WARNING - RX PRICES RISING AT CVS, WALGREENS & RITE AID

The Board of Trustees has been informed by Navitus, its Pharmacy Benefit Manager since January 1, 2016, that commencing with the April - June quarter of 2017 and continuing each additional quarter in 2017 there will be significant price increases imposed by CVS, Walgreens and Rite Aid on generic drug prescriptions being filled by Plan participants.

These permanent add-on price increases, as much as $7 or 20% per prescription, are being required of Navitus by these very large pharmacy chains and will increase the cost of prescription drugs to the Plan and its participants by an estimated $125,000 to $150,000 per year.

This is the equivalent of $.04/hr - $.05/hr and these price increases can be totally prevented if participants will start moving their prescriptions to other pharmacies in the Navitus network, which includes just about every other chain (Costco, Target, and super markets with pharmacies like Albertsons, Ralps and Vons) or independent pharmacies. It is possible to determine if a pharmacy is in the Navitus network by going to https://www.navitus.com/members/pharmacy-directory.aspx and then drop down the “MEMBERS” tab to Pharmacy Directory.

Moving your prescription(s) from CVS, Walgreens or Rite Aid pharmacies to any other Navitus network pharmacy can be easily accomplished by taking the Rx bottle or box with all of the prescription information on it to another pharmacy and the prescription will be switched over right then and there. Thereafter, all refills need only be sent to the new pharmacy.

It is readily understood after a 20+ year relationship with Caremark that a large percentage of participant prescriptions are being filled through CVS pharmacies, with a good number of participants also using Walgreens and Rite Aid pharmacies. According to Navitus there should routinely be an alternate network pharmacy within 1-2 miles of whichever one of these chain stores you may now be using and it is understood that changing pharmacies may create a minor inconvenience. However, instead of simply ignoring these excessive price increases this is an opportunity for all participants to take action and directly contribute to the process of keeping their out-of-pocket costs down as well as the Health & Welfare Trust contribution rate as low as possible.

If you have any questions please contact the Trust Office (x-702).

ROUTINE PHYSICAL EXAM SAVED MY LIFE

This is an open letter from a very appreciative dependent spouse covered by the PPO Plan:

01/10/17

Board of Trustees of the San Diego Electrical Health and Welfare Trust:

On March 16, 2016 I decided to take advantage of the free Routine Physical Exam offered under the San Diego Electrical Health and Welfare Trust through Sharp Rees Stealy. As I am 62 years old the physical exam included my first routine colonoscopy, albeit about 12 years late. During this exam a PSA test was conducted and came back with a very high PSA level warranting a biopsy that came back positive for prostate cancer.

I am very thankful for this routine physical exam colonoscopy because during the procedure it was discovered that I had a mass in my colon that they suspected was malignant. After several more tests it was confirmed that it was colon cancer. Within 6 weeks I was recovering from surgery to remove the malignant mass from my colon and was happy to learn that my cancer was at stage II, had not spread outside of the colon and that I would not need for chemotherapy.

As an aside, I did refer this case to Best Doctors and was very much reassured by having had the diagnosis and treatment plan verified.

Can’t thank you enough for offering this benefit as it is hard to imagine what could have happened to me if I had further delayed, or never had, this very important diagnostic test. I strongly encourage all participants to get regular physical exams, especially anyone age 50 or over for the colonoscopy which routinely delivers a 10 year peace of mind when negative. It definitely saved my life as my cancer was caught early enough so that one surgery was sufficient and I did not have to undergo debilitating chemotherapy.

Randy T.

Editors note: Under the PPO Plan there is a $100 benefit to eligible participants who complete the FREE routine physical exam through Sharp Rees-Steyaly. To make an appointment please call Carmen at 858-616-8411.
PLAN A PPO 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 our Anthem Blue Cross PPO network. This means that utilization of any Sutter Health facility or provider will be considered as out-of-network for which 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.

