

Issue 51 October 2009

HEALTH & WELFARE TRUST ELIGIBILITY RULES CHANGES

Please pay careful attention to the following modifications to the current Plan A and Plan B Eligibility Rules to become effective in conjunction with coverage as of January 1, 2010 and the monthly costs of Plan A coverage to be announced as part of the 2010 Open Enrollment process:

Plan A and Plan B Eligibility Rules Changes for Retirees Participating in Plan A:

Article IV, "Termination", will be amended to provide that:

- 1. Any Plan A participant receiving a pension benefit from the San Diego Electrical Pension Trust who resides in a Plan C Kaiser service area and attains age 65, thereby becoming eligible to enroll in all parts of Medicare (A, B & D), will no longer be permitted to participate in Plan A and all H&W hours reported on their behalf for post-retirement employment will be credited to Plan C for possible future use and;
- 2. Any Plan A participant receiving a pension benefit from the San Diego Electrical Pension Trust who does not reside in a Plan C Kaiser service area and attains age 65, thereby becoming eligible to enroll in all parts of Medicare (A, B & D), will no longer be permitted to participate in Plan A and all H&W hours reported on their behalf for post-retirement employment will be credited to Plan C for possible future use.

However, if the former Plan A participant qualified for subsidized Plan C deductions at the time their pension benefit commenced they will be entitled to be reimbursed up to the same amount of subsidy afforded to a Plan C participant receiving the same amount of monthly pension benefit upon submission of a receipt confirming their payment of a Medicare supplement premium.

In instances where a retired Plan A or Plan B participant maintains coverage by making permitted Direct Payments pursuant to federal COBRA law, it is important to understand that upon their becoming eligible for Medicare they are no longer permitted to continue remitting Direct Payments regardless of the number of remaining COBRA payments until the maximum has been exhausted. However, an eligible dependent who is similarly not eligible for Medicare may elect to maintain their coverage by remitting the remaining number of permitted COBRA payments on a timely basis.

Article V, "Requalification", will be amended to provide that:

Under no circumstances may a former Plan A or Plan B participant who is receiving a pension benefit from the San Diego Electrical Pension Trust return to Plan A or Plan B using post-retirement hours with any corresponding contributions received on their behalf to be credited to a Plan C Reserve.

Continued inside-

PENSION PLAN CHANGES

he Actuary for the Pension Trust has advised the Board of Trustees that post-retirement benefit accruals are extremely expensive to the Pension Plan. Based on that advice, the Board has taken action to amend the San Diego Electrical Pension Plan to change the provisions pertaining to work in the State of California within the electrical industry, craft or trade after early retirement.

1. For all Participants who commence participation in the Pension Plan on or after November 1, 2009, to be considered eligible to receive an early retirement pension, you must be retired and refrain from being gainfully employed in the State of California within the electrical industry, craft or trade for one hour or more. In the event you work in the State of California within the electrical industry, craft or trade for one hour or more

Continued inside-

WHAT'S INSIDE

GENERIC DRUG REQUIREMENT

WHEN IT'S NOT A MIGRAINE

REPAIRING A DAMAGED CREDIT REPORT

COBRA DIVORCE NOTIFICATION

FLU VACCINATIONS

HEALTH INFORMATION SOURCES

GENERIC DRUG REQUIREMENT

It must be remembered that the PPO plan requires use of a generic alternative to a brand name prescription as they are expected to provide a medicinal equivalent at a much lower cost to both the participant and the Plan.

One of the many cost-containment programs presently in place through CVS/Caremark monitors FDA approval and the release of new generic drugs. In these instances any participant who has a current prescription for the related brand name drug will receive a letter from CVS/Caremark advising that the generic alternative now exists and that they will be expected to contact their physician to request a new prescription for the generic alternative at the time a refill is necessary.

In the event the brand name drug is continued, as opposed to only 20% of the discounted cost of the generic drug, the participant can expect to be charged 50% of what the cost of the closest preferred brand name drug would have been plus the balance of the full cost of the prescription.

If there is a bona fide medical reason a physician believes the generic alternative will not be appropriate for their patient then the physician should submit a detailed explanation in writing to be considered by CVS/Caremark. Should the request be approved then arrangements will be made to permit release of the brand name medication as in the past and the co-payment will remain at 20% of the discounted price.

Some medications have become available over -the-counter ("OTC"), which no longer require a prescription. As such they are not covered by the Plan, but expectedly cost less. Examples of such medications are Claritin for allergies since 2002 and for the treatment of acid reflux or frequent heartburn there is Prilosec since 2003 and Prevacid more recently in May 2009.

If there is any question as to whether a generic alternative to a brand name medication exists please contact your physician's office or CVS/Caremark customer service at 1-800-966-5772.

