

June 16, 2014

TO: All Plan A Participants
FROM: Board of Trustees
RE: Summary of Material Modifications/Announcements

Plan Amendments:

1. Exclusion for felony crimes - The PPO Plan now provides that there will be no coverage for any bodily injury or illness arising from a Covered Person's involvement or participation in the commission of a crime for which they are ultimately convicted of a felony or attempted felony, or from their participation in a riot or insurrection. In a situation where a participant has been charged with a felony crime the Plan will make no payment on medical charges relating to any bodily injury or illness until a final adjudication of the crime is rendered.
If the Covered Person is ultimately convicted of a felony (examples are: alcohol and drug crimes, sex crimes, assault & battery, robbery, gun law violations, etc.) there would be no coverage under the Plan for any medical charges pursuant to this Exclusion.
2. Clarification of Spousal Exclusion - The current exclusion of spousal coverage provides that in the event a spouse of a covered employee declines or waives group medical coverage available through their employer or any other source at a cost of \$100 or less to the employee per month for their employer's least costly plan, or if any compensation is received for declining or waiving their group medical coverage regardless of cost, the spouse would be ineligible for medical coverage under Plan A (PPO or Kaiser). The spouse would still be eligible for Plan A dental, vision and MAP benefits under Plan A. However, if the spouse's group medical plan requires all medical services to be provided in Mexico then this exclusion will not apply and they will remain an eligible dependent under Plan A, subject to co-ordination of benefits rules.

Announcements:

1. New Anthem Blue Cross Program - Effective July 1, 2014 Anthem's "*Enhanced Personal Health Care*" program will become available to Plan A PPO participants using certain medical groups in specific geographic areas. In the beginning, this program will use selected medical groups in San Diego County (presently Sharp Rees-Stealy, Sharp Community Medical Group and Heritage Provider Network in Lakeside) and incorporates a more proactive focus on rendering a higher quality of care to their patients, in particular those with one or more of 172 chronic conditions. The end result is that patients utilizing these medical groups can expect to benefit from this enhanced level of overall care. You will be advised as other medical groups are added to this program.

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2. PPO Plan online medical office visits - Coming later this year will be the availability of online medical office visits through Anthem Blue Cross. The only cost to a Covered Person for this office visit will be a \$10 co-payment which must be paid by debit/credit card at the time the online visit is conducted. This program and CVS Minute Clinics represent a convenient option for seeking medical advice instead of going to a hospital emergency room or urgent care facility for what may be a routine medical issue.

3. Best Doctors Program Incentives and Results - 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. **The chances of unnecessary or improper medical care is too high to be ignored.**

Best Doctors reported that for 2013 they received 75 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 18 Inter-Consultations completed (8 from this Plan). **In 50% of the cases the diagnosis was changed and in 89% of the cases there was a treatment change.**

As a reminder the Best Doctors program is available to all Covered Persons in the Plan A PPO Plan and all Kaiser Plans (Plans A, B & C) and that there are certain incentives under the PPO Plan 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% 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 Plan A at the time in order to qualify to receive the Best Doctors services offered by the Plan **at no cost to the participant**.

4. Making Direct Payments by ACH Transfer or Debit Card - It is now possible to make a Direct Payment to maintain Plan A and Plan B group health insurance coverage electronically in 2 ways:

- a. Using a computer or smart phone by accessing either the Trust's web site (www.569trusts.org); or
- b. 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.

If there are any questions relative to the above please contact the Trust Office (x310).

Thank you.