The Anthem Blue Cross PPO panel has been expanded to include CVS MinuteClinic Health Centers, which are located within most or all CVS Pharmacies, at which trained practitioners may diagnose, treat and write prescriptions for a variety of common illnesses or conditions. It is also possible to fill prescriptions at each location.

Examples of illnesses that may be treated at a MinuteClinic are: Allergies, bladder infections, bronchitis, ear infections, eye infections, sinus infections, strep throat. Skin conditions such as athlete’s foot, cold sores, infections, minor burns, rashes and shingles may be treatable as well. However, the practitioner may determine that the level of care necessary to treat an illness or a condition should be addressed by a physician, urgent care or emergency room.

To locate CVS MinuteClinic within the United States please access www.minuteclinic.com/pages/or call (866) 389-2727. To review the various treatments and corresponding costs at a MinuteClinic please access www.minuteclinic.com/en/USA/Treatment-and-Cost.aspx.

Fees to be charged for services covered by the PPO Plan are expected to be considerably less than by a physician’s office or urgent care center and will be subject to the same office visit and prescription drug co-payments under the Plan as would be applicable with any other PPO physician or CVS/Caremark pharmacy.

Some of the greater San Diego MinuteClinic locations are:

3327 Rosecrans Street
San Diego, CA 92110
16773 Bernardo Center Drive
San Diego, CA 92128
16 3rd Avenue
Chula Vista, CA 91910
1652 Garnet Avenue
San Diego, CA 92109
9225 Twin Trails Drive
San Diego, CA 92129
2760 Fletcher Parkway
El Cajon, CA 92020
4829 Clairemont Drive
San Diego, CA 92117
12358 Poway Road
Poway, CA 92064

All PPO participants should have received from CVS/Caremark an “ExtraCare Health Discount Card” which may be used for a substantial discount toward purchases of CVS health care brand products at any CVS Pharmacy or online at www.CVS.com. Please note that this discount does not pertain to prescription drugs and that your being advised of this CVS promotional program should not be construed as an endorsement or recommendation of CVS products by the Plan or the Board of Trustees.
**FITNESS: A LOW COST, HIGH RETURN INVESTMENT**

Wouldn’t it be great if there were an investment: shape up without a big monetary front cost? Here are several strategies to help you modestly and enjoy the dividends of increased energy, decreased stress, fewer sick days, and improved overall physical and mental health.

Here are several strategies to help you shape up without a big monetary investment:

- Purchase inexpensive items for a home routine. Exercise bands can typically be found for under $20. Hand or leg weights and an exercise ball can be purchased for your routine without breaking the bank.

- “Join” an exercise class by following along to a DVD. There are aerobics, Pilates, strength-training, and many other exercise regimens available on DVD. You can buy the DVD or borrow it from a library. Read the information on the package carefully to be sure that the program matches your fitness level, goals, and is endorsed by a certified fitness instructor.

- Be alert to exercise opportunities around you. Take an extra walk around the mall when shopping. Use the stairs instead of the elevator at work. When your children play, join in. Play a game of tag or kickball, or shoot some hoops.

- Check out the neighborhood recreation center or join your local fitness center for exercise classes. If you like working with a personal trainer, but find it too expensive, try to locate a trainer who will work with two or three people at once so you can split the cost.

- Whatever fitness routine you choose, remember to pay attention to your eating habits to get the best results from your “investment.” Try some of the following ideas for healthier, less costly eating:
  - Watch portion sizes. Don’t supersize, downsize. When eating in restaurants, split a sandwich or meal with a friend, or take home half of your food for leftovers. Choose healthier side dishes, and go for the grill. Select the yogurt, fruit or side salad options with meals, and order your chicken sandwich grilled instead of fried.
  - Cut down on high-calorie beverages. Try water with lemon, unsweetened tea, or sparkling water. There may be as many as 300 calories in some of today’s popular sweetened drinks!

- **GETTING HELP**
  - Always check with your doctor before beginning an exercise program. For more information on getting fit and living well, contact your Members’ Assistance Program at (858) 571-1698 or 1-800-342-8111. Your MAP offers confidential and voluntary professional assessment, short-term counseling, and referral services for you and your eligible household family members 24 hours a day, 7 days a week.

**HEALTH INFORMATION SOURCES**


Here’s how it works. Open a web browser such as Internet Explorer (or Netscape, Firefox, Google Chrome or Safari, among others). Type [http://www.aboutlightingcontrols.org/](http://http://www.aboutlightingcontrols.org/) in the address window. Click on Education Express and after the new window opens, select click here to register. Enter a user name and a password. After you are registered, log in and click on the Courses tab located near the top of the window. When the Courses page opens, you will see a list of classes. To the right of each class, there is a CEU column. Some classes are prerequisites and have no assigned values. These prerequisites must be taken to prepare you for the credit courses. The other classes have a CEU value listed. For each CEU completed, SDETC will credit the student with ten (10) hours of class time. For example, The Dimmable Ballast class is listed as providing :20 CEU credits. Successful completion of that section would entitle the student to 2.0 hours credit toward re-certification. If all classes are taken, a total of 58.5 hours may be accrued. Upon completion of each section, the student will receive a completion certificate. Copies of these certificates must be turned in to SDETC to receive credit.

