



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

Issue 68

June 2013

SAN DIEGO ELECTRICAL TRUSTS WELCOME MATT MORFOOT, CPA

Matt Morfoot is the new Assistant Administrative Manager at the Trust Office. He spent the last ten years working at the Northern Illinois Benefit Funds which represents the Plumbers & Pipefitters Local 501 out of Aurora, Illinois. Prior to joining the Multi-Employer Benefit Industry, Matt worked six years in the public accounting field. He earned his Bachelor's degree in Accounting from Eastern Illinois University and his Master's in Business Administration from Northern Illinois University.

Matt currently holds his CPA license in the states of Illinois and California. He resides in Rancho Bernardo with his wife, Adina, two children, Emily and Joey, and the family's two dogs, Chester and Sugar. In his free time, Matt enjoys coaching youth athletics, golfing, running, and relaxing at the beach. "Moving to San Diego has been an amazing experience for our whole family. There are so many outdoor activities here that we just couldn't do back in Chicago. This summer, the entire family is learning to surf. We are excited for all the new opportunities we have here in Southern California!"



MONITORING AND MANAGING CHOLESTEROL

Cholesterol is a fatty substance, also called a lipid, that's produced by the liver. It's found in foods high in saturated fat, like fatty meats, egg yolks, shellfish, and whole-milk dairy products. Moderate cholesterol levels in your blood are a vital part of the structure and functioning of our cells, but high levels of LDL cholesterol — low-density lipoproteins — can lead to a slow plaque buildup in the arteries over time, and serious progressive health problems.

There are three main components your doctor evaluates when you have a blood test to check your cholesterol levels. They are LDL (bad) cholesterol, HDL (good) cholesterol, and triglycerides.

Total cholesterol is the level of all of the lipids in your blood, both LDLs and HDLs. Generally, a lower total cholesterol level is better for your general health.

Whether you have high cholesterol may depend on your lifestyle. Eating too much fat and not getting enough exercise can cause cholesterol levels to rise. Cholesterol is also, in part, a result of genetics.

Everyone with high cholesterol needs to keep it under control, but it may be even more important for some groups of people, who have additional risk factors, such as: Diabetes, High blood pressure, Family history of early heart disease, Obesity or Smoking.

If you fall into any of the groups above, you may be at increased risk for plaque buildup in your arteries. As plaque

gradually builds, it can cause arteries to narrow.

What should I do to manage my cholesterol?

Managing high cholesterol varies for each of us,

depending on our medical history and our general health.

Physicians establish cholesterol goals for their patients based on a variety of

factors, including cholesterol test results (also known as a fasting lipid profile), medical background, and many other variables.

It's important to keep your cholesterol levels within healthy limits. If you have other risk factors for developing heart disease, you need to be even more careful — especially with your LDL level. If you're considering a cholesterol-management plan, it's important to discuss all your risk factors with your doctor to develop a plan that works for you.

FACING A MEDICAL DECISION? BEST DOCTORS IS AVAILABLE TO HELP. CALL 1-866-904-0910 OR VISIT WWW.BESTDOCTORS.COM/MEMBERS

WHAT'S INSIDE

PENSION PLAN CHANGES

IMPORTANT REMINDERS

HEALTH & WELFARE PLAN CHANGES

AVOID DELAYS IN PROCESSING 2013 CLAIMS

TRUST OFFICE RELOCATION

HEALTH INFORMATION SOURCES

PENSION PLAN CHANGES

IMPORTANT REMINDERS

"Pre-retirement Survivorship Benefits" - Pre-retirement Survivorship benefits are payable to the surviving spouse of a deceased participant who had not commenced receiving retirement benefits from the Plan provided the participant had qualified for early retirement benefits (age 55 with at least 10 vesting credits) and had been married for at least one year as of their date of death. However, if the deceased participant had yet to attain age 55, but had accrued at least 10 vesting credits, then the surviving spouse may elect to wait until the participant would have turned age 55 to receive a 100% survivorship benefit amount for the rest of their lifetime or they can elect to receive an immediate lifetime benefit which will be actuarially determined taking into account their age at the time said benefit payments were to commence. If the deceased participant had accrued between 5 and 10 vesting credits then a delayed effective date for the 100% survivorship benefit will be until the participant would have attained age 65.

The Plan has now been clarified to provide that in either instance benefit payments to the Surviving Spouse shall become payable effective the later of the first day of the month following the filing of an application or the first day of the month after the date the deceased participant would have become eligible to receive an early or normal retirement benefit under the Plan.

