



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

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PLAN A PPO PROVIDERS IN MEXICO

As a reminder, effective **January 1, 2014** it will be possible for Plan A PPO participants to access medical service providers in various parts of Mexico who participate in a network developed by Pinnacle Claims Management, Inc. Providers are located in the following border cities: Mexicali, San Luis, Los Algodones, Tijuana and Palaco.

To access participating providers in these areas the patient must present a special ID Card to be provided to all participants. It is very important to understand that in order for the cost of services rendered by these providers to be covered by the Plan the patient must be covered at the time services are rendered.

Please make note that there will be NO OUT-OF POCKET COST to the participant for use of Pinnacle panel providers in Mexico. "No out-of-pocket cost" means there will be no co-payment, deductible, or co-insurance shared amount applicable to the cost of services rendered by Pinnacle panel providers so long as the services are considered to be eligible expense(s) under the Plan.

For employees and family members working/living in Imperial County, it is our understanding that certain Pinnacle network providers will send transportation to the Mexico side of the U.S./Mexico border crossing at various times during the week to take people in need of medical attention to their facilities. Transportation will also return them to the border crossing to return to the U.S.

Please be on the lookout for communication about this program that will include a special ID card that must be presented to a panel provider with a picture ID in order to be treated under this Program.

MAKING DIRECT PAYMENTS BY ACH TRANSFER

It is now possible to make Direct Payments to maintain group health insurance coverage on a computer or smart phone by accessing either the Trust's web site (www.569trusts.org) or Local Union 569 web site (www.ibew569.org). **There will be no cost to the participant for using this service.**

Direct Payments may still be made in the following ways before the stated deadline for a particular month: Mailing a check or money order to the Trust Office, delivering a check or money order to the Trust Office, or using a debit card at the Trust Office. No cash may be accepted by the Trust Office.

When accessing this tool the participant will be able to make a payment for either the current month and/or the following month. However, in order to make a Direct Payment for the following month the participant must have satisfied their monthly cost of coverage for the current month by having had sufficient hours in their Reserve Account or remitted a Direct Payment to cover any shortfall in Reserve Account hours.

For example: Notices for Direct Payments due for January 2014 coverage will be issued in December 2013. A participant may now make a Direct Payment for December 2013 (if still necessary) and January 2014. Please note that in order to continue coverage for January 2014 the participant must have been covered for the month of December 2013. Instructions for making an ACH Direct Payment will be included with notices advising participants that a Direct Payment may be made to continue their coverage for a particular month. If there are any questions please contact the Trust Office (x-310).

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UPCOMING JOURNEYMAN CLASSES FOR SPRING 2014

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

Imperial County:

Start	Day	Class	Time
01/06/2014	Mon/Wed	Electrical Certification State Exam Prep (Imp. Cty.)	5-8:30pm
01/24/2014	Fri	Basic CPR and First Aid for Adults (Imp. Cty.)	4:30-9pm
02/15/2014	Sat	NFPA-70E Arc Flash Hazard Awareness (Imp. Cty.)	9am-3:30pm
03/08/2014	Sat	OSHA 30/EM-385 Construction Hazard Awareness (Imp. Cty.)	8am-3:30pm
03/14/2014	Fri	Basic CPR and First Aid for Adults (Imp. Cty.)	4:30-9pm
04/04/2014	Fri	NFPA-70E Arc Flash Hazard Awareness (Imp. Cty.)	5-8pm
04/25/2014	Fri	Your Pension and Health & Welfare Plan (Imp. Cty.)	4:30-7:30pm
05/03/2014	Sat	Code Calculations: Voltage Drop (Imp. Cty.)	9am-12:30pm
05/03/2014	Sat	DC Theory (Imp. Cty.)	1-4:30pm
05/05/2014	Mon/Wed	Electrical Review (Imp. Cty.)	5-8pm
05/09/2014	Fri	Basic CPR and First Aid for Adults (Imp. Cty.)	4:30-9pm

San Diego County:

