



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

Issue 79

October 2015

2016 OPEN-ENROLLMENT/ INFORMATION UPDATE - SPOUSAL/DEPENDENT EXCLUSION

The Fall represents a very popular time for employers to conduct open-enrollment processes for group medical coverage to be effective for the following calendar or plan year. This is true for the Plan A PPO and Kaiser Plans as open-enrollment information will be distributed this month with any change in medical plan to be effective as of January 1, 2016.

Also for 2016 there will be another round of Annual Information Update forms distributed to all Plan A participants with a request that they be completed and returned to the Trust Office as soon as possible in order to prevent there being any delay in processing PPO Plan claims for services rendered on or after January 1,

2016. This form contains basic claim form information necessary to permit the Trust Office to maintain accurate eligibility and PPO Plan related data.

VERY IMPORTANT - Please be aware that on the Annual Information Update form there are specific questions as to whether a spouse may work and/or have access to group medical coverage of their own. In the event the spouse has **available to them** a group medical plan for which the cost to the spouse would be \$100 or less per month, or in the event the spouse would receive any compensation whatsoever for declining or waiving available group medical coverage, the PPO Plan is very specific to the extent the spouse will be

ineligible for group medical coverage under the Plan. However, in the event of such an exclusion the spouse may still be eligible for Plan A dental and vision benefits.

Please complete this Form as soon as possible after receipt and pay careful attention to the dependent spouse group medical coverage addressed above as there are specific time constraints under federal law to the extent a spouse may want or need to try to re-enroll in their own plan upon learning they had been ineligible under this Plan as far back as the beginning of the year.

Please direct any questions at this time to the Trust Office (x702).

PHARMACY BENEFIT MANAGER CHANGE COMING 1/1/16

Prescription drugs represent the fastest growing segment of the PPO Plan's overall cost. This cost is expected to increase significantly in upcoming years due to a large number of very high cost medications in manufacturers' pipelines. In an effort to control these costs to the benefit of both the participants and the Plan, the Board hired a Pharmacy Consultant to oversee a rigorous bidding process that focused on identifying Pharmacy Benefit

Managers whose approach to pricing and transparency could be expected to deliver the best opportunity to control pharmacy costs by eliminating many of the ways in which Pharmacy Benefit Managers structure prices that do not provide the lowest cost to the participant or the Plan.

Effective January 1, 2016 Caremark will be replaced by Navitus as the Plan's Pharmacy Benefit Manager. There will be considerable

information delivered to all PPO Plan participants during early to mid-December 2015. Basically this change will be seamless for all participants who fill and re-fill their non-maintenance prescriptions at a major pharmacy chain as most all pharmacies in the CVS/Caremark national network will be in the Navitus network (**excluding Walmart**). Further, most all existing non-maintenance prescriptions will remain valid, many with decreased cost.

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GETTING MEDICAL OR DENTAL SERVICES IN MEXICO? USE ONLY PINNACLE PROVIDERS (REPRINTED FROM AUGUST 2015 ISSUE)

All employees and their eligible dependents covered under the PPO Plan may now access medical and dental care in Mexico at **NO OUT-OF-POCKET COST** so long as only Pinnacle panel providers in Algodones, San Luis, Mexicali and Tijuana are used.

The objective is for you to have access to quality medical and dental services at a fraction of the cost of services in the U.S. There are no co-pays nor deductibles, schedule your services today! To access services, simply present your Pinnacle healthcare ID card and your picture ID with any of the medical or dental providers contracted by Pinnacle.

Remember that to take advantage of these services you must seek services with the contracted providers. Provider listings may be accessed at the Trust Office, at the offices of IBEW Local 569 or via the Trust's web site (www.569trusts.org).

Arrangements have been made for the delivery of eligible medical/dental services as follows:

Medical Benefits - All eligible expenses in accordance with the PPO Plan Schedule of Benefits.

Dental Benefits - All eligible expenses up to \$2,000 per covered person per calendar year.

IF ANY COVERED EMPLOYEE OR DEPENDENT USES A MEDICAL OR DENTAL PROVIDER IN MEXICO OTHER THAN A PINNACLE PANEL PROVIDER THERE WILL BE NO COVERAGE UNDER THE PLAN AND THE PARTICIPANT WILL BE RESPONSIBLE FOR ALL BILLED CHARGES FROM THE SERVICE PROVIDER.

