



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

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WHAT MAY HAPPEN TO THOSE NOT RESPONDING TO THE DEPENDENT VERIFICATION AUDIT?

Despite numerous published articles and notices sent directly to all participants over the last many months pertaining to an independent review intended to verify eligibility status of all dependents (spouses and children) listed on enrollment cards submitted as part of the total re-enrollment conducted in 2010 and early 2011 there remains a substantial number of participants who have yet to respond.

It is very important to understand that failure to respond and provide satisfactory documentation required to validate all dependents contained in the data file provided to EVI, the independent specialist retained by the Board of Trustees to conduct this audit, has resulted in the Plan's inability to verify coverage to service providers calling the Trust Office to verify coverage or to pay claims for all dependents who have not been verified by EVI. This also means that these dependents will not be included in the updated eligibility files provided to Delta Dental, Vision Service Plan and other service providers.

While the Trustees understand that this process may seem duplicative it is imperative that the party conducting the audit receive all necessary information from the parties being audited so that there can be complete validation as to the information originally submitted.

As previously explained, the purpose of this verification audit is to ensure that the Plan only covers dependents who are eligible as there would be exposure of up to \$2,000,000 for any person who may have been reported to the Plan as an eligible dependent, but actually does not qualify as an eligible dependent. If \$250,000 in claims were paid on a dependent appearing on a participant's enrollment card, for whom documentation suggesting they were eligible for coverage had been submitted to the Trust Office, but really were not, the required funding cost for the next year could be as much as \$0.08/hour higher than would otherwise be necessary.

To all participants who have yet to respond to the notices sent by EVI it is understandable how upsetting it will be to have to do so immediately at a time when the Trust Office is not able to verify coverage for medical, dental or vision services because a dependent's eligibility hasn't been verified by EVI. However, over the last 6-7 months the large majority of Plan participants have responded and all of their dependents are reflected on the master list of all covered participants. Thus, you are urged to respond right away so that the Trust Office will be in a position to verify coverage and/or pay claims for your eligible dependent(s).

If there is a question as to whether a dependent spouse or child (ren) has been verified by EVI, please contact the Trust Office (x-710).

OSHA 30/EM385-1-1 COURSES COMING SOON

Beginning June 2012, the San Diego Electrical Training Center will be offering a 40-hour "OSHA 30/EM 385-1-1 Construction Hazard Awareness" course. This course covers general safety awareness, required procedures, content and structure of the USACE Engineering Manual "EM-385-1-1-2008 Safety and Health Requirements" and the 29 CFR Part 1926, "Federal OSHA's Safety and Health Requirements for Construction".

General Information

Many of the technical requirements of the USACE, EM 385 closely resemble OSHA's construction standards in the 29 CFR Part 1926. There are, however, some significant differences between the two. The OSHA standards say little about safety management, whereas the

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EM 385 addresses this issue in great detail. The two most important differences between the two are:

1. EM-385 requires the contractor to establish a written, site-specific, accident prevention plan (APP).
2. EM-385 also addresses the need to designate a full time Site Safety & Health Officer (SSHO) who will perform detailed activity hazard analysis that must identify potential hazards posed by each phase of a construction project and to identify the precautions the contractor will take to control those hazards.

Section-1 of the EM-385 1-1 (Program Management) contains the basic elements needed to construct a safety management program. Failure to comply with this section could result in a work stoppage. The contracting officer or the Government Designated Authority (GDA) has the authority to stop work and assess penalties of up to \$2000 per day, plus the additional cost of lost production.

Who Should Attend

This course is designed for supervisors, project managers and foremen who enforce or must comply with EM385-1-1 US Army Corps of Engineers safety and health requirements. Topics include Program Management (Section-1, EM-385), Accident Prevention Plan (APP), Activity Hazard Analysis (AHA), OSHA Form 300A, Material Safety & Data Sheet (MSDS) and Crane Safety. Attendees will review a sample Accident Prevention Plan (APP) and complete an Activity Hazard Analysis (AHA) for a given task. Course dates and time will be listed in the summer 2012 Journeyman Class schedules.

