Issue 77

ANTHEM CYBER-ATTACK WHAT IT MEANS TO AFFECTED PARTICIPANTS

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n January 2015 we learned that Anthem, Inc., the insurance carrier whose provider network is being utilized for the Plan A PPO Plan, was the victim of a significant cyber-attack within its information database. Anthem reported that the hackers gained access to personal information, other than credit card or health information, on approximately 80 million people nationwide and it has been suggested that this includes 13.5 million people in California.

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Anthem has regularly issued communications with status updates. The following is the most current information made available by Anthem:

* On January 27th Anthem, Inc. discovered it had been a victim of a cyber-attack that involves millions of their current and past members and is working with federal investigators to determine who is responsible and why Anthem, Inc. was targeted.

* Upon learning that one of its database warehouses was experiencing a suspicious data query all unauthorized activity was stopped. Anthem launched an internal investigation and learned that the compromised database warehouse experienced a series of sporadic suspicious queries during the course of approximately 6 weeks. Anthem took immediate action to secure its data and contacted federal investigators. * The attacker got into a database warehouse and had access to information on a significant number of consumers. The information accessed includes member names, member health identification (ID) numbers, dates of birth, Social Security numbers, addresses, telephone numbers, and email addresses.

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* Social Security numbers were included in only a subset of the universe of consumers that were impacted. They are still working to identify how many Social Security numbers were accessed. No credit card or confidential health information was compromised.

* Anthem has contracted with Mandiant - a global company specializing in the investigation and resolution of cyber-attacks, to ensure there are no further vulnerabilities, identify potential gaps and to strengthen security to all Anthem networks. Additionally, Anthem will continue to work with the Federal Bureau of Investigation.

* There is now a web site affected participants can go to for more information on this incident - www.AnthemFacts.com - which includes a link to FAQ's. Affected participants may call 1-877-263-7995 toll free for more information. *Spanish speaking participants may visit www.Antheminforma.com.*

ELECTRICAL WORKERS MINORITY CAUCUS

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• n Saturday, January 24th, 2015 the Electrical Workers Minority Caucus (EWMC) San Diego & Imperial counties held a conference for local tradeswomen. More than 40 women from Local 11, 230 and 569 attended the event at the San Diego Electrical Training Center, emceed by Ms. Della Cole of Audio Associates San Diego & apprenticeship instructor. San Diego Building trades was represented by Debra Chaplin and Tom Lemmon who made a few remarks to the ladies during the lunch period.

The conference started with key note speakers Ms. Jane Templin and Kim Crickard. Several workshops were available for the attendees to participate in: Sarah Hall from Milwaukee Tools set up hands-on demonstrations of latest battery powered tools: Ken Stuart from the San Diego Electrical Industry Trusts provided a workshop on benefits, pension and health and welfare programs; Journeyman LaVaun Harris provided an overview of the IBEW structure and information on the different offices that members can be a part of; Gretchen Newsom political organizer from the IBEW 569 lead a discussion about becoming more active in our communities. A very special session was provided by Dr. Vangie Akridge who brought a new type of discussion on how to deal with issues that arise on job sites and life in general. With the help of Ms. Marty Glaske, they discussed strategies on how to

PARTICIPANTS PAY A LOT

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March 2015

MORE WHEN USING NON-PPO PROVIDERS

As a reminder, for claims submitted by non-PPO providers the Plan presently pays only 60% of the maximum allowable charge which is defined as the full amount payable to a PPO provider for the same service(s). Further, it is important to be aware that, unlike the protection afforded under the PPO Plan with respect to the setting of a maximum outof-pocket cost to the participant, a participant using a non-PPO provider would be responsible for the difference between what is billed and what is paid by the Plan. Thus, the balance due to the non-PPO service provider can be substantial. In an effort to make it clear as to how the maximum allowable

MISSION VALLEY HEIGHTS SURGERY CENTER ("MVHSC")

n the event a Covered Person is to undergo any of the following elective out-patient surgeries we wish to bring to your attention a special pricing arrangement between this surgi-center and the Plan providing for substantially reduced charges for the facility and any implant devices: Hand, foot/ankle, shoulder, knee, lumbar laminectomy (levels 1 and 2) and pain. Available services include joint modification or replacement (i.e. total knee and shoulder replacement) and pain stimulators.

