



# CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

Issue 88

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## 2018 ANNUAL PARTICIPANT INFORMATION UPDATE MUST BE RETURNED TO AVOID COVERAGE VERIFICATION AND CLAIMS DELAYS

All Plan A participants are required to complete and return the "PINK" 2018 Annual Information Update Form, in particular reflecting any change with respect to dependent group medical coverage as of January 1, 2018, 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, 2018. This Form contains basic claim form information necessary to permit the Trust Office to maintain accurate eligibility and PPO Plan related data. It should also be noted that failure to complete this form truthfully under penalty of perjury, in particular with respect to the existence of any other group coverage (including Medi-Cal and Medicare), may subject the participant to having to reimburse the Trust for all improperly paid claims.

**VERY IMPORTANT** - the Annual Information Update Form contains specific questions as to whether a spouse or dependent may work

and/or have access to single group medical coverage of their own (PPO, HMO, etc). In the event a spouse has **available to them** any 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](http://www.569trusts.org) or through the Trust Office (x-702).



## REQUEST FOR THE BEST

The San Diego Electrical Training Center is looking for motivated and qualified members to share their knowledge with the next generation of IBEW members.

Good instructors directly affect the quality of our programs and are the key to our success. We anticipate growth to as many as five-hundred apprentices in the next few years in San Diego and we will need instructors to handle this growth.

As an instructor, you will have a direct effect on the future of our industry as you develop the apprentices knowledge, manual skills and character through their journey to graduation.

If you would like to take this opportunity to give back to the industry while earning an additional income, please contact the Training Center for an application. **(858) 569-6633**

Thank you,

Kevin Johnson, Training Director  
Opeiu 537, afl-cio/clc



## CHANGE IN LIFE INSURANCE COMPANY TO BRING MUCH LOWER SUPPLEMENTAL LIFE INSURANCE PREMIUMS

The Board of Trustees is pleased to announce that following a complete marketing of the Plan A life insurance, accidental death & dismemberment and supplemental life insurance coverages the results were exceptional as premium rates for both basic life insurance and supplemental life insurance will become dramatically lower as of **April 1, 2018**.

Presently the monthly cost of coverage for all participants covered under Plan A includes \$10,000 each of basic life insurance and accidental death & dismemberment coverage. It is also possible for participants to voluntarily purchase supplemental life insurance on behalf of themselves (up to \$200,000) as well as for their spouse (up to \$50,000) and/or children (flat \$10,000) for which the actual premium is converted into hourly equivalents and added to the participant's monthly cost of coverage. For example, if the cost of supplemental life insurance coverage(s) was \$100/mo it would equal 16.81 hours at the current \$5.95/hr Plan A contribution rate and be added to a participant's monthly cost of coverage for PPO or Kaiser coverage.

The good news is industry premium rates have softened dramatically. As such, the Trust will realize a savings of **22%** on the basic life insurance premium and those participants who presently have supplemental life insurance coverage(s) will see a substantial reduction to the portion of their monthly cost of coverage applicable to that coverage as there will be a reduction of **47%** to the

current gross supplemental life insurance premium. Please keep in mind that premium rates vary by age and that some age brackets will see lower decreases than others.

The even better news is that the replacement insurance company, Metropolitan Life Insurance Company, will allow a total open-enrollment for all Plan A participants who may be interested in purchasing supplemental life insurance with the understanding that for first time covered participants the first \$40,000 of life insurance for the participant (and \$20,000 for a spouse) is guaranteed to be issued and all additional coverage for the participant and/or their spouse will be subject to carrier approval following submission of an application.

The bottom line is the cost for supplemental life insurance will be dropping as of April 1, 2018 which will dramatically lower the additional hours to be added to the monthly cost of Plan A coverage for all current Plan A participants carrying supplemental life insurance as well as all others who may elect to purchase coverage under the new pricing structure.

After the holidays please be on the lookout for communication from the Trust Office and a special mailing pertaining to this open-enrollment opportunity. For those participants already carrying supplemental life insurance there will be no need to re-enroll as their current coverage will automatically move over to the new carrier and their cost of coverage will be reduced as noted above.

## REGISTERING TO TRANSFER HOURS VIA RECIPROcity

When 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.

Lately there have been instances where a participant mentioned to the Trust Office that they had worked prior hours in other IBEW Plans thinking those hours and contributions had been sent to this Plan. Further complicating the matter is that the other Pension plan informed the participant they weren't eligible to receive a benefit under their defined benefit plan or in which they only had a cash balance in a defined contribution plan. When reviewing the reason those hours/contributions had not been transferred back to this Plan it was determined that the participant

had either never registered on ERTS or may have filed a "Recision" to a prior directive for all hours/contributions to be transferred back to this Plan.

If you don't initially register on ERTS, or report changes to your membership local or desired Health & Welfare plan, it is possible the hours and contributions won't be sent to the desired plan 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.

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

# PPO PLAN PHARMACY REMINDERS!

Two significant changes to the PPO Plan's pharmacy benefit became effective October 1, 2017 that will greatly benefit both the participants and the Plan financially:

1. Walgreens and Rite Aid pharmacies were removed from the Navitus network which means a participant filling a prescription there will have to pay 100% of whatever the pharmacy decides to charge them.

At the same time, CVS commenced affording better overall pricing for prescriptions filled at their pharmacies. Early indications suggest about 15% better pricing on generics and over 2% better pricing on brand names.

To locate pharmacies other than Walgreens and Rite Aid in the Navitus network go to [www.navitus.com](http://www.navitus.com) and click on the Members tab. Once logged in, you can click on the "Pharmacy Search" tab in the left hand column. Or take it one step further and utilize the "Cost Compare" tab to find the lowest cost for your prescription medication at network pharmacies in your area.