SDETC assigns credit for these courses based on the date that they are turned in to us. If you turn in your completion certificate after your scheduled re-certification date, the hours will NOT be recorded as having been completed within the required period. If you have already been re-certified, the hours will apply toward your next re-certification.

SDETC will make more online classes available in the coming year. Our staff has been trained to help you with any questions you may have about our online courses. If you do not need re-certification hours, these hours will also apply toward Section 3.25 of the Inside Wireman agreement and Section 8.04 of the Sound Agreement that require each journeyman to complete a minimum of eighteen (18) training hours per year.
It is important to go to all of your medical appointments and to talk to your team of health care professionals (doctors, pharmacists, nurses, or physician assistants) about your medical conditions, the medicines you take, and any health concerns you have. It may help to make a list of comments, questions, or concerns before your visit or call to a health care professional. Also, think about having a close friend or relative come to your appointment with you if you are unsure about talking to your health care professional or would like someone to help you understand and/or remember answers to your questions.

Here are some other things to keep in mind:

**All Medicines Count:** Tell your team of health care professionals about all the medicines you take, including prescription and over-the-counter medicines, such as pain relievers, antacids, cold medicines, and laxatives. Don’t forget to include eye drops, dietary supplements, vitamins, herbals, and topical medicines, such as creams and ointments.

**Keep in Touch with Your Doctors:** If you regularly take a prescription medicine, ask your doctor to check how well it is working, whether you still need to take it, and, if so, whether there is anything you can do (like lowering fats in your diet or exercising more) to cut back or, in time, stop needing the medicine. Don’t stop taking the medicine on your own without first talking with your doctor.

**Medical History:** Tell your health care professional about your medical history. The doctor will want to know if you have any food, medicine, or other allergies. He or she also will want to know about other conditions you have had or how you are being treated or were treated for them by other doctors. It is helpful to keep a written list of your health conditions that you can easily share with your doctors. Your primary care doctor should also know about any specialist doctors you may see on a regular basis.

**Eating Habits:** Mention your eating habits. If you follow or have recently changed to a special diet (a very low-fat diet, for instance, or a high-calcium diet), talk to your doctor about this. Tell your doctor how much coffee, tea, or alcohol you drink each day and whether you smoke. These things may make a difference in the way your medicine works. Tell your health professionals about your medical history and about all medicines or supplements you take.

**Recognizing and Remembering to Take Your Medicines:** Let your health care professional know if you have trouble telling your medicines apart. The doctor can help you find better ways to recognize your medicines. Also tell your doctor if you have problems remembering when to take your medicines or how much to take. Your doctor may have some ideas to help, such as a calendar or pill box.

**Swallowing Tablets:** If you have trouble swallowing tablets, ask your doctor, nurse, or pharmacist for ideas. Maybe there is a liquid medicine you could use or maybe you can crush your tablets. Do not break, crush, or chew tablets without first asking your health professional. Your Lifestyle: If you want to make your medicine schedule more simple, talk about it with your doctor. He or she may have another medicine or ideas that better fits your lifestyle. For example, if taking medicine four times a day is a problem for you, maybe the doctor can give you a medicine you only need to take once or twice a day.

**Put It in Writing:** Ask your health care professional to write out a complete medicine schedule, with directions on exactly when and how to take your medicines. Find out from your primary care doctor how your medicine schedule should be changed if you see more than one doctor.

**Your Pharmacist Can Help Too:** One of the most important services a pharmacist can offer is to talk to you about your medicines. A pharmacist can help you understand how and when to take your medicines, what side effects you might expect, or what interactions may occur. A pharmacist can answer your questions privately in the pharmacy or over the telephone.

Here are some other ways your pharmacist can help:

Many pharmacists keep track of medicines on their computer. If you buy all your medicines at one store and tell your pharmacist all the over-the-counter and prescription medicines or dietary supplements you take, your pharmacist can help make sure your medicines don’t interact harmfully with one another.

Ask your pharmacist to place your prescription medicines in easy-to-open containers if you have a hard time taking off child-proof caps and do not have young children living in or visiting your home. (Remember to keep all medicines out of the sight and reach of children.)

Your pharmacist may be able to print labels on prescription medicine containers in larger type, if reading the medicine label is hard for you.

