

Issue 65

BE CAREFUL WHEN ORDERING SPECIALTY DRUGS

Decialty medications are used in the treatment of chronic conditions and complex drug therapies such as rheumatoid arthritis (RA), multiple sclerosis (MS) and cancer. Depending on the condition and prescribed therapy, these medications may be taken orally (by mouth), intravenously (IV) or self-injected.

These medications often require special handling, such as refrigeration or time-sensitive delivery. Some of them are available only through limited distribution and many can be very expensive, in some cases costing thousands of dollars per dosage. Further, the price of specialty drugs continue to rise dramatically, especially as new drugs are introduced to the market place, and there are virtually no generic forms of such drugs.

It is important to be aware that under the PPO Plan <u>all</u> injectable medications <u>must</u> be purchased directly through the SpecialtyRx program of CVS/Caremark or a designated source in order for the full price of the medication to be considered for payment by the Plan. In the event other than SpecialtyRx or a designated source is used by a physician to fill a specialty drug prescription the Plan will not pay more than it would have if the prescription(s) had been properly filled through SpecialtyRx or a designated source. This means the participant would be responsible for the full balance of the cost.

In other words, since a physician must order specialty drugs for delivery directly to the participant or to a facility at which the medication will be administered, and in the same tashion it is highly recommended to always be sure that referrals are to other PPO service providers, it is imperative that it be mentioned to a physician that your Plan requires that they get the medication from SpecialtyRx or a designated source. By not doing so the participant would be financially responsibility for the balance of the cost above what the Plan would have paid if it had been obtained through SpecialtyRx or a designated source.

If there is ever a question involving specialty drugs please contact your claims examiner at the Trust Office.

CVS MINUTE CLINICS CO-PAYMENT LOWERED 10/1/12

Just a reminder, effective October 1, 2012 under the Plan A PPO the required co-payment for a visit at any CVS Pharmacy Minute Clinic (whether in or outside of San Diego) will now be \$10 per visit. The balance of the charge for the Minute Clinic visit will be payable under the Plan at 100% with all other allowable charges for medical services to be payable in accordance with the Schedule of Benefits for PPO providers.

Use of Minute Clinics is for common family illnesses, injuries or skin conditions such as for an eye infection, earache, cold (sore throat, cough, runny nose), nasal or sinus infection, urinary tract infection, etc., as well as to treat burns, cuts, rashes, allergies and/or bug bites/stings, or to receive preventive flu shots and vaccinations. If a prescription is issued it may be conveniently filled at that same location. In the event the Minute Clinic is unable to assist the person they will suggest a more appropriate level of medical care and there will be no charge for the visit. To see what services are available or to locate a Minute Clinic please visit <u>www.minuteclinic.com</u> or call 866-389-2727.

In the event more extensive treatment is required please remember that there is a \$10 office visit copayment for all Sharp doctors and a \$30 co-payment for all other PPO doctors in San Diego County. The office visit co-payment outside of San Diego County will remain at \$15.

If there are any questions please contact the Trust Office (x-310).

IMPORTANT SEE INSIDE Plan A PPO

NEW CLAIM FORM PROCESS

ooking ahead to 2013, in an effort to avoid delays in processing PPO claims until a claim form is submitted for the first claim(s) of the year, a new streamlined process will be implemented that is expected to provide the Trust Office with specific information such as changes in dependent status or the existence of other group health coverage for a dependent which is integral to the payment process. Please be on the look-out for a special mailing this Fall that will include a new annual Registration Form that must be returned **before** any claims for services rendered in 2013 may be processed. Therefore, please complete and return them as soon as possible in the included selfaddressed/stamped envelope, by fax to 858-565-2951, or via an e-mail attachment to www.kroberts@569trusts.org.

However, please note that there will still be instances where a claim form or a request for a document, information, or records may be necessary prior to processing a claim. In order to prevent any delay or a formal denial of such a claim please complete and/or provide the necessary form, document or information to the Trust Office as soon as possible.



HEALTH & WELFARE PLAN AMENDMENTS

UPCOMING JOURNEYMAN CLASSES FOR FALL 2012

NEW CLASSES AT SDETC!