Use of Out-of-Network Behavioral Health Providers - Since January 1, 2017 Optum Behavioral has replaced MHN as the Plan’s exclusive provider of mental health and substance abuse treatment.

It is also important to understand that continued use of out-of-network providers (inpatient or outpatient) 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.

IMPORTANT! Please be aware that in conjunction with inpatient confinements out-of-network providers are notorious for conducting extensive diagnostic testing that are greatly overcharged at thousands of dollars. In that diagnostic testing is routinely included within the fees charged by network inpatient facilities participants should be aware that the Plan will not cover any diagnostic procedures billed separately by out-of-network facilities meaning they will be responsible for 100% of all such diagnostic charges and the balance of the amount billed for the confinement.

If there are any questions relative to this program or locating a network provider please contact Optum at 1-866-606-6751.

SPECIAL NO-COST/ LOWER COST PPO PLAN PROGRAMS

Use Best Doctors at no cost to the participant to:
• Validate diagnoses, treatment plans and/or recommended surgeries.
• For a referral to an expert physician.
• For asking medical questions 24/7.  http://www.bestdoctors.com
• Upon completion of an “Inter-Consultation” the calendar year deductible will be waived or reimbursed.
• Eligible Expenses will be paid at 100% if a Best Doctors “Inter-Consultation” is completed before one of the following elective surgical procedures is performed: back, hysterectomy, knee and hip replacement, obesity or bariatric, coronary artery by-pass graft, heart valve replacements, prostatectomy and lumpectomy/mastectomy.

Global One Ventures (Bundled pricing for out-patient surgery):
• $0 out-of-pocket cost for procedures performed at a network out-patient surgi-center.
• There may also be a savings payment of $250 or $500 to the participant for having their procedure performed at a participating out-patient surgery facility.

Heal “in-home” physician visits - Avoid long waits to schedule a physician office visit or many hours waiting at a Minute Clinic, urgent care or emergency room:
• $5 co-payment per scheduled visit routinely provided within 2 hours of making an appointment by phone or via smart phone.
• This program is recognized as a network provider in the Anthem Blue Cross PPO.
• Hours are from 8:00 am - 8:00 pm Monday - Sunday.

Pinnacle medical and dental services in Mexico -
• $0 out-of-pocket cost for eligible medical and dental services rendered only by Pinnacle network providers in Mexico.

BEST DOCTORS RESULTS FOR 2016 AND PPO PLAN INCENTIVE PROGRAM

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 recommended surgeries are totally unnecessary and another 18% of recommended procedures would not be the best one for the patient.

Best Doctors reported that for 2016 they received 31 calls from participants of the San Diego Electrical Health & Welfare Trust. From those calls there were 8 Inter-Consultations completed and 14 requests for a Best Doctors expert physician recommendation.

Overall for 2016, when looking at all 62 Inter-Consultations performed for all members of the San Diego Purchasers Co-operative the diagnosis was changed 42% and there was a treatment change in 73% of those cases. These statistics clearly suggest the chances of receiving unnecessary or improper medical care is too high to be ignored. A whopping 100% of the closed cases for the San Diego Purchasers Co-operative group gave Best Doctors the highest rating in terms of meeting their needs and would recommend Best Doctors to a fellow participant.

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 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.

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KEVIN JOHNSON
ASSISTANT TRAINING DIRECTOR

Kevin Johnson is the Assistant Training Director for the San Diego & Imperial County electrical training centers. Kevin started his apprenticeship in San Antonio, Texas where he completed two years of his apprenticeship before transferring to San Diego and successfully graduating with a leadership award.

After graduation, Kevin took the position of foreman with HMT Electric Inc. where he spent six years with the contractor. He worked his way up to General Foreman and eventually into the office where he became a member of the management team as Pre-Construction Manager handling duties including value engineering contract prints, identifying pre-fab opportunities, foreman safety training, and various project management roles and responsibilities.