Examples: A Covered Person recently underwent an arthroscopic procedure on their knee on an out-patient basis at a local PPO hospital whose contracted rate with Anthem was \$28,654. Had the procedure been performed at MVHSC the cost to the Plan would have been \$4,658 for a **savings of \$23,996** since this particular Covered Person was already at the 100% reimbursement level.

Another example of the extreme savings to be realized by using this facility is that for a knee replacement the Plan allows up to \$30,000 for the facility and replacement device. Most hospital facilities in San Diego are charging fairly close to the \$30,000 cap or choose to accept \$30,000 as payment in full to keep a case from going to another hospital. The full cost from MVHSC for a knee replacement is \$17,000 and the replacement device will be charged at cost +10% (presently approximately \$6,700) for a total cost of \$23,700 or a **savings of about \$6,300 or 21%**.

Many orthopaedic surgeons with **Sharp Rees Stealy** utilize this facility as well as surgeons with San Diego Orthopedic Associates Medical Group and California Orthopedic Institute. Please keep in mind the Trust makes no representation or warranty about the services of any service provider. However, the Trustees believe it is prudent to notify plan participants of reputable providers who render services at reasonable prices.

If there are any questions relative to use of the Mission Valley Heights Surgery Center please contact your claims examiner at the Trust Office (x-808).

Cyber-Attack – continued from Cover –

* Anthem has changed passwords and secured the compromised database warehouse.

* Data for a large number of participants in California is believed to be included. Therefore, it should be assumed that data belonging participants of this Plan has been accessed.

* Anthem will be sending informational emails to all participants whose email address is on file within their Anthem.com profile and eventually written notification to all impacted individuals with information about how to enroll for **2 years of free credit monitoring and identify theft repair services.**

What can participants do to best protect themselves as a result of this episode and in general?

1. BE AWARE OF CREDIT MONITORING EMAILS (DON'T CLICK ANY LINKS) AND PHONE SCAMS PURPORTING TO BE FROM ANTHEM!

2. It is routinely suggested that the BEST way to prevent anyone from accessing a person's credit is to place a freeze with all 3 main

credit bureaus:

- a. Experian https://www.experian.com/freeze/center.html
- b. Trans Union www.transunion.com/securityfreeze

c. Equifax https://www.freeze.equifax.com/

There may be a \$10 charge to freeze credit with each bureau and a \$10 charge to unfreeze it as needed, which can be done online or via an automated phone process and can be vendor specific and/or for a specified period of time. There should be no charge to re-freeze that bureau's credit at the end of the unfrozen period.

3. Never sign a credit or debit card, always write on the back "Check For ID".

4. Use credit cards instead of debit cards whenever possible as there is fraud protection with a credit card and the debit card could permit access to all funds in the underlying account.

Should there be any questions relative to the above please contact the Trust Office (x310).

WHAT TO DO WHEN A NON-EMERGENCY MEDICAL ISSUE ARISES?

Often times when a medical issue may arise or linger for a period of time the initial inclination is to seek treatment at a hospital emergency room or an urgent care facility. While it is usually preferable to visit an urgent care facility instead of the emergency room or to make a doctor's appointment, Plan A PPO participants may now utilize online medical office visits through Anthem Blue Cross.

The only cost to a Covered Person for this office visit will be a \$10 co-payment which must be paid by debit/credit card at the time the online visit is conducted.. However, if the participant is not identified in the Anthem system as being covered under the PPO Plan at the time of service then the full \$49 fee must be paid by debit/credit card. In the event coverage for that month is later established there will be a refund of \$39 from the Plan.

As a reminder, use of this program and CVS Minute Clinics represent a convenient option for seeking medical advice and possible issuance of a prescription instead of going to a hospital urgent care facility or emergency room for what may be a routine medical issue. However, if ever it is determined that a higher level of care is necessary the online physician or Minute Clinic practitioner will advise the patient as to where treatment should be sought and there will be <u>no charge for the visitation</u>.

IMPORTANT - For other than a true emergency (i.e. heart attack, seizure, very high temperature, severe injury, loss of consciousness, etc.) use of an urgent care facility is preferable to that of a hospital emergency room. Therefore, if a simple online office visit or Minute Clinic visitation will provide the level of care necessary the financial exposure to the participant will be considerably less.