Pro Rata Reciprocity - There are two forms of reciprocity under the Pension Plan: National Reciprocity and Pro Rata Reciprocity.

National Reciprocity permits a participant working in the jurisdiction of another IBEW Local Union to transfer their hours and contributions back to this Plan so long as they are a member of Local Union 569 and have registered on the ERTS system to authorize for the transfer of their hours.

Pro Rata Reciprocity is established by an existing agreement between this Plan and another IBEW pension plan that permits recognizing the hours credited in both plans to establish vesting status in each plan on the premise all such hours were reported only to each plan. This is defined in the Plan as "Related Credit" and if these hours would have resulted in the participant satisfying the vesting requirement to qualify for a benefit payment then only the amount of benefit actually accrued in that plan would become payable provided the participant satisfied all requirements of that plan. A list of all plans signatory to a Pro Rata Reciprocal Agreement appears in the current Summary Plan Description with the exception of the most recent addition of the Eighth District Electrical Pension Plan.

The Plan has now been amended to provide that for all participants in the Plan as of June 1, 2013 it will no longer be permissible to include Related Credit accrued on or after August 1, 2013 towards qualification for an early retirement benefit to be payable under this Plan. However, all Related Credit earned prior to August 1, 2013 will continue to be recognized. For participants whose initial hours in the plan were for work performed on or after June 1, 2013 there shall be no recognition of Related Credit in the calculation of an early retirement benefit.

Should there be any questions relative to any of the above Plan changes please contact the Trust Office (x-310).

Reciprocity authorization

To authorize for the transfer of Health & Welfare and/or Pension hours back to the Local Union 569 benefit trusts the participant must register on ERTS. This process should be able to be accomplished at either an IBEW Local Union Hall or their Trust Office. However, there is no requirement to send Health & Welfare and/or Pension Trust hours back to an employee's Home Fund.

Participant payments to PPO providers

At the time of service when using a PPO provider, participants should never pay anything more than an office visit co-payment (\$10 for Sharp doctors, \$30 for other PPO doctors in San Diego County and \$15 for all doctors outside of San Diego County) and then only do so if there is going to be a charge for an office visit. Nothing more should be paid until the participant has received the Explanation of Benefits from the Trust Office explaining exactly how much was eligible for payment and how much may be owed. This also holds true if you receive a balance due bill from a service provider as they may not have properly applied any applicable discounts. If there is ever a question as to how much you are being billed please contact your claims examiner at the Trust Office (X-702) before making payment.

Pension benefits effective date

Benefit payments for any type of retirement may not commence until the later of the first day of the month following the filing of an application or the first day of the month after the applicant becomes eligible to receive a retirement benefit under the Plan. For disability retirement it is strongly recommended that an application be filed with all possible benefit sources (including Social Security and NEBF) as soon as a participant gives consideration to the fact they may not be able to sustain steady employment of any kind for at least 12 months as opposed to waiting to do so until after filing for and receiving a determination from Social Security. This will then permit payment of benefits from this Plan in accordance with the above criteria.

HEALTH & WELFARE PLAN CHANGES

Please be aware of the following modifications to the Plan:

1. Plans A & B Eligibility Rules - The Eligibility Rules for Bargaining Employees under Plan A and Plan B have been modified to clarify that when hours are received from a contributing employer or via the ERTS Reciprocal system at a contribution rate below that for a Journeyman under the Inside Agreement the corresponding hours will be pro-rated to an equivalent number of hours as if that gross amount of contributions had been remitted at the full Inside Agreement rate. For example, 100 hours remitted at a contribution rate of \$4.22/hr would generate \$422.00 in total contributions. However, dividing \$422.00 by \$6.63/hr would result in the participant being credited with 63.65 hours.

2. Under "General Provisions":

- a. The Section on "Right of Recovery" has been expanded to provide that in the event an overpayment of claims occurs due to a misrepresentation or error presented by the Covered Person (Employee, Spouse and/or Dependent) the amount of the overpayment may be recovered by withholding all future claim payments for any Covered Person until such time as the total overpayment has been recovered: and
- b. The Section on "Third Party Recovery" has been amended effective June 1, 2013.

The PPO Plan ("the Plan") presently provides that when a participant's injury or illness may have been caused by a responsible third party, the Plan will pay all related eligible medical expenses with the understanding that the Plan shall have the right to be reimbursed in the event the participant recovers any portion or all of the benefits paid by legal action, settlement, or otherwise. However, in order for the Plan to make payment on related medical expenses the participant must first execute a Subrogation Agreement which outlines the conditions to be applicable to both the Plan making payments and ultimately being reimbursed if, and when, settlement proceeds are collected.

