



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

Issue 83

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WELCOME TAMMY SPINKS, DIRECTOR, SAN DIEGO AND IMPERIAL COUNTIES ELECTRICAL TRAINING CENTER

International Brotherhood of Electrical Workers (IBEW) Local 569 and the San Diego Chapter of the National Electrical Contractors Association (NECA) welcome Tammy Spinks as the new Training Director of San Diego and Imperial Counties Electrical Training Centers.

Tammy Spinks is a graduate of the San Diego and Imperial Counties IBEW Local 569 and National Electrical Contractors Association Apprenticeship program. She was recognized as the Outstanding Apprentice Graduate with Honors when she graduated in 2012. Tammy also received a five year perfect attendance award and the Union Recognition Award for meritorious service to the IBEW Local 569 during her tenure in the apprenticeship program. Tammy served as the elected student body president for 2 years.

Upon graduation she worked as a Foreman for Neal Electric on service, commercial and industrial projects. She served as an instructor at the San Diego Electrical Training Center teaching classes in National Electrical Code, Instrumentation, PLC's and Motor Controls. She is an authorized trainer for OSHA 10 and Osha 30, MEDIC CPR, AED and First Aid, the Electrical Vehicle Infrastructure Training Program (EVITP), and for Green Building Professionals (GPRO). Tammy is

a California State Certified Electrician. She received her Associates Degree from Palomar College in Electricity and her Bachelor's degree in Business Administration from the National Labor College.

For the last 4 years she has served as the Imperial Valley Electrical Training Center Coordinator working out of Imperial County to oversee the operations and development of the Training Center. Here she established strategic partnerships with local schools, workforce development boards, and other community organizations to help educate the region on Union apprenticeship programs and the necessity of developing a skilled workforce that receives a living wage, health insurance and pension.

She is actively involved in the California Apprenticeship Counsel, National Electrical Training Directors Association, California Apprenticeship Coordinators Association, and various other Local, State and National organizations to ensure that the San Diego Electrical Training Center continues to be acknowledged as one of the premier apprenticeship programs in the country.



GRAYBILL MEDICAL GROUP IS PART OF SHARP COMMUNITY MEDICAL GROUP

Graybill Medical Group is the largest independent multi-specialty healthcare provider in North County San Diego and has been part of Sharp Community Medical Group for some time. Use of Graybill physicians requires the same \$10 office visit co-payment as with all other Sharp physicians as opposed to a \$30 co-payment for office visits with all other PPO physician's in San Diego County, including Scripps Clinic and independant Scripps Physicians.

Graybill medical group office locations are: Carlsbad, Escondido, Fallbrook, Poway, San Marcos, Temecula and Vista. There are urgent care facilities in Escondido and Oceanside for immediate non-life threatening medical needs. Their general telephone number is 1-866-228-2236.

REMINDER - ONLY GO OR BE REFERRED TO PPO NETWORK PROVIDERS.

If there is ever a need to locate a PPO provider use the telephone number or website address on your ID card or Information Card.

NEW TRUST WEBSITE NOW LIVE!

The new Trusts' website (www.569trusts.org) is now live! Participants can register on the new site simply using a personal email address and creating an account. Once created, Participants will be able obtain access to see their work history along with their eligibility for health insurance. Participants will also be able to utilize the pension benefit estimator which will show current pension benefits earned as well as their different benefit option choices. The pension estimator will also allow participants to project future pension benefits based upon estimated future hours worked.

As previously provided, the site contains access to each Trust's Plan Documents including the latest Summary Plan Descriptions (SPD). Links to the service providers for whom the Trusts are contracted with are also provided. Clicking on these service provider links will take you to that organization's website. Important articles relating to any of the Trusts, which also appear in the "CURRENTS"

newsletters, are displayed on the website's home page.

Phase II is underway which will allow participants to access most forms/documents/applications, complete those forms/documents/applications, and eventually submit them online. Another benefit that will be provided in Phase II is the ability for participants to opt into electronic communications (emails). Plan changes and updates will then be communicated through email for those participants who opt-in. Included with those communications will be the ability for participants to receive their Explanation of Benefit (EOB) forms online along with a history of their claims.