IMPORTANT - A separate plastic Pinnacle ID Card, which is NOT a replacement for the white/blue Anthem Blue Cross ID Card, must be presented to a Pinnacle medical/dental provider along with a pictured ID in order to receive covered services in Mexico. Further, the employee or dependent must be covered by the Plan at the time services are rendered.

Let Pinnacle take care of you, call Isabel Jaime at 760.355.3943, x 7343, or contact the Trust Office at x310.

AVOID HIGH COST HOSPITAL EMERGENCY ROOM CHARGES

It should come as no surprise that a basic visit to a hospital emergency room will be very costly, usually in the many thousands of dollars. That emergency room charges are so high is largely because large health systems (i.e. Scripps and Sharp here in San Diego) routinely dominate the health plans when negotiating their "proprietary" contracts that determine the methodology for billing charges and, ultimately, how much of what was billed is to be paid.

The main advantage of working with a PPO provider network is the expectation there will be a substantial discount applicable to provider charges that are expected to save both the participant and the Trust money. As a rule of thumb, discounts for hospital billed charges routinely range in the 40% - 50% of billed charges, sometimes even higher when there may be a flat daily "per diem" allowance. However, in areas such as emergency room, out-patient trauma and certain urgent care, billed hospital charges may be higher and/or applicable discounts much lower.

One such instance is a Scripps Hospital emergency room bill that was priced by our health plan at an **unbelievable 85% of billed charges**. When questioning our health plan about this pricing we were basically told "this is the contracted price, so pay it". As an aside, the same services at a Sharp hospital are basically payable at almost **30% less** than a Scripps

hospital billing. Also to be considered is the office visit co-payment for all Sharp physicians is \$10 versus \$30 for all other PPO physicians in San Diego County.

If it is deemed necessary to seek emergency medical treatment please utilize Sharp hospital emergency rooms and urgent care facilities whenever possible. That said, if you are unsure as to what level of treatment may be

necessary then accessing an urgent care facility or starting with the 24/7 Nurse Hotline (no cost), an Anthem online office visit (\$10 co-pay) or visiting a CVS Minute Clinic may help to get necessary medical guidance, basic treatment and/or a prescription at a much lower cost to the participant and the Plan.

Please refer all questions relative to the above to the Trust Office, (x702).

Pharmacy Benefits continued from Cover -

Two areas that will require participant attention are:

1. Mail order - All participants using Caremark's mandatory mail order program for maintenance medications will need to have a new prescription for each medication submitted to the mail order provider that is part of the new Navitus program.

Note - For participants using the CVS/ Caremark Maintenance Choice program offering 90 day supplies of maintenance medications to be picked-up at only CVS Pharmacies at mail order pricing, they will be able to utilize a similar program available through most major pharmacy chains with Navitus.

2. Specialty drugs - Currently, all specialty medications must be procured through

Caremark's Specialty Rx program to be covered under the Plan. As of January 1, 2016 there will be a change from Specialty Rx to a new specialty medication service provider for which new prescriptions will be necessary.

All participants now using mail order and/or receiving specialty drug medication(s), as well as using a medication requiring "prior authorization" will be contacted directly by Navitus well in advance of this transition in an effort to ensure continuity. Therefore, please always open any communication coming from Navitus or the San Diego Electrical Health & Welfare Trust as it may contain very important information about this transition or the PPO Plan in general.

Please direct any questions at this time to the Trust Office (x702).

TIMELY BIRTHDAY DRUG TESTS

Just a reminder that the Policy and Procedures for the NECA/IBEW Drug-Free Workforce Program provide that in the event any bargaining employee (i.e. they work under a collective agreement) who fails to take their annual "birthday" test to renew their clean-card during their birth month will not be eligible to receive the \$50 wellness benefit for a negative test.

Also as a reminder, if an employee takes and passes a random test during their birth month they will not have to take another birthday test that month to renew their clean-card for the upcoming year. In the event the employee takes a birthday test after passing a random test taken in their birth month, the test will be considered unauthorized and the employee will be responsible for reimbursing the Trust for the cost of the test.

