



CURRENTS

SAN DIEGO ELECTRICAL TRUSTS

Issue 56

October 2010

PPO PLAN AMENDMENTS

PLAN A CHANGES TO BE EFFECTIVE JANUARY 1, 2011 OR LATER AS SPECIFIED

1. "NEVER EVENTS" - As a reminder, the PPO Plan will no longer pay any charges by a hospital, surgi-center, healthcare facility or a physician related to a "Never Event" or a "Hospital Acquired Condition" that should not have occurred.

a. "Never Events" are events that are preventable, serious and unambiguously adverse to the patient that should not occur and constitute a Serious Reportable Event per the National Quality Forum.

Examples of a "Never Event" are: Patient death or serious disability associated with a medication error; patient death or serious disability associated with a fall while being cared for in a healthcare facility; surgery performed on the wrong body part; Surgery performed on the wrong patient; wrong surgical procedure performed on a patient; patient death or serious disability associated with the use of contaminated drugs or devices provided by the healthcare facility; or an infant discharged to the wrong person.

b. "Hospital Acquired Conditions" are conditions that were not present on admission and could have been reasonably prevented. Hospital Acquired Conditions will

be determined in accordance with guidelines and indicators established by the Center for Medicare & Medicaid Services ("CMS").

Examples of "Hospital Acquired Conditions" are surgical site infections; urinary tract infections; blood stream infections, surgical object left in the body; blood clots after certain surgeries; blood incompatibility; bed sores; falls; and poor blood sugar controls.

When a "Never Event" or "Hospital Acquired Condition" occurs it is important to be aware that all related charges (including those that would not have existed but for the event) may not be submitted for payment and that no party may be billed for same. If there is ever a question as to whether the Trust made payment for only actual services rendered by a service provider OR if a "Never Event"/"Hospital Acquired Condition" may have occurred, please contact your Claims Examiner at the Trust Office.

2. WAIVER OF DEPENDENT COVERAGE - The Board is now aware of instances where employers provide incentives to employees who waive their group health coverage and, instead, utilize coverage available through their spouse's

employer's plan. Therefore, it is necessary to protect the PPO Plan from becoming primarily responsible for large claims incurred by a Covered Spouse, Domestic Partner or Dependent who voluntarily waived group medical coverage available through their employment or some other source of group coverage.

To prevent such adverse selection against this Plan and all of its participants, "Coordination of Benefits" Section B. (1) under "Effect on Benefits" has been amended to provide that if a Covered Spouse, Domestic Partner or Dependent was entitled to group medical-hospital

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benefits through their employer or another group affiliation, and that coverage would have been their primary source of coverage if it had been in effect at the time a claim was incurred, **in the event the Covered Spouse, Domestic Partner, or Covered Dependent voluntarily declined or waived such coverage that was available to them free of charge or if they receive any form of compensation in return for waiving such coverage**, there will be no medical-hospital benefits coverage for that person under this Plan relative to all claim(s) that would have otherwise been the primary responsibility of the group coverage that was declined or waived.

This exclusion shall also apply to Covered Dependent Children if they would have been included under the Spouse's or Domestic Partner's medical-hospital benefits coverage on a primary basis **at no additional cost to the Spouse or Domestic Partner**. However, whenever this exclusion for medical coverage is applied the Covered Person will continue to be eligible for applicable dental, vision, MAP and supplemental life insurance benefits.

IMPORTANT - This Amendment will become applicable to all Covered Dependents or Domestic Partners as of the effective date of their medical coverage election emanating from their next open-enrollment period for group medical coverage occurring on or after the date of this notice. As an example: If a Spouse's open enrollment through their employer is conducted in November 2010 for coverage effective as of January 1, 2011 then this provision will become applicable as of January 1, 2011 if their employer's coverage is declined or waived.

3. HEALTH REFORM REQUIREMENTS (PPO PLAN AND KAISER) - As a means of conforming to the requirements of National Health

Reform the following changes will be made in accordance with all Interim Final Regulations and subsequent Technical Releases issued by the Federal Government, some of which have delayed the required implementation date or specifications of certain provisions in the law:

- a. As of January 1, 2011 all children (natural child, step-child, foster child or legally adopted child) may be covered under Plan A until the date they turn age 26. Any Dependent children under age 26 **who are not presently covered under either the PPO Plan or Kaiser** must be re-enrolled in the Plan **prior to January 1, 2011**. The Trust Office will be conducting this re-enrollment process;
- b. Effective January 1, 2011, for all covered children under the age of 19 there will no longer be a pre-existing condition exclusion for medical conditions for which they were receiving treatment immediately prior to the effective date of their coverage;
- c. Effective January 1, 2011 there will be expanded coverage for wellness or preventive care in accordance with the requirements of the law as well as a change to coverage for emergency room treatment at a non-PPO hospital to the extent that the benefit level will be the same as for a PPO or Kaiser hospital under each plan;
- d. There will be revised Claims Appeals and Review procedures whose implementation date has been delayed at least until July 1, 2011; and
- e. There will no longer be a PPO Plan lifetime maximum benefit as of January 1, 2011. However, as of January 1, 2011 there will continue to be an annual maximum of \$2 million which exceeds or meet new legal requirements through 2013.

