



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

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PLAN A CHANGES, PROGRAM IMPROVEMENTS AND INCENTIVES GOING INTO EFFECT JANUARY 1, 2013

As a reminder, the following Plan A benefits and program changes will become effective January 1, 2013 or recently went into effect. There are also a number of significant incentives which all participants should be familiar with in order to derive their full value:

1. CVS MINUTE CLINICS CO-PAYMENT IS NOW \$10

Under 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 www.minuteclinic.com 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.

2. BEST DOCTORS PROGRAM INCENTIVE (\$\$\$\$)

PPO participants have the ability to utilize 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, **38%** of recommended surgeries are just plain unnecessary and **18%** are not the correct procedure.

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 recommended surgery, especially any of the following elective surgeries: Low back, hysterectomy, knee and hip replacement, obesity, heart bypass graft, prostatectomy (prostate surgery), and lumpectomy/mastectomy.

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

AVOID DELAYS IN PROCESSING 2013 CLAIMS

As previously announced, in an effort to avoid delays in processing first-time 2013 PPO claims a new streamlined process has been implemented that will provide the Trust Office with much needed information routinely included on a claim form such as changes in dependent status or the existence of other group health coverage for a dependent which is integral to the payment process.

This new annual Registration Form was mailed in late November and **must be returned before** any claims for services rendered in 2013 may be processed. Therefore, please complete and return them as soon as possible, but **no later than December 31, 2012** in the included self-addressed/stamped envelope, by fax to 858-565-2951, or via an e-mail attachment to www.kroberts@569trusts.org.

However, please note that a claim form or a request for a document, information, or records will still 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 as they are important to the effort to ensure a proper payment of benefits.

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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.

3. ALERE DISEASE MANAGEMENT PROGRAM EXPANSION

There will be **two new features** within the Disease Management Program:

DayLink Monitor Testing is for participants with more severe cases of diabetes, COPD, coronary artery disease, and heart failure. For these participants a biometric home monitoring device will be placed in their home **at no cost to the participant** which will provide Alere with real-time, 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.

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.

CareAlerts - 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 both the participant or their health care provider to close or prevent a gap in care **before they may escalate into a higher risk event.**

CareAlerts identifies gaps in the following areas: Preventive screening tests, immunizations, and provider follow-up visits; Gaps in care resulting in less than optimal therapy for chronic conditions such as taking medication as prescribed or biometric monitoring goals; Monitoring inappropriate therapies as some prescription drugs have higher risks; and General Rx adherence (i.e. taking drugs as prescribed) and checking for early discontinuation of maintenance drugs, duplicate therapies, drug interactions and drug-disease interactions.

In order 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.

4. DISEASE MANAGEMENT PROGRAM INCENTIVE (\$\$\$\$)

The prescription drug co-payment for maintenance medications applicable to one of the chronic diseases managed under the Alere disease management program (presently 20% for generic and/or preferred brand name drugs) will be LOWERED to the **lessor of \$5 or 5%.**

However, this reduced co-payment will only be applicable at the time an eligible prescription is filled 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 (described above), 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.

5. VISION EXAM BENEFIT EXPANDED/NEW VSP CO-PAYS

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

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

Annual Exam	- \$20*
Glasses	- \$20
Anti-reflective lenses	- \$20
Polycarbonate lenses	- \$20

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.

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

AVOID THE PAIN OF MISGUIDED CARE

It's astonishing. 30% of every health care dollar is spent on duplicative or unnecessary care.

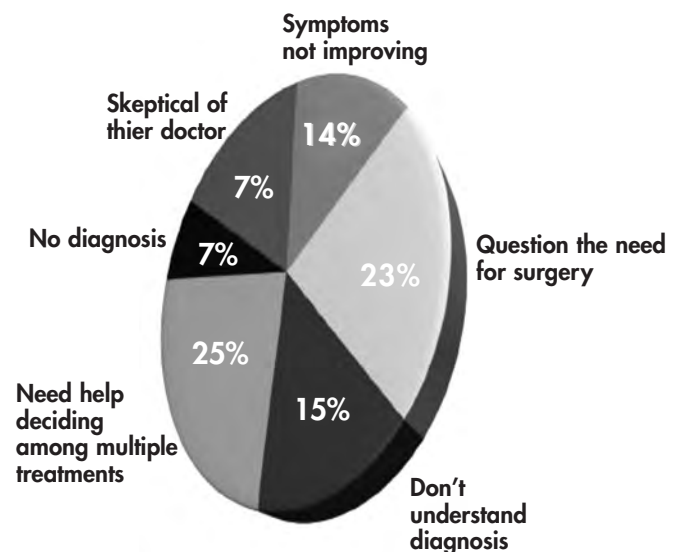
BEST DOCTOR'S EXPERT CONSULTATION CAN HELP

As many as one in five patients are treated based on an incorrect diagnosis. Best Doctors employs a proven process that has shown:

- 38% of surgeries can be avoided
- 20% of cases are misdiagnosed.
- 60% of cases require a change in treatment.

Find out how Best Doctors can help you by calling 1-866-904-0910

Reasons Why People call Best Doctors



OUT-PATIENT DIAGNOSTIC AND SPECIALTY DRUG SERVICES

PLEASE BE VERY CAREFUL

For Plan A PPO participants the location of where diagnostic x-rays or tests are conducted and/or specialty drugs are administered can have a significant impact on the cost to both the participant and the Plan for the very same test or medication since the cost will usually be shared (20% to the participant and 80% to the Plan).