HEALTH INFORMATION SOURCES

> **PENSION PLAN** AMENDMENT

HEALTH & WELFARE PLAN AMENDMENTS FEATURING "\$\$\$" INCENTIVES

he following Plan A PPO program changes will become effective **January 1, 2013**, the majority of which focus on providing guidance with respect to chronic diseases and/or assisting participants in achieving optimal medical outcomes:

<u>1. Best Doctors Program Incentive</u>

PPO participants have the ability to utilize the services of Best Doctors to validate a serious medical diagnosis or proposed plan of treatment for the purpose of "getting it right" at the beginning. There is no cost to the participant to use this "confidential" service.

Why use this program? Statistics show that over 20% of initial diagnoses are incorrect and over 60% of proposed treatment plans are modified as a result of independent expert professional review by Best Doctors. Further, <u>38% of recommended surgeries are just plain unnecessary and</u> <u>18% are not the correct procedure</u>. The message here is that 56% of the time a surgical procedure may not be what the patient really needs to address or improve the medical issue at hand.

To find out if a diagnosis and/or a treatment plan is correct a participant should contact Best Doctors at 1-866-904-0910 so that a trained Member Advocate may **confidentially** discuss the medical issue(s), existing diagnosis, and recommended treatment plan. If Best Doctors determines that a full review, known as an Inter-Consultation, is warranted then Best Doctors will aggregate all medical information including all physician records and tests. Following a detailed review by expert physicians, Best Doctors will deliver to the participant and their physician a summary of their findings as to whether the diagnosis and/or plan of treatment is on target. The participant is then free to use this information to make an informed decision with their physician as to how to proceed.

Starting January 1, 2013, for each case selected by Best Doctors for full review, upon completion of the Inter-Consultation process the participant will receive a certificate of completion from Best Doctors. By remitting a copy of the certificate to the Trust Office the current year's \$250 deductible for that participant will be waived. If any part of that year's deductible had already been satisfied then that portion will be refunded to the participant.

This incentive applies only to cases determined by Best Doctors as being a candidate for a full review. However, please do not hesitate to contact Best Doctors at 1-866-904-0910 with questions about any significant diagnosis, treatment plan and/or recommended surgery, especially any of the following <u>elective surgeries</u>: Low back, hysterectomy, knee and hip replacement, obesity, heart bypass graft, prostatectomy (prostate surgery), and lumpectomy/mastectomy.

If there are any questions please contact your claims examiner at the Trust Office.

<u>2. Disease Management Program Expansion</u> - Two new programs through Alere will be rolled out, which are:

a. <u>DayLink Monitor Testing</u> - Monitors participants with <u>more severe</u> cases of diabetes, COPD, coronary artery disease, and heart failure. Under this program a biometric home monitoring device will be placed in the participant's home which will provide Alere with realtime, actionable information on a daily basis that will allow chronically ill participants to receive care and guidance on a regular basis outside of periodic nurse calls.

How it works: Program participants answer questions by pushing "yes" or "no" buttons. The device is able to record weight, blood glucose levels and answers to pre-programmed questions pertaining to conditions/symptoms being monitored by Alere. If necessary, a specialized nurse may be able to provide immediate guidance to the participant or notify their doctor if immediate attention is needed. Further, use of this aggregated data by the disease management nurses assists in their ongoing clinical decision making.

b. <u>CareAlerts</u> - This program identifies clinical gaps in care, drug interactions and dangerous drug side effects in an effort to improve the quality of care and address medication safety by allowing a participant's health care providers to be informed of their progress, medication, adherence and potential risk issues. When necessary messages are delivered to <u>both the participant or their health care</u> <u>provider</u> to close or prevent a gap in care **before they may escalate into a higher risk event**.

CareAlerts identifies gaps in the following areas:

- 1. Prevention Preventive screening tests, immunizations, and provider follow-up visits;
- Care Gaps gaps in care resulting in less than optimal therapy for chronic conditions such as taking medication as prescribed or biometric monitoring goals;
- 3. Prescription drugs monitoring inappropriate therapies as some drugs have higher risks; and
- Prescription drug adherence and safety General adherence (i.e. taking drugs as prescribed), early discontinuation of maintenance drugs, duplicate therapies, drug interactions and drug-disease interactions.

In order to be eligible to receive the benefit of these and other disease management programs a participant must be enrolled through Alere **for which there is no cost to the participant**. If you have a history with any of the managed chronic diseases (Asthma, diabetes, coronary artery disease, COPD and heart failure) and are not enrolled in the disease management program, please read the following section carefully and contact Alere at 1-800.227.3728.