Stay tuned as more information will be distributed as the website progresses. If you have any questions regarding the website or how to register please contact the Trust Office at 858-569-6322 or 1-800-632-2569, x335.

PLAN A MEDICAL PLAN IMPORTANT REMINDERS

Sutter Health No Longer a PPO Provider

Since January 1, 2017 Sutter Health facilities and service providers throughout California are **no longer part of the Anthem Blue Cross PPO network**. This means that utilization of any Sutter Health facility or provider will be considered as out-of-network meaning the Plan will only pay 60% of what would have been the maximum PPO allowance for the billed services and the participant will be responsible for the full balance due for whatever Sutter charged for their services, which are routinely extraordinarily high.

Optum Behavioral Health Replaces MHN

Also as of January 1, 2017 MHN was replaced by Optum Behavioral Health as the

Plan's exclusive provider of mental health and substance abuse treatment. Every effort was made by Optum to contact MHN service providers currently working with Plan participants for the purpose of discussing their joining Optum's provider network. In fact, out-patient treatment by MHN providers will be permitted to continue through March 31, 2017 to avoid short-notice forced transitions.

It is also important to understand that any laboratory and/or diagnostic testing performed in relation to mental health/substance abuse services should always be performed by a PPO network provider.

Please know that continued use of out-of-network providers (inpatient or out-patient) will only be covered at 60% of whatever the network allowance would be which will mean

the participant will be financially responsible for the full balance of billed charges. If there are any questions relative to this program please contact Optum at 1-866-606-6751.

New ID and Information Cards:

In December 2016 new Anthem ID cards and a brand new Information Card were distributed to all participants containing a lot of information about all Plan A programs and service providers. Please always refer to these cards when seeking or being referred to other PPO providers as well as being sure to utilize the featured PPO programs that are available at little or no out-of-pocket cost to the participant.

Please direct any questions relative to the above to the Trust Office (x702).

RECENT PPO PLAN AMENDMENTS

The PPO Plan Document has been amended as follows

- Definition of "Allowable Charge(s)": The definition of "Allowable Charge(s)" has been broadened to mean the maximum amount to be allowed as Eligible Expense for services rendered by a PPO Provider (Hospital, Physician or other licensed health care professional) under contract with the Anthem Blue Cross or the Plan's designated PPO provider. This amount will also apply to charges for services rendered by all service providers who are located in the geographic area serviced by the PPO, but are not under contract with the PPO. Further, the term "Allowable Charges" applicable to treatment of "Psychiatric Conditions" will also mean the maximum amount to be allowed as Eligible Expense for services rendered by a network Provider (Hospital, Residential Treatment Center, Physician or licensed health care professional) under an exclusive contract with Optum.
- Right of Recovery: With respect to any injury or disability commencing on or after January 1, 2017, to the extent a Covered Person incurs medical expenses involving third-party liability requiring execution of a Subrogation Agreement that will govern the means by which the Plan is to be reimbursed for claims paid following any settlement or final judgment received from the third party(ies) responsible for the injuries, Eligible Expenses shall be paid by the Plan in accordance with the Schedule of Benefits in effect as of the date services were rendered subject to the reimbursement schedule utilizing the updated gross total of benefits paid for the initial injury or disability.

Further, with respect to claims pertaining to an accident or disability that are received after settlement with the Trust in accordance with the Plan's "Right of Recovery", Eligible Expense(s) may be paid by the Plan in accordance with the Schedule of Benefits in effect as of the date services were rendered. However, the amount to be paid will be in accordance with the reimbursement schedule from within the Subrogation Agreement while considering the updated gross total of benefits paid on the initial injury or disability.

- Contact Lenses: The allowance for the purchase of contact lenses has been increased from \$110 to \$200 for contact lenses purchased through a VSP Physician, which are chosen in lieu of lenses and a frame, each calendar year. This allowance will include any fitting and evaluation charge by the VSP Physician. Contact lenses may be covered in full if considered Medically Necessary and prescribed to correct extreme vision acuity that cannot be corrected with spectacle lenses, following cataract surgery or for treatment of certain conditions of Anisometropia or Keratoconus. **There is no change to the allowance for contact lenses purchased through a non-VSP provider.**
- Chiropractic/Acupuncture/Manipulative Services: Commencing January 1, 2017 Chiropractic/Acupuncture/Manipulative Services will be covered at 80% of Allowable Charges up to \$60 per visit subject to a maximum of 12 visits per calendar year.