Start	Day	Class	Time
01/08/2014	Mon/Wed	OSHA 30/EM-385 Construction Hazard Awareness	5-8:30pm
01/09/2014	Thu	Fire/Life Safety/VDV Prep For State Certification	5-8:30pm
01/10/2014	Fri	Code Calculations: Voltage Drop	4:30-8pm
01/13/2014	Mon/Wed	Electrical Review	5-8pm
01/14/2014	Tue/Thu	Electrical Certification State Exam Prep	5-8:30pm
01/21/2014	Tue	GHS CLASSIFICATION AND LABELING OF CHEMICALS	5-8pm
01/22/2014	Mon/Wed	CALCTP Acceptance Technician	5-8pm
01/22/2014	Wed	NEC Code Changes - Part 1	5-8pm
01/24/2014	Fri	Electrical Requirements for Health Care Facilities, NEC Article 517	4:30-8pm
01/25/2014	Sat	CALCTP Technical Course	7:30am-4:30pm
01/27/2014	Mon	Copper Structured Cabling Installations	5-8pm
01/27/2014	Mon	Introduction to Notified Fire Alarm Systems	5-8pm
01/28/2014	Tue	Fire/Life Safety/VDV Prep For State Certification	5-8pm
01/28/2014	Tue	GHS CLASSIFICATION AND LABELING OF CHEMICALS	5-8pm
02/04/2014	Tue	Basic CPR and First Aid for Adults	4:30-9pm
02/05/2014	Wed	Audio Components & Controls	5-8pm
02/07/2014	Fri	Transformer Testing & Meggering	4:30-8pm
02/12/2014	Wed	Video Systems: Components	5-8pm
02/18/2014	Tue	Anti-harassment Training for Managers & Supervisors	5-7pm
02/19/2014	Wed	NEC Code Changes - Part 2	5-8pm
02/19/2014	Wed	Residential A/V	5-8pm
02/21/2014	Fri	Welding	5-8pm
02/24/2014	Mon	Introduction to NICET Certification	5-8pm
02/26/2014	Wed	RF/CATV Distribution	5-8pm
02/28/2014	Fri	Confined Space Entry	4:30-8pm
03/03/2014	Mon/Wed	Electrical Review	5-8pm
03/03/2014	Mon/Wed	OSHA 30/EM-385 Construction Hazard Awareness	5-8:30pm
03/04/2014	Tue	Basic CPR and First Aid for Adults	4:30-9pm
03/05/2014	Wed	Audio Components & Controls	5-8pm
03/10/2014	Mon	OSHA 10	5-8pm
03/11/2014	Tue	OSHA 10	5-8pm
03/12/2014	Wed	Video Systems: Components	5-8pm
03/12/2014	Wed	Video Systems: Components	5-8pm
03/14/2014	Fri	Rigging/Crane Safety	4:30-8pm
03/18/2014	Tue	Anti-harassment Training for Managers & Supervisors	5-7pm
03/19/2014	Wed	NEC Code Changes - Part 1	5-8pm
03/19/2014	Wed	Residential A/V	5-8pm
03/25/2014	Tue	Refresher For Basic CPR and First Aid For Adult	4:30-7pm
03/26/2014	Wed	RF/CATV Distribution	5-8pm
03/28/2014	Fri	GHS CLASSIFICATION AND LABELING OF CHEMICALS	4:30-8pm
04/01/2014	Tue	NFPA-70E Arc Flash Hazard Awareness	5-8pm
04/07/2014	Mon	Introduction to Basic Networks	5-8pm
04/11/2014	Fri	DC Theory	4:30-8pm
04/15/2014	Tue	Anti-harassment Training for Managers & Supervisors	5-7pm
04/16/2014	Wed	NEC Code Changes - Part 2	5-8pm
04/22/2014	Tue	Refresher For Basic CPR and First Aid For Adult	4:30-7pm
04/25/2014	Fri	AC Theory	4:30-8pm
04/29/2014	Tue	Refresher For Basic CPR and First Aid For Adult	4:30-7pm

TO REGISTER FOR CLASSES: • On-line at www.positivelyelectric.org • By telephone: **San Diego classes:** (858) 569-6633, ext. 156.
• For Spanish, dial ext. 301. • **Imperial County classes:** (760) 355-3000, ext. 401. • **Walk-in** - drop by our office and complete a registration form.

PLAN A PPO PLAN AMENDMENTS PLEASE REVIEW THESE SIGNIFICANT CHANGES CAREFULLY!

As New Amendments:

1. Vasectomies to be covered at 100% - Effective January 1, 2013 a vasectomy performed by a PPO provider will be covered at 100% without application of a deductible or co-insurance. Compared to the routine cost of a female sterilization of \$8,000-\$10,000, the cost of a vasectomy is approximately \$600-\$700, which is now covered in full by the Plan if performed by a PPO provider.
2. PPO Plan Co-ordination of Benefits - Effective January 1, 2014, where a covered employee or dependent is also a covered dependent under applicable secondary coverage the rules for co-ordinating benefits with that plan will change when the secondary coverage consists of a high deductible limit. In such event the Plan will first pay claims as the primary payer at 60% of Eligible Expenses. Following a determination as to the final amount to be paid by the secondary plan(s), any remaining balance of eligible expenses will then be paid in accordance with the Schedule of Benefits up to the total amount to have been payable if this Plan had been the Covered Employee's or Dependent's only source of group medical coverage.