Your pharmacist may be able to give you written information to help you learn more about your medicines. This information may be available in large type or in a language other than English. Your pharmacist can help keep track of your medicines.
There are still some classes open and available at the Training Center! The classes listed below will count towards the 32 hours needed for certification renewal. Register now for space is limited.

Three easy ways to register:
On-line at www.positivelyelectric.org
By telephone; Dial (858) 569-6633, ext 156.
Walk-in; drop by our office and complete a registration form.

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The following statistics are summarized and were generally derived from a recent educational conference sponsored by the International Foundation of Employee Benefit Plans and may be of interest to the participants of the Health and Welfare Trust in terms of what is driving and/or affecting health care costs:

1. Industry data now suggest that 72% of participants are reasonably healthy and generate 11% of spending, the next 24% are less healthy and generate 40% of spending, and the remaining 4% who are the least healthy generate 49% of spending. Thus, 28% of the group generates 89% of total spending. The focus has to be on preventing participants in the 24% group from progressing to the 4% group and actually improving from the 24% group toward the 72% group.

2. Since healthcare costs are directly related to health risk factors it is imperative that modifiable risk factors be improved through lifestyle and/or behavioral changes. Data clearly show that as people age, and the number of risk factors they have increases, the expected annual claim cost increases exponentially. For example: Participants between ages 45-54 with 0-2 risk factors cost an average of $1,920, while those with 3-4 risk factors cost $3,601 and those with 5+ risk factors cost $6,664.

3. Per capita spending on health care in the U.S. has increased from $2,821 in 1990 to $6,280 in 2004.

4. 98,000 people die in hospitals each year due to medical errors that are preventable and only 55% of the time do patients receive recommended health care, 30% of health care costs are due to poor care.

5. Prescription drug cost price increases are moderating from 16% for 2001 to 6.75% for 2006. $40 billion in brand name drugs are going generic between 2005 and 2009 and another $25 billion in 2010/2011. However, new specialty drug therapies are increasingly more expensive and being used in more specialized ways.

6. Diabetes is responsible for $1 out of every $7 in healthcare spending. More importantly, intervention has been shown to reduce the frequency and severity of eye and kidney disease, cardiovascular death, heart attacks, strokes, and amputations. Blood pressure medications and cholesterol lowering drugs have positively affected kidney disease and cardiovascular outcomes. In a large study, 60% of diabetics showed evidence of inadequate follow-up care where data suggest that tight glucose monitoring can decrease complications by 50% and delay their onset by 15 years.
Federal legislation known as the “Mental Health Parity Act” was signed into law on December 28, 2008 and may require health plans providing benefits for mental health and substance abuse related conditions to do so at the same level as are provided for all other medical conditions.

This requirement technically becomes effective with the first day of a Plan Year after October 3, 2009 which, for most single employer plans, will be January 1, 2010. However, for collectively bargained multi-employer plans such as ours compliance is not required until the first day of the Plan Year following expiration of last of all collective bargaining agreements that were ratified prior to October 3, 2008. This means the Plan A PPO plan will have to comply with this requirement as of October 1, 2012.

The Trust Office has been advised that Paradise Valley Hospital terminated its Agreement with Blue Cross and is no longer a participating provider in the Anthem Blue Cross Network. Blue Cross physicians have been directed to utilize alternate facilities for hospital admissions. However, the status of Paradise Valley Hospital could change at any time, therefore it is possible to check on its participating status at www.anthem.com/ca.

This change will also affect any and all out-patient services as this facility will be considered a non-PPO provider for which a much greater portion of their billed charges will be the participant’s personal responsibility.

In general, participants in the PPO Plan should always try to be sure that each and every service provider they use is a Blue Cross PPO provider before services are rendered.

IMPORTANT NOTICE

1. PLEASE MAKE SURE THAT A SERVICE PROVIDER IS A MEMBER OF THE ANTHEM BLUE CROSS PPO NETWORK AT THE TIME SERVICE IS TO BE RENDERED AS CHANGES DO OCCUR AND DIRECTORIES ARE PRINTED ON A PERIODIC BASIS.

2. AT THIS TIME PARADISE VALLEY HOSPITAL IS NOT A PARTICIPANT IN THE ANTHEM BLUE CROSS PPO NETWORK, THUS USE OF THIS FACILITY WILL RESULT IN BENEFITS BEING PAID FOR A NON-PROS HOSPITAL AT ONLY 60% INSTEAD OF AT LEAST 80%. HOWEVER, NO BENEFITS ARE PAYABLE FOR USE OF THEIR EMERGENCY/URGENT CARE FOR AN ACCIDENT OR ILLNESS UNLESS THE PATIENT IS ADMITTED DIRECTLY FROM THE EMERGENCY/URGENT CARE ROOM.