more components of physical fitness. There are three types of exercise: aerobic, anaerobic and agility training.

Aerobic exercise is generally performed at a moderate level of intensity over a long period. Running for 20 minutes is an aerobic exercise, while sprinting 200 meters is not. Playing tennis for 30 minutes is an aerobic activity if the movements of the player are fairly continuous. Golf, on the other hand, is not seen as aerobic because the heart rate has not been raised at a sustained level for long enough.

Anaerobic exercise, on the other hand, is exercise at high intensity for short durations and the goal is to build power, strength and muscle. A short duration usually means no more than about two minutes. *Anaerobic* means *without air*. Anaerobic exercises improve muscle strength and ability to move with quick bursts of speed. When thinking of anaerobic exercise, think of short and fast or short and intensive. Anaerobic exercises include: weight lifting; sprinting; intensive and fast skipping (with a rope); interval training; isometrics or any rapid burst of hard exercise.

Agility training is practiced extensively by people who perform certain sports, such as tennis, soccer, basketball or squash, where positioning, coordination, balance and the ability to suddenly change posture and speeds are essential. Agility training includes speed, strength, balance and coordination activities.

Physical activity and/ or exercise are good. Which is better? A study from the Cooper Institute for Aerobics Research in Dallas compared the effects of a lifestyle physical activity program (e.g., raking leaves, taking walks) to a more traditional structured exercise program. The lifestyle intervention was as effective as a structured exercise program in improving physical activity, cardiorespiratory fitness, and blood pressure. A Johns Hopkins study examined the effects of a 16-week structured aerobic exercise program versus an increase in lifestyle activities (e.g., taking walks, doing household chores) on 40 obese women ages 21 to 60. All of the women were put on a 1,200-calorie diet. Over the 16-week study, both groups lost about 18 pounds. However, a year later researchers found that the aerobic exercise group was more likely to have regained weight than the lifestyle group.

It should be emphasized that no amount of physical activity or exercise can stop biological aging but by limiting the development and progression of chronic disease and disabling conditions, regular physical activity and /or exercise can reduce the physiologic harms of an otherwise sedentary lifestyle and improve life expectancy. The bottom line….get out of that chair and move!

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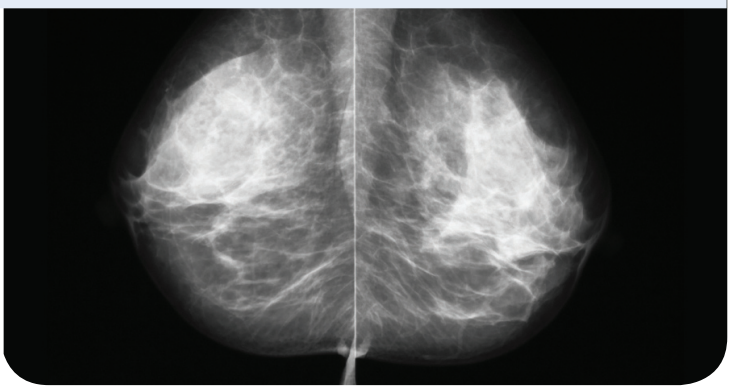
DIGITAL MAMMOGRAPHY

IS NOW AVAILABLE AT THE MEDICAL DEPARTMENT

We are pleased to announce that a new, state-of-the-art digital mammography unit has been added to our Radiology Suite. With this new technology, trained technicians are able to take electronic images of the breast and store the images in a computer. This allows the radiologist to then further manipulate and examine the images, including magnification of certain areas that might be suspicious for an abnormal lesion. The benefit of digital mammograms has been demonstrated in controlled clinical trials to be better for younger woman under the age of 50, or women who have dense breasts or are pre-menopausal or peri-menopausal. Digital mammography identifies more invasive or medium to high grade non-invasive cancers in the groups noted.