3. Disease Management Program Incentive - Effective January 1, 2013, for maintenance medications applicable to one of the chronic diseases managed by Alere the prescription drug co-payment (presently 20% for generic and/or preferred brand name drugs) will be LOWERED to the lessor of \$5 or 5%. However, this reduced copayment will only be applicable at the time an eligible prescription is tilled if the participant is actively enrolled in the disease management program and certified by Alere as being in full compliance with the program such as communicating with the Alere registered nurses each time contact is made. In the event a participant is contacted by Alere about being selected to receive a DayLink monitor, full compliance with the disease management program will require that the participant has consented to receive the monitor and that Alere confirms they are providing all requested information on a daily basis.

4. Vision Service Plan Benefits

a. The routine annual exam will be expanded to include a retinal scan;

b. The following co-pay schedule will become applicable:

Annual Exam - \$20*

Glasses - \$20

Anti-reflective lenses - \$20

Polycarbonate lenses - \$20

Over recent years the retinal scan has become a fairly standard option to patients at an out-of-pocket cost ranging from \$35-\$40. The Board of Trustees has added the scan to the annual eye exam due to its effectiveness at detecting the onset of various medical conditions such as diabetes, hypertension and tumors, along with various eye conditions for which early detection and treatment can be crucial.

The co-pay for an exam and glasses has been \$10 and \$15, respectively, for over 20 years while the two lens options noted above had a \$0 co-pay. Presently, if a participant gets an exam with a retinal scan and glasses with all lens options that are fully covered under the schedule of benefits, their out-of- pocket cost would be \$60-\$65. Starting in **January 2013**, if a participant gets an exam (including a retinal scan) and that same pair of glasses, their out-of-pocket cost would be slightly higher at \$80. However, if they get only one of the two lens options or neither, their out-of-pocket cost would be closer to \$60 or \$40, respectively, which is basically equal to or less than the current out-ofpocket cost for the same services and glasses.

* In that the annual exam co-pay will become \$20 with or without a retinal scan, every effort should be made to select VSP providers who offer retinal scanning.

UPCOMING JOURNEYMAN CLASSES FOR FALL 2012

For more courses, descriptions and registration information please see the online schedule at <u>www.positivelyelectric.org</u>.

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Day(s)	Dates	# of Sessions	Time	Room	Location
MW	11/26-12/17	7	5-8:30pm	101	San Diego
FIRE ALARM INST Day(s)	ALLAHONS Dates	# of Sessions	Time	Room	Location
Ddy(3) M	10/23-12/4	7	5-8pm	111	San Diego
	10/2012/4	,	0 0pm		oun piego
MATH FOR ELECT					
Day(s)	Dates	# of Sessions	Time	Room	Location
М	10/15-11/19	5	5-8pm	101	San Diego
NURSE CALL					
Day(s)	Dates	# of Sessions	Time	Room	Location
Ŵ	11/28-12/5	2	5-8pm	110	San Diego
			·		
OSHA 10 Day(s)	Dates	# of Sessions	Time	Room	Location
	11/13-12/4	# 01 Sessions 4	5-8pm	201	San Diego
1	11/13-12/4	4	3-opin	201	Juli Diego
OSHA 30/EM-38	5 CONSTRUCTION	HAZARD AWARE	NESS		
Day(s)	Dates	# of Sessions	Time	Room	Location
MW	9/5-10/10	12	5-8:30pm	101	San Diego
MW	10/15-11/26	12	5-8:30pm	201	San Diego
PREPARATION FO Day(s)	R JOURNEYMAN S Dates	OUND TECHNICI # of Sessions	AN EXAM Time	Room	Location
Ddy(s) T	10/2-12/4	10	5-8p	204	San Diego
I	10/2-12/4	10	5-op	204	Juli Diego
PRODUCTIVITY TH	PS & TECHNIQUES				
Day(s)	Dates	# of Sessions	Time	Room	Location
Th	11/15	1	5-8pm	214	San Diego
kefkeshek for b	ASIC CPR AND FIR		-	Room	Location
Day(s) Dates				Koom	
Day(s) Dates	Deposit Due D	1	4:30-7nm	201	
F 10/19	10/10	1	4:30-7pm 5-7:30pm	201	
		1	4:30-7pm 5-7:30pm	201 214	
F 10/19 Th 10/18	10/10 10/10	1	5-7:30pm	214	San Diego San Diego
F 10/19 Th 10/18 IGGING/CRANE \$ Day(s)	10/10 10/10 SAFETY Dates	1	5-7:30pm Time	214 Room	San Diego
F 10/19 Th 10/18	10/10 10/10 SAFETY	1	5-7:30pm	214	San Diego
F 10/19 Th 10/18 IGGING/CRANE S Day(s) F	10/10 10/10 5AFETY Dates 10/26	1	5-7:30pm Time	214 Room	San Diego
F 10/19 Th 10/18 IGGING/CRANE S Day(s) F TROUBLESHOOTII	10/10 10/10 SAFETY Dates 10/26	1 1 # of Sessions 1	5-7:30pm Time 4:30-8pm	214 Room 201	San Diego Location San Diego
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F 10/19 Th 10/18 IGGING/CRANE S Day(s) F TROUBLESHOOTII Day(s)	10/10 10/10 SAFETY Dates 10/26	1 1 # of Sessions 1 # of Sessions	5-7:30pm Time 4:30-8pm	214 Room 201 Room	San Diego Location San Diego
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- 1. On-line at www.positivelyelectric.org
- 2.**By telephone.** Dial (858) 569-6633, ext.156 or ext. 301 (Spanish).
- 3. Walk-in; drop by our office and complete a registration form.