PLAN A PPO FREE ROUTINE PHYSICAL EXAM PROGRAM

As a reminder, the Plan A PPO plan provides for Covered Employees and their Spouse, if applicable, to receive a routine physical exam on a scheduled basis based upon their age. This is covered in detail on pages 8 and 9 of the recently printed and distributed Summary Plan Description as of January 1, 2012.

The purpose of the routine physical exam is to detect any warning signs or the onset of any medical conditions that could severely impact the health of the individual, as well as to identify a more immediate need for medical diagnostic attention and/or treatment is necessary. Plan A PPO Covered Employees and Spouses may undergo a **free** physical examination through Sharp Rees-Stealy that will consist of the services noted in the Summary Plan Description. It is also possible to receive a routine physical examination by a PPO provider other than through Sharp Rees-Stealy as outlined on page 8 of the Summary Plan Description which includes the required out-of-pocket cost for all such services.

In the event a referral for additional diagnostic testing or medical attention is made following the physical exam it is important to understand that all such services should be sought from a PPO provider and will be submitted to the Plan for payment pursuant to the Schedule of Benefits in the same fashion as all other eligible medical services.

SHARP URGENT CARE NETWORK

Under the Plan A PPO Plan it is recommended that for medical treatment other than for a true medical emergency, or if treatment is needed after normal urgent care facility business hours, patients should first seek care at an urgent care facility instead of at a hospital emergency room. It is also important to ensure use of urgent care facilities which are in the Blue Cross PPO network in order to avoid unfavorable reimbursement levels.

To make it easier to locate a PPO urgent care facility please note that in addition to all 5 Sharp Rees- Stealy urgent care facilities (<http://www.sharp.com/rees-stealy/urgent-care-centers.cfm>) the following urgent care facilities are part of Sharp Community Medical Group:

Partners Urgent Care:

4085 Governor Drive,
San Diego, CA 92122;
6136 Lake Murray Blvd,
La Mesa, CA 91942;
9878 Carmel Mountain Rd, #A and #B,
San Diego, CA 92119; and
2315 Otay Lakes Rd,
Chula Vista, CA 91914

Normal operating hours M-F are
8 am - 8 pm, Weekend hours 9 am - 5 pm

Rady Children's Urgent Care*:

5565 Grossmont Center Dr, Bldg 2, #2,
La Mesa, CA 91942;
4305 University Ave, #150,
San Diego, CA 92105;
625 W. Citracado Pkwy, #100
Escondido, CA 92025; and
3605 Vista Way, #172
Oceanside, CA 92056

*Services for patients age 17 and under. Normal operating hours 7 days per week until 10 pm

Others:

Coronado Bay Urgent Care,
600 Palm Ave, #108A,
Imperial Beach, CA 91932;
Arch Health Partners, 15611 Pomerado
Rd, 3rd floor North Poway, CA 92064;
and Graybill Extended Hours Center,
225 E. Second Ave, Escondido, CA
92025.

Normal operating hours vary

BEST DOCTORS PROGRAM PERFORMANCE RESULTS

The purpose of the Best Doctors program is to provide Plan A PPO participants with an opportunity to seek independent expert medical validation that a serious medical diagnosis, recommended surgery or medication therapy is correct before undergoing surgery, starting a plan of treatment or extensive medication regimen. This totally confidential service is available to all covered Plan A PPO participants at **no out-of-pocket cost to you**.

For 2011 there were 42 calls received by Best Doctors from participating groups who are members of the San Diego Purchasers Cooperative which represents slightly over 100,000 total lives. Of those, 11 were fully explored by Best Doctors and 17 involved assistance in referring a patient to a physician expert in the field of medicine related to their case. More important, from within the 11 cases the original diagnosis was changed in **45%** of the cases and the treatment plan was changed in **27%** of the cases. Equally important is that 100% of the patients contacted indicated that they implemented or planned to implement the expert recommendation(s) received and that 100% of survey respondents awarded the highest rating for Best Doctors ability to meet their needs and would recommend Best Doctors to their fellow participants. What follows are some examples of actual cases from 2011 that are intended to help to identify situations where at least contacting Best Doctors to discuss an ongoing diagnosis, recommendation for surgery or a treatment plan either before it starts or at least early on in order to be able to determine if this is the correct path to take or if the recommended surgery or treatment plan is appropriate.