If there is ever a question as to use of PPO service providers please contact the Trust Office (x-808).

Caucus - continued from Cover -

help change the communities we all live in.

Ms. Montgomery from District 4 -Councilwoman Myrtle Cole's office and Ms. Melissa Wood from the San Diego City Schools Career Technical Education (CTE) department were also in attendance. The conference provided an opportunity for all tradespeople to develop leadership skills both the job and in our communities.

WHAT DO THE NAVY, MARINES, AIR FORCE, ARMY, COAST GUARD, AND LOCAL HIGH SCHOOLS HAVE IN COMMON?

our Training Center recruits future electricians from all of them!

The San Diego & Imperial Counties Electrical Training Center representatives recruit future electrical professionals from all over San Diego & Imperial Counties.

Not only do these representatives expose and teach the public about **"The Better Business Model"** that is NECA and IBEW Local 569, they educate our current and future customers. These customers are the military leaders who have work done on their facilities; the business owners who build high rises downtown; university personnel who remodel

buildings on their campuses; and leadership in our high schools who decide whom is going to bid on their projects. We know we are the most skilled, most professional, and most efficient electrical workers on the planet we just have to keep letting the public know about our great labor/business collaboration that has built America safely and correctly for over a century!

For more information about our outreach efforts, please contact Tim Van Noordt at tvannoordt@positivelyelectric.org or call (858) 569-6633 ext. 112.

Below is a partial list of outreach events the training center participated in 2014:

•City Heights Job and Career Fair •Mission Hills High School Career Fair •City of San Diego workshop: "Financial Benefits of Hiring •Mission Vista High School Trade and Career Fair •Navy/Marines at MCRD -Veterans" •Clairemont High School Academy of Business •Navy/Marines Career and Education Fairs •Office of Business Development •Sweetwater High School Career Day •America's Job Center of California, Oceanside, California •Southwestern College's Seasonal Recruitment Job Fair •San Diego Workforce Partnership •San Diego Unified School District, High School Career Day •Passport to Life, San Diego City College •Southwestern College Career Fair •South County Veterans Career Pathway at Malcom X Library •National City, Career Pathways to Success •MAGIC Camp, Kearny Mesa High School •EDD, Veterans Village •Countywide Job and Resource Fair, Balboa Park •Sweetwater High School Career Day •San Diego County Office of Education •Mission Hills High School Annual Career Fair •Camp Pendleton Job Summit, Hiring Our Heroes •Twin Oaks High School, "Getting From Here to There" Fair •Construction Tech Academy Senior Gala •South County Career Center, Employer Advisory Group •Continuous tours of the Training Center for the public and •Construction Workforce Event, Southwestern College all branches of the Armed Forces. •Grossmont College and Career Day

REMINDER - 2015 ANNUAL PARTICIPANT INFORMATION UPDATE

At this time approximately 40% of Plan A PPO participants had yet to return the annual participant information update form sent to all Plan A PPO participants in December. This form **MUST** be returned to the Trust Office in order to avoid delays in processing 2015 PPO claims on behalf of dependents until a claim form is submitted for their first claim(s) of the year or any accident.

This form contains information expected to provide the Trust Office with specific information such as changes in dependent status or the existence of other group health coverage for a dependent which is integral to the payment process. Therefore, please complete and return them as soon as possible in the included self-addressed envelope, by fax to 858-565-2951, or via an e-mail attachment to www.bianca@569trusts.org.

The most significant information to appear on this form has to do with whether a dependent spouse has group medical coverage available through their employment. If they do, and the cost for said coverage is **\$100 or less per month**, or they will receive **any compensation** for waiving or declining their coverage, the spouse must take that coverage as they will not be eligible for medical coverage under the Plan, but there would still be dental and vision coverage through Plan A.

However, please note that there will still be instances where a claim form or a request for a document, information, or records may be necessary prior to processing a claim. In order to prevent any delay or a formal denial of such a claim please complete and/or provide the necessary form, document or information to the Trust Office as soon as possible.

Should there be any questions relative to the above please contact the Trust Office (x310).