Continued from cover—HEALTH & WELFARE TRUST ELIGIBILITY RULES CHANGES

Plan A and Plan B Eligibility Rules Changes for all Participants:

Article VII, "Direct Payments" will be amended: With respect to Plan A or Plan B participants making up to the maximum number of permitted Direct Payments, in order for the period of permitted Direct Payments to restart the requirement to work at least 1 hour within 12 consecutive months has been changed to require at least 50 provable hours within 12 consecutive months. In other words, once a Plan A or Plan B participant making Direct Payments completes 12 consecutive months, but has worked less than 50 hours during that period, they will only be entitled to make payments for the remaining number of months of true COBRA coverage. Important Notice - Where a Plan A or Plan B participant qualifies to restart their period of Direct Payments by satisfying the 50 hour minimum requirement, the Trust Office may request copies of all pay stubs in order to substantiate that all such hours were actually worked prior to the participant receiving credit for any or all such hours.

Should there be any questions relative to these changes or how these modified Eligibility Rules may affect you, please contact the Trust Office (x-310).

WHEN IT'S NOT A MIGRAINE UNDERSTANDING AND TREATING HEADACHES

TENSION HEADACHES

There are two types of tension headaches — episodic and chronic. They differ in frequency and severity. Episodic headaches are random. Chronic headaches occur every day. Both types may have the same symptoms. They include tightness in the neck, soreness, pressure or pulling sensations around the head. There also can be a dull, steady pain in the forehead, temples, or back of the head and/or neck. Depression, anxiety, stress and poor posture often go with tension headaches

SINUS HEADACHES

These headaches result from sinus pressure in the forehead, behind the nose, or around the eyes and cheeks. Pressure can build up as a result of allergies, or a sinus infection following a cold or the flu. When sinuses are blocked or inflamed, mucus can't drain. Then, headaches may occur. These headaches often feel worse first thing in the morning. Sometimes, people believe that migraine headaches are "sinus" headaches.

CLUSTER HEADACHES

Cluster headaches are known for their severity and intensity. The pain strikes with little warning, and the attacks come in groups, or clusters. Each headache often lasts 30 to 45 minutes. Most people suffer up to four a day during a cluster period. These headaches occur on one side of the head. They rarely switch sides

between attacks. The pain usually begins as a stabbing sensation over one eye. It then moves to the forehead, temple and cheek on the same side of the face. Cluster headaches aren't hereditary. They seem to affect men more than women. Many sufferers are smokers. However, definite causes are unknown.

TREATMENT

See your doctor for diagnosis and treatment if you have frequent or severe headaches. Often, cluster headaches are treated with medication. For other types, your doctor may recommend an over-the-counter pain reliever, lifestyle changes or other treatments. You may need counseling if your headaches come with depression or anxiety. Some techniques that you may want to try once you have been diagnosed, but still are being studied, include:

Relaxation training. Recognize the body's response to stress. You'll also learn how to reduce stress.

Progressive muscle relaxation. Different muscle groups are tensed and then relaxed in a certain order.

Biofeedback. The body's physical responses are monitored. This helps perfect relaxation techniques.

If there is ever a question about severe headaches please contact the 24-hour Nurseline at 1-800-250-6181 or www.myoptumhealth.com.

REPAIRING A DAMAGED CREDIT REPORT

t's no secret a strong credit record is a key to many things that add meaning and pleasure to our lives, for example, renting an apartment or purchasing a home, buying a new vehicle, and sometimes even getting a job. In the midst of the economic downturn, many have faced financial challenges and perhaps in the process of attempting to weather them, have experienced some damage to their credit rating. Following are tips for repairing a damaged credit record. Above all, patience is required, as it may take some time to see the improvement.

CONSISTENTLY USE YOUR COMPLETE NAME AND NOT ANY ALIASES - It is important to provide complete, consistent identification on your credit applications to maintain a full and

applications to maintain a tull accurate credit history.

MAKE MONTHLY PAYMENTS ON TIME -

Most lenders consider the most recent information on a report first, before using other determining factors, such as your current scores from the three major credit bureaus.

SET UP A BUDGET, AND LIVE WITHIN IT

- Keeping a budget allows you to see where your money is going, and helps you avoid over spending.

REVIEW YOUR CREDIT HISTORY REGULARLY - It is a good rule of thumb to review your credit report at least two times a year. This avoids surprises down the road, allows you to correct misinformation, and provides some protection from fraud. Contact all three major credit bureaus: Trans Union,

Experian, and Equifax.

REMOVE INACCURATE CREDIT INFORMATION FROM YOUR CREDIT

REPORT - Contact all three major credit bureaus online or by phone to dispute inaccurate information on your credit report. The credit bureaus will assist you with a step by step instructional guide to dispute inaccurate credit information in your credit history.

AVOID APPLYING FOR TOO MUCH CREDIT AT ANY GIVEN TIME - It is

better to apply for credit in moderation to avoid the appearance of opening numerous accounts in an effort to stay afloat financially.