**Lowering overall claim costs produces a lower hourly H&W contribution rate.**



2. Costco replaced MedVantx, which is expected to substantially reduce the cost of mail order medications. It is also permissible for all other PPO participants to consider using Costco's mail order or Retail 90 services for their maintenance medications by comparing pricing with those for your current prescriptions.

**A Costco membership is NOT required to utilize their pharmacy.** In addition, with use of their mail order program it will be possible to set up automatic refills and prescription renewal via the Costco web site.

## Payment Process for Service

For your convenience and to make quick and secure payments, Costco accepts Visa, MasterCard, Discover and Costco Credit Cards. Typically, orders paid with a credit card are processed up to two days faster.

## Costco Customer Service- Refill

Call 1-800-607-6861. Costco's 24 hour automated telephone system guides you through the refill ordering process. Be sure to have your prescription number available.

Or Online: Visit [www.pharmacy.costco.com](http://www.pharmacy.costco.com). Click the "Refill Prescriptions" link. You can also speak to a pharmacy member Monday through Friday 5 a.m. to 7 p.m. (PST) Saturday 9:30 a.m. to 2 p.m. (PST)

If you have any questions, please contact Navitus Customer Care Department at (855) 673- 6504, 24 hours a day, 7 days a week for additional information.

# TRUST WEBSITE REGISTRATION PROMOTION!

As part of encouraging all participants to register on the newly developed website, the Trust Office is running a promotion. **All participants currently registered and all participants who register on the new Trust Website by March 31, 2018 will automatically be entered into a drawing for a \$250 gift card!** As part of the promotion, four (4) \$250 gift cards will be given away.

## So Why Register for the Website?

Participants who register on the site

will have access to their hours worked, eligibility status, and utilization of the pension estimator to determine future benefits upon retirement. The site also contains access to each Trust's Plan Documents including the current Summary Plan Descriptions (SPD). Links to the service providers for whom the Trusts are contracted with are available. Clicking on these service provider links will take you directly to that organization's website whether to find a doctor, dentist, and other providers or maybe to see the benefits that are

provided. Important articles relating to any of the Trusts, which also appear in these "CURRENTS" newsletters, are displayed on the website's home page. Many of the Trusts' documents/forms/applications may also be found on the website. Coming soon, participants who opt-in to electronic communications will be able to receive their Explanation of Benefit (EOB) forms online as well. Ultimately, we hope to make the [www.569trusts.org](http://www.569trusts.org) website your first and best stop for all benefit related questions.



## PPO PHYSICAL THERAPY COSTS

As with all health care services the fees charged by PPO network service providers vary greatly, which also means the cost to both the participant (20%) and the Plan (80%) will be similarly impacted by the level of fees charged.

A review of recent claims history reflects that physical therapy charges by Scripps Clinic and Sharp Rees Stealy routinely range between \$150 - \$200 per visit for a single modality, adding that it is not uncommon for there to be up to 3-4 modalities treated in a single visit. For example, the 20% cost to the participant for a single modality would be \$30-\$40 per day and the cost to the Plan would be \$120-\$160 per day. For treatment of 3 modalities in a single visit these costs increase to \$90 - \$120 to the participant and \$360-\$480 to the Plan.

At the other end of the spectrum there are many independent physical therapy providers who charge a flat rate of \$75 per visit regardless of the number of modalities treated. This means the cost per visit to the participant would be \$15 and the Plan would cover \$60.

It is important to note that when physical therapy is prescribed the patient is absolutely free to select where they want to be treated, although

many medical groups(orthopaedic in particular) either offer physical therapy services or have an arrangement with particular service providers. Here is a list of some of the many physical therapy providers within the Anthem PPO network who offer services at a flat rate of \$75 per day:

Gaspar Physical Therapy @ [www.gasparpt.com](http://www.gasparpt.com) (Offices in north coastal area Oceanside, Encinitas, Solana beach and Carlsbad); Spine and Sport @ [www.spineandsport.com](http://www.spineandsport.com) (Offices all over the County); All Star Physical Therapy @ [www.allstarphysicaltherapy.net](http://www.allstarphysicaltherapy.net) (Offices in Temecula, Murrieta, Fallbrook etc.); Select Physical Therapy (formerly Physiotherapy Associates) @ [www.selectphysicaltherapy.com](http://www.selectphysicaltherapy.com) (Offices all over the County); ProActive Physical Therapy @ [www.proactive4pt.com](http://www.proactive4pt.com) (Offices all over the County); and Rehab United @ <https://rehabunited.com> (Several offices around the County). Others: Arch Health partners, Rancho Physical Therapy, Alpine physical therapy, and Torrey Pines Orthopaedic.

If any participant is prescribed physical therapy it is possible to contact the Trust Office (x-702) to request information about physical therapy service providers who charge a flat fee of \$75 per visit.

## HEALTH INFORMATION SOURCES

**Best Doctors** - 1-866-904-0910 or [www.bestdoctors.com](http://www.bestdoctors.com); **Navitus** (retail pharmacy and specialty medications): 1- 866-333-2757; **"NurseLine"** - 24/7 access to Registered Nurses at 800-250-6181; For researching or grading doctors and hospitals: [www.healthgrades.com](http://www.healthgrades.com), [www.leapfroggroup.org](http://www.leapfroggroup.org), [www.Calhospitalcompare.org](http://www.Calhospitalcompare.org), [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) or <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** 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](http://www.CalHospitalCompare.org).