If there are any questions relative to the above Plan modifications please contact the Trust Office at 858-569-6322 or 800-632-2569, x-702.

RESTATED PPO PLAN DOCUMENT/NEW SUMMARY PLAN DESCRIPTION

A restated Plan Document to become effective April 1, 2017 has been adopted by the Board of Trustees and an updated Summary Plan Description booklet will be produced in both English and Spanish. A general mailing of the English version booklet is expected to be distributed by mass mailing to all participants in late March 2017. In that it will take approximately one month for the booklet to be translated into Spanish, the cover notice for this mailing will suggest that any participant who may want a copy of the Spanish version contact the Trust Office to be put on a mailing list or a copy may be picked-up from the Local Union or Training Center offices.

MAKING DIRECT PAYMENTS VIA DEBIT CARD

It is possible for participants to make a Direct Payment to maintain Plan A and Plan B group health insurance coverage electronically in 2 ways:

- Using a computer or smart phone by accessing the Trust's web site (www.569trusts.org) and be prepared to use your bank's routing and checking account numbers; or
- Using a debit card at the Trust Office.

There will be no cost to the participant for using either of these services.

Direct Payments may also be made before the stated deadline for a particular month by mailing a check to the Trust Office or delivering a check to the Trust Office.

When accessing the ACH Transfer tool the participant will be able to make a payment for either the current month and/or the following month. In order to make a Direct Payment for the following month the participant must be covered for the current month. If there is a need to make a Direct Payment for both months this can also be accomplished so long as the current month is paid first. Instructions for making an ACH Direct Payment are available through the Trust Office (x310).

MEASURING THE VALUE OF THE LOCAL 569 INSIDE AGREEMENT H&W CONTRIBUTION RATE

The following schedule of current H&W contribution rates has been derived from the ERTS system's rate history going back to December 1, 2004, the date the Local 569 Inside Agreement contribution rate increased from \$5.28/hr to \$6.08/hr. Over the 12 years since then you will see how the need for increases totaling only \$.83/hr (just 14%) for Local 569 compares to the Inside Agreement contribution rates in other IBEW Locals in California:

The main reason for the substantially lower contribution rate for Local 569 has been the continued focus on affording participants comprehensive group health coverages with comparatively low out-of-pocket exposure in conjunction with what have been extremely effective cost-containment programs (Best Doctors; pre-screening claims for fraud, waste and abuse; mandatory generic drugs; Pinnacle Mexican medical and dental providers; and recently added Heal in-home physician visits). The success of these programs is demonstrated by the fact that over this 12 year period of time members have been able to keep a greater portion of their raises as opposed to allocating more to fund their health care. Recognizing that only 1/3 of all contribution rates fall below \$10.00/hr, if the Local 569 contribution rate had increased by the 76% average the current \$6.91/hr rate would be \$10.70/hr. That is true VALUE!

LU		CURRENT RATE	EFFECTIVE DATE	INCREASE SINCE 12/1/04	RATE AS OF 12/04
595	- Dublin	\$16.91	6/15	86%	\$ 9.11
6	- SF	\$13.75	6/16	68%	\$ 8.18
332	- San Jose	\$13.73	6/16	118%	\$ 6.30
617	- San Mateo	\$13.36	6/16	155%	\$ 6.20
180	- Vallejo	\$13.20	6/16	85%	\$ 7.12
302	- Martinez	\$13.10	6/14	56%	\$ 8.39
551	- Santa Rosa	\$12.00	6/16	67%	\$ 7.19
340	- Sacramento	\$11.63	2/16	99%	\$ 5.84
639	- San Luis Obispo	\$11.52 *	1/17	52%	\$ 7.60
11	- LA	\$11.49	8/16	97%	\$ 5.84
684	- Modesto	\$11.07 *	1/17	N/A	\$ 9.02
234	- Castroville	\$10.95	1/16	59%	\$ 6.88
100	- Fresno	\$10.25 *	1/16	83%	\$ 5.60
413	- Santa Barbara	\$10.08 *	1/17	49%	\$ 6.78
477	- San Bernardino	\$ 9.57	6/16	61%	\$ 5.94
428	- Bakersfield	\$ 9.44	12/16	58%	\$ 5.97
40	- LA	\$ 8.96	8/16	133%	\$ 3.84
952	- Ventura	\$ 7.79 *	1/17	59%	\$ 4.91
441	- Santa Ana	\$ 7.75 *	1/17	59%	\$ 4.88
440	- Riverside	\$ 7.50 *	1/17	54%	\$ 4.86
569	- San Diego	\$ 6.91	9/15	14%	\$ 6.08