Reason for contact:	New Diagnosis:	Treatment Changed:	Outcome:
Back Pain, prior surgery years before	Yes	Yes	A different cause of the symptoms and series of Injections
Dizziness and a loss of hearing	Yes	Yes	The diagnosis was changed from a specific disease with allergies to an inner ear infection whose symptoms could last months.
Leukemia - successfully treated, later an unexplained increase in white cell count	No	No	Before a bone marrow transplant was performed the patient received piece of mind as to what is to be done.
Long term knee pain at age 50 - sought alternative to recommended arthroscopic knee surgery since they are too young for a total knee replacement	No	Yes	The diagnosis of osteoarthritis was confirmed, however non-surgical options were presented and followed by the patient avoiding the surgery.

So, if you receive a significant medical diagnosis, a recommendation for other than routine surgery or an extensive plan of treatment including injectable specialty medications there is really nothing to lose by calling 1-866-904-0910, going to www.bestdoctors.com or to send your diagnosis or treatment plan through to Best Doctors you should email info@bestdoctors.com. If it is decided that Best Doctors will get involved in the case all medical information including all physician records and tests will be aggregated and analyzed prior to delivering to the participant and their physician a summary of their findings as to whether the diagnosis and/or plan of treatment is on target. If necessary, Best Doctors will match participants with an expert PPO physician. This program is intended to offer additional resources, education and support to both the participant and their treating physician. Statistics show that well over 90% of the time the participant's treating physician works in tandem with Best Doctors in the patient's best interests to focus on "getting it right".

Please keep in mind that a participant must be eligible for Plan A PPO coverage at the time the Best Doctors service is sought as well as if, and when, any resulting medical services are rendered in order for such services or group medical coverage to be covered by the Plan. Should there be any questions as to when and how to use the Best Doctors program please contact the Trust Office.(858-569-6322, x-710).

NEW SHARP REES-STEALY SORRENTO MESA FACILITY

Sharp Rees-Stealy has announced that in May 2012 a brand new medical center will be opening in Sorrento Mesa at 10243 Genetic Center Drive, San Diego, CA 92121 which is just east of I-805 off of Mira Mesa Blvd, and is only a few miles from the current Mira Mesa facility.

This new facility is more spacious than the Mira Mesa facility

and will have ample parking as well as a curbside patient drop-off and pick-up area.

Please be advised that most of the doctors and services presently available at the Mira Mesa facility on Activity Road will be expected to move to the new Sorrento Mesa location in May 2012 or later if the opening is delayed for any reason.

SAN DIEGO ELECTRICAL INDUSTRY TRUSTS

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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.npdbhipdb.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
www.CalHospitalCompare.org which combines ratings
for quality of care, patient safety and patient experience
in an effort to help consumers make informed choices.**

SIMNSA PPO NETWORK IN MEXICO TERMINATES PARTICIPATION

Since 1/1/08 certain providers who were part of the SIMNSA Network in Mexico have been considered as PPO providers and paid according to the Schedule of Benefits for PPO providers. Unfortunately, SIMNSA has submitted notice of their intent to terminate their Agreement as of June 1, 2012 which means that as of that date there will no longer be any PPO providers in Mexico.

Therefore, for those participants who are currently being treated, or who believe they are in need of non-emergency treatment, at a SIMNSA facility in Mexico please keep in mind that all non-emergency services must be rendered prior to June 1, 2012 in order to be recognized as service rendered by a PPO provider.

Efforts are underway to make alternate arrangements with a different network in Mexico so that covered employees and dependents may seek services at medical facilities in Mexico which are recognized as a PPO provider.