Even though there are significant discounts for using PPO panel providers there is a HUGE difference in the allowed amount(s) for out-patient services rendered by a hospital compared to by a doctor's office or a non-hospital diagnostic/professional facility. The main difference is that hospitals are routinely paid on a percentage of billed charges basis where a doctor's office or a non-hospital facility is usually limited to a pre-negotiated maximum allowable charge.

The following are 2012 examples of claims filed for the same out-patient diagnostic service by a hospital and a doctor's office/non-hospital facility:

	Hospital			Non-hospital		
	Billed	Allowed	Paid*	Billed	Allowed	Paid*
Shoulder surgery	\$30,970	\$13,930	\$13,697	\$36,216	\$3,410	\$2,528
Knee surgery	\$11,694	\$ 6,607	\$ 5,971	\$ 5,371	\$1,109	\$ 887

As shown above, allowed charges for an out-patient diagnostic test may be 2 - 3 times higher than if performed in a doctor's office or a non-hospital diagnostic/professional facility. However, the cost of specialty medications can be marked-up by a hospital as much as 10 - 15 times the average wholesale price (AWP) that is routinely charged by a doctor's office or a non-hospital facility with only a slight mark-up. Worse yet is when this higher hospital charge is payable at a fixed percentage and results in a net payment of 500% - 700+% of what the medication actually cost the hospital. See below:

Type of Drug	Billed by a Hospital			Billed by a Non-hospital		
	Billed	Allowed	To Be Paid*	AWP**	Allowed**	To Be Paid*
Cancer (1 mg inj)	\$61,442	\$34,715	\$28,715	\$4,510	\$5,412	\$5,412
Cancer (125 mg)	\$39,915	\$22,552	\$22,552	\$3,036	\$3,643	\$3,643

* Combination of both Plan and Participant co-insurance @ 100%, if applicable

** A 20% mark-up is considered reasonable

Specialty 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 prescribed therapy these medications may be taken orally (by mouth), intravenously (IV) or self-injected. Some of these medications are available only through limited distribution and as shown above can be very expensive, in many cases costing tens of thousands of dollars per dosage.

IMPORTANT - Under the PPO Plan all injectable medications must be purchased directly through the SpecialtyRx program of CVS/Caremark in order for the full price of the medication to be considered for payment by the Plan. In the event that other than a SpecialtyRx 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. This means the participant would be responsible for the full balance of the cost. **If there is ever a question as to a physician ordering a specialty medication through Specialty Rx please have the doctor's office contact the Trust Office (x703) before the medication is ordered.**

THE MESSAGE HERE IS NOT TO USE HOSPITAL FACILITIES FOR OUT-PATIENT DIAGNOSTIC AND SPECIALTY DRUG DELIVERY SERVICES WHENEVER POSSIBLE TO SAVE BOTH YOU AND THE PLAN AS MUCH AS POSSIBLE. THE PLAN'S FOCUS IS ON ENSURING THAT PARTICIPANTS RECEIVE ALL NECESSARY MEDICAL SERVICES AND TREATMENT.

JOURNEYMAN CLASS SCHEDULE

For a full class schedule, please visit our website at www.sdetf.org.

COURSE NAME

- 2011 Code Changes
- Advance Fiber Optics
- Audio Systems
- Blueprint and Code
- Building Automation I & II
- California Advanced Lighting Control Training Program (CALCTP)
- California Electrician Certification Preparation
- Confined Space Entry
- CPR/First Aid/AED
- DC Theory
- Electric Vehicle Infrastructure Training Program (EVITP)
- Electrical Installations in Hazardous Location
- Electrical Review
- Fire/Life Safety Systems
- Harassment Prevention Training for Managers & Employees
- NFPA70E Arc Flash Safety
- OSHA 10
- OSHA 30/EM-385 Construction Hazard Awareness
- Solar Photovoltaic Systems (NABCEP Basic Installer Certification)
- Telephony
- Welding I (Basic)
- Welding II (Fabrication)



WESTERN STATES ELECTRICAL CONTEST IS COMING TO SAN DIEGO!

San Diego Electrical Training Center is honored to host the 2013 Western States Electrical Contest on September 6th and 7th, 2013.

What is the Western States Electrical Contest?

The contest originated in 1963 as a competition between the IBEW/NECA joint electrical training programs in Oregon. In 1983, it was expanded to include the Northwest states of Alaska, Idaho, Oregon, and Washington. In 1999, it was expanded even further to include the eleven western states in the eighth and ninth districts of the

San Diego competed in its first contest in 2005. This year, SDETC was represented by Tammy Spinks (see photo). The public is invited to watch and encourage the competitors. Plan to attend!

IBEW. The apprentices who will compete in the 2013 contest will come from training centers in Alaska, California, Colorado, Hawai'i, Idaho, Montana, Nevada, Oregon, Utah, Washington, and Wyoming.

This year's competition will include these timed events:

- Written Exam
- Material Identification Lab
- Motor Control Ladder Diagram
- Motor Control Wiring Lab
- Residential Wiring Lab
- ½ Inch and ¾ Inch Conduit Bending



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