This Amendment clarifies requirements pertaining to the responsibilities of a participant's attorney or agent who may receive monies on the participant's behalf. Participants will now be required to direct their attorney or agent to comply with the terms of the Subrogation Agreement and be obligated to deposit any and all monies recovered into a client's trust account with the understanding that no monies may be withdrawn without a written acknowledgment and authorization from the Plan. Finally, the participant shall direct the agent or attorney to reimburse the Plan in accordance with the Reimbursement Schedule as outlined in the Subrogation Agreement.

It is very important to understand that no benefit payments may be issued until the Plan's Subrogation Agreement is executed without modification. At the same time, please know that the Plan shares in the cost to pursue all sources of recovery as all legal fees and related costs are factored into the reimbursement schedule contained in the Plan and Subrogation Agreement.

Finally, it is also important to understand that the Plan's ability to be reimbursed from recoveries in instances where the treated injury or illness was caused by a

responsible third-party assist in keeping the Plan's overall claim payments down which, in turn, helps to minimize the amount of hourly contributions required from all employees to maintain the most comprehensive level of benefit possible.

3. Dependent Eligibility - Basically the Plan provides that in the event a dependent spouse or child of a covered employee either declines or waives employer sponsored group medical coverage made available at no cost and/or they receive any form of compensation for doing so, they would not be an eligible dependent for group medical benefits. However, under Plan A or Plan B they may be eligible for applicable dental and vision benefits.

Effective immediately, this provision has been modified to provide that if a dependent spouse's or child's employer requires all eligible employees to purchase their group medical coverage instead of providing group medical coverage to all eligible employees, and the employer provides an amount of compensation that may be applied toward the cost of their group medical coverage, in the event the cost to the dependent spouse or child for the least expensive group medical coverage available to them exceeds the full amount of their compensation then the above exclusion will not apply.

Notice: Beware of Alvarado Orthopaedic - Even though this medical group is a PPO provider please be aware that as part of scheduling surgeries they tend to bring in non-PPO ancillary providers such as anesthesiologists and radiologists. This is disadvantageous to the patient for two reasons: First, non-PPO provider fees are not subject to discounting or a maximum allowable charge and the Plan will pay only 60% of the PPO maximum allowance which means the balance of their total charge will be owed by the participant. If you use this medical office, **or any PPO surgeon's offices**, whenever a surgery is to be scheduled it is very important to mention that use of only other PPO providers is expected.

AVOID DELAYS IN PROCESSING 2013 CLAIMS

There are still a lot of Plan A PPO participants who have yet to file new annual (blue) Registration Form that has now been sent on numerous occasions. Failure to provide this information may delay processing first-time 2013 PPO claims as this prevents the Trust Office from having 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 form **must be returned before** any claims for services rendered in 2013 may be processed. Therefore, if you have not yet returned this form please complete and return it as soon as possible 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.

SAN DIEGO ELECTRICAL INDUSTRY TRUSTS

P.O. BOX 231219
SAN DIEGO, CA. 92193 - 1219

Presort Standard
U.S. Postage
PAID
Permit 2776
San Diego CA



TRUST OFFICE RELOCATION

The Trust Office servicing the Health & Welfare and Pension Trusts, as well as the NECA/IBEW Drug-Free Workforce Program, is now located within the IBEW Local 569 building at 4545 Viewridge Avenue, #110, San Diego, CA 92123. The telephone numbers have remained the same at 858-569-6322 and 800-632-2569 from outside of the 619, 760 and 858 area codes. However most all of the telephone extensions have changed as follows:

Audrey Benjamin, Claims Exam.	Ext. 308	Amy Mleczo, Admin. Ass't	Ext. 326
Jenny, Embleton, Claims Exam.	Ext. 306	Matt Morfoot, Ass't Adm. Mgr	Ext. 335
Bianca Garza, Office Assistant	Ext. 305	Kelly Novak, Front Desk Mgr	Ext. 300
Adrienne Hyde, Claims Super.	Ext. 307	Ken Stuart, Admin. Mgr	Ext. 325
Robin Wheelock, Oper. Mgr		Ext. 355	

Office Hours M-F 8:00AM - Noon and 1:00PM - 4:30PM

There is also a phone directory available when calling into the Trust Office. To meet with Ken Stuart, the Administrative Manager, or Matt Morfoot, the Assistant Administrative Manager, it is always recommended that advance appointments be made to ensure they will be available at a time convenient for you.

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.**