PPO BENEFITS NO LONGER ASSIGNABLE TO SERVICE PROVIDERS

Presently the PPO Plan permits a participant to assign the entitlement to a payment of benefits directly to a service provider regardless of whether or not they are a PPO panel provider. This is usually accomplished by executing a claim form or a standard assignment of benefits form provided by the service provider to whom an assignment will be made.

As of **April 1, 2015** it will no longer be permissible for a Covered Person to assign entitlement to receipt of any benefits to be payable under the PPO Plan to any service provider as the entitlement to benefits rests solely with the Covered Person. However, it will still be possible to execute a written directive authorizing that any benefit(s) to be paid on behalf of the Covered Person may be paid directly to a service provider. In the event a service provider's "Assignment of Benefits" statement is submitted, or is on file in their office, it will not be binding on the Plan. However, such a statement will be recognized as a written directive to make payment directly to the service provider.

through which most all claims from service providers (PPO or non-PPO) are submitted directly to Anthem and, following a full review and approval by the Trust Office, payment of the eligible expenses are routinely issued to the service provider by Anthem. What will change is that benefit payments will be made to the Covered Person unless there is a written directive to issue their benefit(s) to the service provider on file prior to the processing of the claim by the Trust Office. In this regard the statement at the bottom of the Plan's standard claim form will permit issuance of benefit(s) due to the Covered Person directly to the service provider(s).

Note: Even if a service provider has a Covered Person execute their standard Assignment of Benefits form the assignment will not be binding on the Plan, but the Plan will recognize it as a written authorization to release any benefit payment on behalf of the Covered Person directly to the service provider.

In other words, there may be no visible change to the current process

Please direct questions relative to the above to the Trust Office (x-808).

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Participant Update - continued from Cover -

charge applicable to a claim submitted by a non-PPO provider will be determined we wish to advise that with respect to out-ofnetwork providers the maximum amount to be allowed as Eligible Expense shall be the greater of the average of maximum allowable charges for PPO providers in the immediate geographic area or an average of prices charged by comparable service providers in the immediate geographic area at the time service was rendered. In making this determination the Plan may use comparable pricing from the PPO Network and/or utilize the services of a third party to do so.

However, the above definition will not apply in instances where the Covered Person was in need of non-elective urgent or emergency care and the out-of-network provider was the closest source of the degree of treatment necessary or where there was no PPO Provider readily available within 30 miles to where the service was rendered.

IMPORTANT- Any time a physician or a physician's office refers you to another physician or medical facility you MUST be

sure they are participating in the Anthem PPO Network in order to avoid being responsible for the balance of billed charges over and above the PPO maximum allowable charge.

If there are any questions relative to the maximum allowable charge for use of a Non-PPO provider please contact your claims examiner at the Trust Office (x-808).

REGISTERING TO TRANSFER HOURS VIA RECIPROCITY

hen traveling to work in the jurisdiction of another IBEW Local Union, if you want your hours and contributions sent back to the San Diego Electrical Health & Welfare and/or Pension Trusts you MUST register in the ERTS system. If you aren't registered **when you travel to another jurisdiction** it is possible the hours won't be sent back possibly causing an interruption of group medical coverage and/or a failure to receive pension plan credit. Registration is easy and can be accomplished at the Trust Office, LU 569 or at the visiting Local when clearing in. Doing so in advance is highly recommended as some Plans will only transfer hours subsequent to the registration date.

HEALTH INFORMATION SOURCES

Best Doctors - 1-866-904-0910 or www.bestdoctors.com; Caremark - www.Caremark.com; Specialty medications - CVS/Caremark at 1-800-237-2767;

"NurseLine"- 24/7 access to Registered Nurses at 800-250-6181 or

http://healthresources.caremark.com/topic/ specialty; and for researching doctors and hospitals: www.healthgrades.com, www. leapfroggroup.org/;

www.Calhospitalcompare.org;

www.hospitalcompare.hhs.gov;

http://www.npdb-hipdb.hrsa.gov/ National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank may be used to verify information on a healthcare provider; and http://www.medbd.ca.gov/ lookup.html

Medical Board of California for physician licensing. The California Health Care Foundation supports http://www.

<u>calqualitycare.org</u>/which combines ratings for quality of care, patient safety and patient experience in an effort to help consumers make informed choices.

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