However, if during an employee's birth month they had already taken (and passed) their birthday test, the employee is later called upon

BEST DOCTORS CAN SAVE LIVES AND MONEY

It has been reported by the Best Doctors program that in their vast experience of reviewing self-reported medical cases **20+% of diagnoses** are clarified or changed, **60+% of recommended treatment plans** are clarified or changed, **38% of all recommended surgeries** are totally unnecessary and **another 18%** of recommended procedures would not be the best one for the patient.

For 2014 Best Doctors reported they received 158 calls from groups participating in the Program through the San Diego Purchasers Co-operative, of which the San Diego Electrical Health & Welfare Trust is a member. From those there were 44 Inter-Consultations completed (20 from this Plan) and 63 requests for a Best Doctors expert physician recommendation (22 from this Plan). **In 39% of the Inter-Consultation cases the diagnosis was changed and in 77% of those cases there was a treatment change.** Aside from guiding participant treatment in the right direction, participants and the Plan saved over \$316,000 during 2014 which equates to approximately \$.08/hr.

The above statistics clearly suggest the chances of receiving unnecessary or improper medical care is too high to be ignored. On top of affording participants with the invaluable opportunity to achieve more optimal outcomes, the substantial savings that go along with that help to keep the Health & Welfare contribution rate as low as possible.

The Best Doctors program is available to all Covered Persons in the Plan A PPO Plan and all Kaiser Plans (Plans A, B & C). Under the PPO Plan there are certain incentives for participants who contact Best Doctors and complete the Inter-Consultation process. For Plan A PPO Covered Persons **their calendar year deductible will be waived.** Further, for services performed by and/or at a PPO Provider, all Eligible Expenses pertaining to the performance of any of the following elective surgical procedures will be paid at **100% (with no out of pocket cost)** if a Best Doctors "Inter-Consultation" is completed **before** the procedure is performed: **back, hysterectomy, knee and hip replacement, obesity or bariatric, coronary artery by-pass graft, heart valve replacements, prostatectomy and lumpectomy/mastectomy.**

to take a random test in the same calendar month they must take the random test on a timely basis. Upon passing both tests in this scenario the employee would be eligible to receive a \$50 wellness benefit for each negative test.

Even though the Medical Review Office routinely sends a reminder notice to all bargaining employees at the very beginning of each month it must be understood that failure to receive a reminder notice is not an acceptable excuse for not testing within the birthday month. Further, any employee who does not take their birthday test on a timely basis will be required to contact MAP which is the sole source for receiving authorization to take an authorized test to renew their clean-card.

If there is ever a question about testing or clean-card status under the NECA/IBEW Drug-Free Workforce Program please contact the Medical Review Office at 760-723-3056 or 1-888-577-3784.

NECA/IBEW DRUG-FREE WORKFORCE PROGRAM COLLECTION SITES

The following list outlines all recognized collection sites for the NECA/IBEW Drug-Free Workforce Program:

EXAMONE-NEW LOCATION

5575 Ruffin Road #230
San Diego, CA 92123
PH:858-277-3926 FAX:858-569-2004
Hours M-F 10:00am - 12:00pm & 2:00pm-4:00pm
They do collections only. Minimal wait time