* This Local participates in the IBEW National Family Plan

Average Rate (all Locals)	\$11.00	Average Increase Since 12/1/04	76%
Median Rate (all Locals)	\$11.07	Median Increase Since 12/1/04	67%

BEST DOCTORS SAVES LIVES, AND IT'S FREE

It has been reported by the Best Doctors program that for calendar year 2016 review of self-reported medical cases **45% of diagnoses** were refined or changed, **75% of recommended treatment plans** are refined or changed, **38% of recommended surgeries** were totally unnecessary and **another 18%** of recommended procedures would not be the best one for the patient.

The Best Doctors program is available **at no cost** 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, or reimbursed. Further, for services performed by and 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 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 Plan. 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 you must be covered under Plans A, B or C at the time in order to qualify to receive the Best Doctors services offered by the Plan **at no cost to the participant.**

BEST DOCTORS HELPS TO SAVE LIVES AND CONTRIBUTE TO PARTICIPANTS ACHIEVING OPTIMAL MEDICAL OUTCOMES. BY PREVENTING UNNECESSARY, IMPROPER OR INAPPROPRIATE TREATMENT OVER THE LAST 5 YEARS PARTICIPANTS AND THE PLAN HAVE SAVED MANY HUNDREDS OF THOUSANDS OF DOLLARS IN CLAIM COSTS WHICH HELPS TO KEEP THE HOURLY CONTRIBUTION RATE AS LOW AS POSSIBLE.

If there are any questions please contact the Trust Office (x702).

SAN DIEGO ELECTRICAL INDUSTRY TRUSTS

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2017 ANNUAL INFORMATION UPDATE MUST BE RETURNED TO AVOID COVERAGE VERIFICATION AND CLAIMS DELAYS

All Plan A participants are required to complete and return the “purple” Annual Information Update Form, in particular reflecting any change with respect to dependent group medical coverage as of January 1, 2017, recently sent out with a self-addressed, stamped envelope.

Completing and returning this Form to the Trust Office as soon as possible will prevent any delay in verifying dependent coverage or processing PPO Plan claims for services rendered on or after January 1, 2017. This Form contains basic claim form information necessary to permit the Trust Office to maintain accurate eligibility and PPO Plan related data.

VERY IMPORTANT - the Annual Information Update Form contains specific questions as to whether a spouse may work and/or have access to group medical coverage of their own. In the event a 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 Plan is very specific to the extent the spouse will be ineligible for group medical coverage under the Plan should they elect to waive or decline their own coverage or receive any compensation for doing so. However, in the event of such an exclusion the spouse may still be eligible for Plan A dental and vision benefits.

When completing this Form please 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. This form is available on the new website www.569trusts.org or through the Trust Office (x-702).



HEALTH INFORMATION SOURCES

Best Doctors - 1-866-904-0910 or **Navitus (retail pharmacy and specialty medications)**: 1-866-333-2757, **MedVantx (mail order)**: 1-866-744-0621; **“NurseLine”** - 24/7 access to Registered Nurses at 800-250-6181 <http://healthresources.caremark.com/topic/specialty/>; and for researching doctors and hospitals: 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. Cal Hospital Compare (formerly CHART)** combines ratings for quality of care, patient safety and patient experience in an effort to help consumers make informed choices via its website: www.CalHospitalCompare.org.

NEW SHARP REES-STEALY FACILITY

On February 21, 2017 the Sharp Rees-Stealy facility on Rancho Bernardo Drive opened a brand new facility at 16899 West Bernardo Drive, San Diego, CA 92127.