Kevin also took on the role as instructor at the Training Center for four years where he taught subjects such as AC theory, DC theory, Codeology, and Orientation for the apprenticeship.

Kevin believes that the apprenticeship is the foundation of any trade and the main hub for our future leaders and owners in the industry.

RICHARD GONZOLEZ
COORDINATOR

Richard Gonzales graduated from the IBEW’s apprenticeship program with Honors in 1996 and is a California State Certified Electrician. After graduation he worked for various companies on a variety of projects including residential, commercial, industrial, geothermal, and solar power projects. He spent most of his first few years commuting from the Imperial Valley to San Diego to work. He has worked as a Foreman for nearly twenty years.

Richard oversaw a multitude of projects with Inmate Day Labor in the California Prison System from 2001-2010, including an upgrade on the inmate hospital and an administrative segregation unit. In 2011 he worked with Dynalectric on a Unit 3 Retrofit, overseeing the crew running the rigid conduit on the Herzog, along with extensive duct-bank work.

Since 2012, Richard has also served as an instructor for both Apprentices and CWs at the Imperial Valley Electrical Training Center. For the past five years, he has been heavily involved in solar projects throughout California and Nevada with numerous contractors. He most recently worked with Chula Vista Electric building a substation and a Battery Energy Storage System for Imperial Irrigation District (BESS).

Richard states, “It’s an honor to be part of the classroom training of our future and current members and to ensure that we continue to provide the best education and field experience. I’m aware of the many changes that our curriculum has to make to keep up with all the technological changes in our trade today. After over 25 years of working out in the field I’m grateful to have this opportunity to teach the apprentices from my experience, whether it be showing them how to use a pony threader or terminate inside a panel.”

JOHN CAMPBELL - COORDINATOR

International Brotherhood of Electrical Workers (IBEW) Local 569 and the San Diego Chapter of the National Electrical Contractors Association (NECA) welcome John Campbell as the new Sound and Communications Coordinator of the San Diego Electrical Training Center.

John Campbell has gone through the San Diego and Imperial Counties IBEW Local 569 and National Electrical Contractors Association Apprenticeship program. He was recognized as the Outstanding Apprentice twice during his time in the apprenticeship and was selected as the Student Council President for the Sound and Communications Apprenticeship for his final year.

John comes from a background in sound engineering stemming from his Bachelorette Degree from Berklee College of Music as well as a lengthy career in live and studio production in television and theatrical venues. During John’s time in the apprenticeship he contributed to the building of many television studios while working for Audio Associates and spent the later part of his apprenticeship servicing the fire alarm, nurse call, and mass notification systems for the Naval Medical Center here in San Diego while working for Pyro-Comm Systems.

John holds a vocational teaching credential with the California Commission on Teacher Credentialing. He has been tutoring students at the training center and assisting instructors as a lab technician for the past three years. He also found time to further his education in his current pursuit of a second Baccalaureate Degree with an emphasis on Electrical Engineering from Arizona State University’s online program. John has also completed the California Fire-Life Safety Certification and the Voice-Data-Video Certification.

John is passionate about education and the continued pursuit of knowledge through lifelong learning and plans to push the Sound and Communications Apprenticeship Program into the future.

If there are any questions please contact the Trust Office (x702).
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” 2017 Annual Information Update Form, in particular reflecting any change with respect to dependent group medical coverage as of January 1, 2017, 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 or dependent may work and/or have access to group medical coverage of their own. In the event a spouse or dependent has available to them a group medical plan for which the cost to the spouse or dependent would be $100 or less per month, or in the event the spouse or dependent would receive any compensation whatsoever for declining or waiving available group medical coverage, the Plan is very specific to the extent the spouse or dependent 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 or dependent may still be eligible for Plan A dental and vision benefits.

When completing this Form please pay careful attention to the spouse or dependent group medical coverage addressed above as there are specific time constraints under federal law to the extent a spouse or dependent 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).