KEEP YOUR CREDIT ACCOUNT BALANCES LOW - Keeping your credit accounts at about 35% of your available limit is best. Having your

available limit is best. Having your credit accounts over 35% may increase your interest rates for future repayments on loans.

ALLOW YOURSELF TIME TO BUILD A STRONG CREDIT HISTORY - When

trying to decide if you should close an account it is usually best to keep your older accounts open. Keeping older accounts open will help to lengthen your period of active credit use.

GETTING HELP - For help with personal or workplace issues, contact your Member's Assistance Program (MAP). These confidential services are available to employees and their eligible dependents 24/7. Call 1-800-342-8111.

Continued from cover– PENSION PLAN CHANGES

following commencement of early retirement benefits, your monthly pension benefit will be suspended until you attain normal retirement age (65). In other words, if you engage in such post-retirement employment, you will permanently lose the right to receive retirement benefits until attaining age 65.

Prior to this change, to be considered eligible to receive an early retirement pension, you must be retired and refrain from working in the State of California within the electrical industry, craft or trade for forty (40) hours or more in a calendar month.

For all employees who were
 Participants in the Plan prior to
 November 1, 2009, following your
 initial commencement of early
 retirement benefits if you work one
 hour in the State of California within
 the electrical industry, craft or trade
 those benefits accrued on or after
 January 1, 2010 shall be suspended
 until you reach age 65.

Prior to this change, to be considered eligible to receive an early retirement pension, you must be retired and refrain from working in the State of California within the electrical industry, craft or trade for forty (40) hours or more in a calendar month.

Additionally, there was no suspension of benefits if you worked one hour or more and less than forty hours in a calendar month after commencement of early retirement benefits.

If you have any questions regarding these changes please feel free to contact the Trust Office (X-310).

COBRA DIVORCE NOTIFICATION

Under federal COBRA law it is the responsibility of the covered employee or their former covered spouse to inform the Plan (i.e. Trust Office) of this event within 60 days from the date the court issues a Judgment of Dissolution. It is important to understand that failure to notify the Plan by providing a copy of the Judgment on a timely basis means that there would be no entitlement for a former covered

spouse to maintain COBRA coverage through the Plan.

Recognizing that there are several parts to completing a divorce process (including finalizing the distribution of property) that may take an extended period of time, once there is a Judgement of Dissolution issued by a court the marriage has formally ended and the former spouse is no longer an eligible

dependent under the Plan. For example, the court may bifurcate the process into two parts: Judgment of Dissolution and Property Settlement. The termination of the former spouse's coverage and the 60-day COBRA day reporting period become applicable with the issuance of the Judgment of Dissolution, not upon completion of any remaining portions of the divorce process.

SAN DIEGO ELECTRICAL INDUSTRY TRUSTS

P.O. BOX 231219 SAN DIEGO, CA. 92193 - 1219 Presort Standard U.S. Postage PAID Permit 751 San Diego CA



FLU VACCINATIONS

For the upcoming 2009/2010 Flu Season vaccinations should become available from October 1, 2009 through March 31, 2010. Also to be considered are vaccinations for the novel H1N1 influenza.

Vaccination is the best protection against both the seasonal and H1N1 flu and their complications. Symptoms of H1N1 flu typically last a week and are similar to those of the seasonal flu. They include body aches, cough, fever, sore throat, headache, chills and fatigue. Some people with H1N1 flu have also reported vomiting and diarrhea. Both seasonal and novel H1N1 flu complications range from mild to severe, but the majority of cases do not require medical treatment or hospitalization. If difficulty breathing, changes in alertness, or a fever above 100°F for more than three days are noticed in either children or adults, immediate medical attention is needed.

Those who are considered at "high risk" for seasonal flu include people over 65, children 5 years and younger, pregnant women and people of any age with certain chronic medical conditions (asthma, diabetes, suppressed immune systems, heart disease, kidney disease, neurocognitive and neuromuscular disorders).

The PPO Plan presently provides coverage for flu vaccinations to all Covered Persons. The Plan covers these vaccinations at 100% of the maximum Blue Cross PPO allowance without application of a deductible.

In addition to receiving flu shots at PPO doctor's offices, medical clinics and health care facilities please note that they will also be available through CVS MinuteClinics, CVS locations with vaccinating pharmacists and CVS/pharmacy locations with in-store flu clinics nationwide. For hours and participating CVS locations, please log onto cvs.com or call 1-888-FLU-SHOT.

HEALTH INFORMATION SOURCES

Caremark - <u>www.Caremark.com;</u> 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 or www.hospitalcompare.hhs.gov.

California Health Care Foundation supports www.CalHospitalCompare.org which combines ratings for quality of care, patient safety and patient experience in an effort to help consumers make informed choices.