WORK PARTNERS OCC HEALTH

2122 South El Camino Real
Oceanside, CA 92054
PH: 760-940-3952 FAX: (760)681-5151
Hours M-F 8:00am - 6:00pm Sat 9am-2pm

SHARP REES STEALY-RANCHO BERNARDO

16950 Via Tazon
San Diego, CA 92127
PH: 858-521-2350
Hours M-F 8:00am-5:00pm

SHARP REES STEALY-CHULA VISTA

525 Third Ave.
Chula Vista, CA 91910
PH:619-585-4050
Hours M-F 8:00am-5:00pm

SHARP REES STEALY

2020 Genesee Second floor
San Diego, CA 92123
PH: 858-616-8400 FAX:858-616-8420
Hours M-F 7:00am-4:30pm

SHARP REES STEALY-SORRENTO MESA

10243 Genetic Center Dr.
San Diego, CA 92121
PH:858-526-6150
Hours M-F 8:00am-5:00pm

INLAND VALLEY URGENT CARE - WILDOMAR

36320 Inland Valley Dr.
Wildomar, CA 92595
PH: (951) 600-0110
Hours M-F 9:00am-9:00pm Sat/Sun 9:00am-9:00pm

WORK PARTNERS OCC HEALTH - VISTA

2365 S. Melrose Dr.
Vista, CA 92081
PH: 760-571-5910 Fax:760-597-0349
Hours M-F 9:00am-9:00pm Sat/Sun 9:00am-5:00pm

USHW - SAN DIEGO - AFTER HRS ONLY

5575 Ruffin Rd. Suite 100
San Diego, CA 92123
6pm-6am ONLY

EMSI

2815 Camino Del Rio South Suite A
San Diego, CA 92108
PH: 619-758-7777 FAX: 619-758-7772
Hours M-F 8:00am - 5:00pm

EAST COUNTY URGENT CARE

1625 e. Main St. Suite 100
El Cajon, CA 92021
PH:619-442-9896 Fax:619-442-2245
Hours: 8-4:30 M-F, 9-2:30 Sat/Sun

BENSINGER, DUPONT & ASSOCIATES

1116 S. Main Ave.
Fallbrook, CA 92028
PH: 760-723-3056
M-F 8AM-4PM Appointments Only

SHARP REES STEALY-DOWNTOWN #10

300 Fir Street
San Diego, CA 92101
619-446-1524 PH/ 619234-9160 FAX
Hours M-F 8:00am-5:00pm

INDUSTRIAL FAMILY MEDICAL CARE

1441 State St. Suite B
El Centro, CA 92243
PH:760-337-1771 FAX:760-337-1122
Hours M-F 8:00am-4:00pm

VALLEY TESTING

588 Broadway St.
El Centro, CA 92243
PH: 760-352-5358 FAX: 760-352-5856
Hours M-F 8:00 am - 1:00 pm & 2:00 pm - 5:00 pm

INLAND VALLEY URGENT CARE - TEMECULA

29738 Rancho California Rd.
Temecula, CA 92591
PH: (951) 303-6440
7 Days a Week 9am-9pm

EXPERT DRUG TESTING - SAN DIEGO

3435 Camino Del Rio S. #208
San Diego, CA. 92108
PH:619-281-9986 FAX:619-281-9996
Hours M-F 8:00a.m. - 4:00p.m.
They do collections only, minimal wait time.

PALOMAR CORP. HEALTH SVCS - SAN MARCOS

120 Craven Rd. Suite 101
San Marcos, CA 92078
PH:760-510-7373
Hours Monday-Friday 8:00am - 5:00pm

ONLY SITES ON THIS FORM WILL BE AUTHORIZED

SAN DIEGO ELECTRICAL INDUSTRY TRUSTS

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SAN DIEGO, CA. 92193 - 1219

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Best Doctors - continued from Page 3 -

To qualify for payment of all Eligible Expenses related to the elective surgical procedure at 100% a Certification of Completion of a Best Doctors "Inter-Consultation" conducted prior to the date the procedure is performed must be received by the Trust Office. However, there shall be no requirement that the Best Doctors "Inter-Consultation" findings must be followed by the Participant or their Physician in order to qualify for this incentive subject to application of any other Plan limitations. In the event Best Doctors determines that an "Inter-Consultation" is not necessary, this incentive shall not apply.

If you receive a recommendation for one of these specified elective surgeries from a physician, or any other significant surgical procedure or medical diagnosis for that matter, please contact **Best Doctors at 1-866-904-0910**. Please remember that in order to qualify to receive the Best Doctors services offered by the Plan **at no cost to the participant** they must be covered under Plan A, Plan B or Plan C at the time service is rendered.

If there are any questions about Best Doctors, or the applicable incentives for using the program, please contact the Trust Office (x 702).

Collection Sites- continued from Page 3 -

Please note that only specimens for an authorized test drawn at one of the above facilities will be recognized under the Program and that reimbursing the cost of any unauthorized tests will be the employee's responsibility before any future wellness benefits for a negative test result may be payable.

For any questions relative to the above list of collection sites or the NECA/IBEW Drug-Free Workforce Program please call (760) 723-3056 or (888) 577-3784.



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