4. PLAN DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM - The PPO Plan Schedule of benefits will be changed as follows:

- a. The calendar year deductible will be increased to \$250 per person subject to a maximum total of \$750 in deductibles per family per calendar year; and
- b. The calendar year out-of-pocket maximum has been increased to \$1,500. This means that of the first \$7,500 of eligible expense in a calendar year (after the deductible) the Plan will pay 80% (\$6,000). The Plan will then pay 100% for the remainder of the calendar year. This change is not expected to adversely impact a large number of over 4,500 covered participants as so far in 2010 less than 5% of participants have reached \$5,000 in eligible expenses, with less than 4% also having reached \$7,500.

Should there be any questions relative to the above or the enclosed open-enrollment notices applicable to coverage during calendar year 2011 please contact the Trust Office (858-569-6322, x310).

FLU SHOTS

Flu season is once again upon us and it is highly recommended that all adult participants get a flu shot as soon as possible. Whether covered by the PPO Plan or Kaiser this vaccination is covered at 100%. Under the PPO Plan, if the facility from which you receive the shot does not take insurance then you need only pay for it and submit the receipt to the Trust Office for reimbursement.

Flu shots may not only be received at a doctor's office but are routinely available without an appointment at CVS MinuteClinics and Supermarkets with pharmacy's. Please be sure the receipt clearly indicates you received a flu shot and provides a proper procedure code number.

CLAIM COST HINTS

Some quick suggestions as to how to avoid running into a situation where part or all of a claim may not be payable or how to best use the PPO Plan to reduce your out of pocket costs:

1. Please keep in mind that whenever using a PPO Provider there is always a maximum amount they can charge as per their Agreement with Blue Cross and they must write-off any part of the charge(s) that exceed the maximum allowable charge. Therefore, your maximum liability is only the portion of the maximum charge that is subject to an 80%/20% co-insurance split with the Plan. However, for non-PPO providers the Plan will only pay 60% of what the maximum PPO allowance would have been and the provider may seek payment of the full balance from the patient or their family.
2. For other than an extreme medical situation it is highly recommended that an urgent care facility be sought as opposed to going to a hospital emergency room. In fact, if there is a question as to the level of care that may be needed please contact the 24-hour nurse line at 800-250-6181 to review the circumstances and a registered nurse will provide guidance. In the event it is recommended that urgent care be sought it may be helpful to keep in mind that Sharp Rees Stealy has numerous urgent care facilities around San Diego County (some with extended hours) and that all providers within Sharp Rees Stealy are PPO providers. Further, as opposed to some urgent care facilities, there is no charge for the facility. To locate a Sharp Rees Stealy urgent care facility you may call 800-827-4277 or visit www.sharp.com/medicalgroup.
3. It is also important to remember that the PPO Plan only pays for medical services that are deemed to be medically necessary, as opposed to routine or elective, or may be subject to a specific limitation as to a maximum allowance per treatment, per calendar year, or for the number of treatments (i.e chiropractic or physical therapy). Therefore, it is highly recommended that participants be familiar with the PPO Plan and any applicable maximums as to treatment allowances or frequency. If there is ever a question please contact your claims examiner at the Trust Office before seeking treatment so there will be no surprises when receiving the Explanation of Benefits form advising as to what portion(s) of claims for services already rendered may not be covered by the Plan.



SEASON OPENING SUCCESS FOR FAST-START

San Diego Electrical Training Center's new coordinator has launched a new, accelerated training program for Sound Technicians called "FAST-START".

Ten of the highest scoring applicants took to the classroom this past Monday to embark on their Sound and Communications careers. These individuals went through a vigorous interviewing process that also required qualifying scores on rigorous math and reading comprehension exams.

This culturally diverse and disciplined (40% former military) group has one common theme, **"Work hard, do an honest day's work, make the contractor, local, and society proud of them while providing for their families"**.

The FAST-START game plan is designed to frontload the training of an apprentice. This makes the apprentice a much safer, efficient, more independent, and valuable worker. The contractors can then make more profit and the local gets a valuable and dedicated member.

The five-week, eight-hours-per-day training program includes physical exercise, material handling, IBEW motivational videos, construction classes (tool use, material identification, and hardware installation), structured cabling class (voice/data), fiber optics class, OSHA ten-hour safety certification, first aid/CPR/AED, basic electrical code, introductory fire alarms and basic electrical theory.

We are asking you to do your part. Support the team! Take a Sound Technician apprentice!

(FAST-START apprentices will be available when classes end on Oct. 22nd)

Come on down and watch our classes at the training center or just cheer us on!

Sincerely, Timothy Moylan

Sound & Communication Coordinator

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PPO PLAN DISEASE MANAGEMENT COMPANY NAME CHANGE

As a reminder, on September 1, 2010 Alere took over management of the chronic disease management portion of Accordant's business which focuses on PPO Plan Participants who have one or more of the following chronic diseases: *Asthma, coronary artery disease ("CAD"), chronic obstructive pulmonary disorder ("COPD"), diabetes, heart failure and peptic ulcer disease ("PUD")*. This resulted in only a change in name as part of telephone contacts by registered nurses and/or materials to be sent to PPO Plan participants who are identified as being part of this population.

The Board of Trustees reiterates that **100%** participation in this program will assist Plan participants and contribute to their living a healthier and happier life. When contacted by an Alere trained professional please be sure to respond and then listen to what they have to say or read what they send to your home in order to take advantage of the opportunity of the various ways in which they may be able to provide assistance.

HEALTH INFORMATION SOURCES

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 or www.hospitalcompare.hhs.gov;

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;

<http://www.npdb-hipdb.hrsa.gov/> - National Practitioner Data Bank/ Health care Integrity and Protection Data Bank may be used to verify information on a health care provider;
and

<http://www.medbd.ca.gov/lookup.html> - Medical Board of California for physician licensing.