As an example: A covered employee is also a covered dependent under their spouse's coverage which is a PPO plan containing a \$10,000 deductible. On a hospital bill of \$10,000 in eligible expenses this Plan would pay \$5,850 (\$10,000 - \$250 deductible, then \$9,750 @60%) leaving a balance of \$4,150 to be considered by the secondary plan. If the secondary plan pays \$0 (due to its \$10,000 deductible) this Plan would then consider the balance of eligible expenses and pay an additional \$2,400 bringing the total payment up to \$8,250, the amount that would have been payable if this Plan had been the sole source of group medical coverage. The participant would owe the remaining \$1,750.

However, if the hospital bill was \$20,250 this Plan would have first paid \$12,000 (\$20,250 - \$250 deductible, then \$20,000 @ 60%). If the secondary plan pays \$7,000 per its schedule of benefits, there would be a balance of \$1,250. This Plan would then pay the remaining \$1,250 leaving the participant with a \$0 balance to be paid.

Reminders of new Amendments effective January 1, 2014:

1. Knee & hip replacement limitation - The maximum amount payable **for all facility charges, including the replacement joint**, will be \$30,000. A listing of Blue Cross PPO facilities throughout California that participate in this program (by providing all related services for \$30,000 or less) will be made available. There are numerous facilities in San Diego County who will meet this requirement.
2. Organ transplants - If a live human organ donor (example - bone marrow) is without health insurance coverage for the procurement procedure a maximum of \$30,000 shall be considered as **Eligible Expenses** of the covered organ recipient. All eligible expenses related to any other source of a live human organ donation or procurement will be limited to a maximum of \$30,000.
3. Out-patient Specialty Drugs - 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 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. The limit for each prescription is up to a 30-day supply.

It is important to be aware that all injectable medications to be administered on an out-patient basis (i.e. while not admitted to a hospital) must be ordered directly through the Specialty Rx program of CVS/Caremark in order for the full price of the medication to be considered for payment by the Plan. **Out-patient specialty drugs procured through a retail or hospital pharmacy will not be covered by the Plan unless they are required for treatment of urgent or emergency care.** In the event other than a SpecialtyRx is used to fill 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 could be responsible for the full balance of the cost.**

4. Maximum payments for wellness and preventive services - The following maximum payment allowances will be applicable to:

Breast pumps (manual or electric) - 100% up to \$200

Mammograms - 100% up to \$500 for all services

Colonoscopies - Up to \$1,000 for all services

The term maximum payment means this is the most the Plan will pay for any of the above procedures or devices. For mammograms and colonoscopies the maximum payment applies to all services related to either procedure. Please be aware that hospitals or hospital owned facilities routinely charge much more than free-standing PPO providers and that some providers break their charges down into many components which appear to be intended to push the total billed charges up as high as possible.

How may I ensure that I do not have any financial responsibility for the cost of these wellness and preventive services? Routine physical exam services for covered Plan A PPO participants (employees/spouses), including mammograms and colonoscopies, are provided **at no cost to the participant** through Sharp Rees Stealy. **Otherwise, a deductible and co-insurance may apply which could result in out-of-pocket expense to the participant.** To make arrangements through Sharp Rees Stealy call 858-616-8411.

In the event billed charges for a routine mammogram or colonoscopy exceed the stated maximum amount, even if it is a PPO provider, it is possible the balance of billed charges could become the responsibility of the participant.

Before scheduling a routine mammogram or colonoscopy please contact your claims examiner at the Trust Office to receive all necessary information as to how to avoid owing anything toward the cost of either procedure.

If there are any questions pertaining to the Plan Amendments please contact your claims examiner at the Trust Office (x-310).



PENSION PLAN AMENDMENTS

Post-Retirement Benefit Adjustments -

The Plan provision providing for a benefit adjustment upon a Retiree accruing 500 hours of post-retirement employment within the jurisdiction of Local Union 569, or a final adjustment after a Retiree who has earned at least one 500-hour adjustment completes twelve (12) consecutive months, has been amended to discontinue both of these benefit adjustments as of November 30, 2013. This means that no further 500-hour adjustments or final benefit adjustments will be paid for hours worked on or after December 1, 2013.

A final review of all post-retirement hours worked through November 2013 will be made once all November hours have been received and processed by the Trust Office. A determination will then be made as to any benefit adjustments to be recognized and all eligible recipients will be notified to that effect by the Trust Office.

Effective Date of Benefit Payments - In the event of a divorce for which a Qualified Domestic Relations Order ("QDRO"),

awarding a share of a participant's accrued monthly benefit to an alternate payee has been filed with the court, the Plan now provides that in order for the former spouse to commence receipt of their share of the participant's benefit they must first file an application with the Trust Office. A determination will then be made as to whether the participant is presently receiving a pension benefit. If not, it will be determined whether they are, or when they will become, eligible to receive a benefit under the Plan.

Upon a former spouse filing the required application with the Plan, benefit payments will become payable on the later of the first day of the month following the month in which they file their application or the date upon which the participant first becomes eligible to retire and commence benefit payments under the Plan.

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.