The addition of digital mammography completes the planned enhancements to our Radiology Suite. In 2007, two state-of-the-art digital x-ray rooms were installed. Digital technology gives the radiologists the additional capability to enhance the images for reading finer details and affords our patients the benefit of shorter waiting time and fewer repeat studies. And in 2009, an advanced bone densitometer was added, giving us the capability to do bone density measurement on-site. A bone density scan measures the strength of bone in a person. The lower the density of a bone the higher the risk of fractures.

You can call the Medical Department at 718-591-2014 to schedule your annual physical and a digital mammogram. You can also call to schedule a digital mammogram ordered by your private physician, in which case the report and the digital images will be sent accordingly.



Here are some examples of who can and cannot be enrolled at this time:

1. John, an adult child, is 21 years old and works full time. His employer does not offer health coverage at all and John is not eligible for any employer-sponsored coverage through a spouse. John is eligible for coverage under the Plan.

2. John's employer, at a later date, offers coverage to his employees at a cost. Because John is now eligible for coverage on his own, he will no longer be eligible for coverage under this Plan, whether or not he elects to purchase coverage under his employer's plan.

3. Mary, an adult child, is 23, married and is a full time student. She has coverage under her husband's health plan. Mary is not eligible for coverage under this Plan.

4. Mary's husband loses his coverage in February 2011. Mary is not eligible for coverage under this Plan as of the time she becomes eligible for COBRA coverage, regardless of whether she actually elects COBRA coverage. Mary may seek to enroll in this Plan at the expiration date of the COBRA coverage period (e.g. 18 or 36 months, whether or not she actually elects such coverage) if she is still not eligible for coverage through her own or her husband's employer.

5. Mary's husband lost his coverage prior to October 1, 2010. Mary did not elect COBRA coverage at that time and the COBRA election period has already lapsed. If she is still not eligible for coverage through her own or her husband's employer, Mary is eligible for coverage under this plan.

The Plan, in order to comply with this provision, must ask all Participants who are enrolling an adult child who is eligible for coverage under the Plan to verify that the adult child is not covered by or eligible for their own or a spouse's employer-sponsored health coverage by completing and signing an affidavit that states that the adult child is neither covered by nor eligible for coverage under a group health plan through the child's or spouse's employer. **If such affidavit is not returned, your child will not be enrolled into the Plan.**

Please note that, while it is no longer required that a college student submit a full-time student letter to remain eligible under the PHBP, such documentation must be furnished to the Dental Benefit Plan and the Dental Plan of the Elevator Division in order to remain eligible for benefits under either of these plans.

If you have any questions concerning dependent eligibility, please contact the Members' Records Department at the Joint Industry Board at 718-591-2000, ext. 2491.

III. Elimination of Lifetime Maximums and Adoption of Annual Limit

Effective January 1, 2011, the $2,000,000 individual lifetime maximum will no longer apply.

Instead, an individual aggregate annual limit of $1,250,000 for calendar year 2011 will apply. Under this rule, a participant may incur a total of up to $1,250,000 in eligible medical, hospital and prescription drug claims. The individual aggregate annual maximum from January 1, 2012 through September 30, 2014 is $2,000,000.

IV. The Trustees of the PHBP have amended the Plan, September 1, 2010, to eliminate the following provision set forth in the Summary Plan Description ("SPD").

This notice constitutes a Summary of Material Modification of the Plan, and should be kept in a safe place along with your copy of the SPD.

Cosmetic Surgery (Page 27 of the SPD)

Exclusion 15 set forth on page 27 of the SPD excludes coverage for cosmetic surgery, unless the surgery resulted from an accident that occurred while the participant (or family member) was covered by the Plan. The Trustees have agreed to eliminate the requirement that the accident giving rise to the surgery occur while the participant is covered by the Plan. The surgery must still take place within 90 days of the accident.

The Pension, Hospitalization and Benefit Plan of the Electrical Industry, the Additional Security Benefits Plan of the Electrical Industry and the Health Reimbursement Account Plan of the Electrical Industry believe these plans are each a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the Joint Industry Bard of the Electrical Industry at 718-591-2000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.