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NEW CLASSES AT SDETC! BUILDING AUTOMATION AND ENERGY CONTROLS!

San Diego Electrical Training Center (SDETC) is pleased to offer two brand new courses in conjunction with an energy efficiency training grant from SDG&E. The grant is called "A GREEN FUTURE" and will enable SDETC to design and build new labs to train workers in building systems and building system integration. These courses will combine online assignments with classroom labs to create a blended learning environment. The new classes are Building Automation I and Building Automation II.

BUILDING AUTOMATION SYSTEMS – 1 This course teaches the principles of building control systems and their components (chillers, VAV boxes, heat pumps, valves, temperature sensors, humidity sensors, etc.). Students examine how building systems, such as HVAC, lighting, and security systems, can communicate information through a network of intelligent control devices. Emphasis is placed on these control devices and how they work together in common automation scenarios. Topics covered include the operation, signal types, and functions of the sensors, actuators, and other control equipment used in automated systems in commercial buildings. The operation of each building system is explained to clarify the function and application of each control device in the system. Students will connect sensors and actuators from a variety of building systems and document their function.

BUILDING AUTOMATION SYSTEMS -II This course builds upon the foundation of control device knowledge covered in Building Automation I. This course introduces concepts of automated electronic controls and network communication and then details the two primary protocols for wired networks: LonWorks® and BACnet®. Each protocol is thoroughly examined and information about installation, configuration, operation, maintenance, and troubleshooting is discussed and applied in the lab. Students will build, program, and commission building automation networks from various manufacturers according to their specifications and apply National Electric Code (NEC) requirements to these network installations.

Best of all, there is no cost for this class. Visit our website at www.positivelyelectric.org to register in the class!

HEALTH INFORMATION SOURCES

Best Doctors - 1-866-904-0910 or <u>www.bestdoctors.com</u>; Caremark - <u>www.Caremark.com</u>; Specialty medications -CVS/Caremark at 1-800-237-2767; "NurseLine"-24/7 access to Registered Nurses at 800-250-6181 or <u>http://healthresources.caremark.com/topic/specialty</u>; and for researching doctors and hospitals: <u>www.healthgrades.com</u>, <u>www.leapfroggroup.org/</u>; <u>www.Calhospitalcompare.org</u>; <u>www.hospitalcompare.hhs.gov;http://www.npdbhipdb.hrsa.gov/</u> National Practitioner Data Bank/Healthcare Integrity and Protection Data Bank may be used to verify information on a healthcare provider; and <u>http://www.medbd.ca.gov/lookup.html</u> -

Medical Board of California for physician licensing.

The California Health Care Foundation supports <u>www.CalHospitalCompare.org</u> which combines ratings for quality of care, patient safety and patient experience in an effort to help consumers make informed choices.

PENSION PLAN AMENDMENT

The Pension Plan has been amended effective immediately to permit the Board of Trustees to terminate Disability Retirement benefits in the event it is determined that the recipient was no longer disabled. The scope of this Amendment gives the Board of Trustees the right and opportunity to require a participant receiving disability benefits to be examined for the purpose of determining whether they continue to be disabled even if they are still receiving Social Security or Workers' Compensation disability benefits. In the event it is determined that the participant is not, nor has been, continuously disabled their benefit will be suspended and the Board will determine the means by which a recovery of prior benefits will be required.