

**LABORERS TRUST FUNDS FOR NORTHERN CALIFORNIA**  
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# BENEFIT BULLETIN

An Informational Bulletin for our Valued Participants

Assisting you in understanding your benefits.



## Plan Definitions

**PPO - Laborers Health and Welfare**  
**HMO - Kaiser Permanente**

**Preferred Provider Organization (PPO)** - A network of doctor and hospital providers that contract with Blue Cross under its Prudent Buyer Plan.

**Network** - The PPO group of doctors, hospitals, and other health care providers contracted to provide services for you, the members of a group health plan at reduced negotiated rates.

**Out-of-Network Provider** - A doctor, hospital, or other health care provider that is not part of a contract group. Services with an out-of network provider increases your out-of-pocket expense.

**Health Maintenance Organization (HMO)** - A network of doctors who participate in the HMO system. Doctor and hospital benefits are provided by the HMO only.

## Kaiser Permanente Co-payment

Kaiser requires that a co-payment for services received be paid at the time the service is provided. A patient may choose to pay by ATM, credit card, cash or personal check for an emergency room visit, physician visit, or prescription drug co-payment. If the patient cannot pay the co-payment at the time of service, \$13.50 will be billed to the patient as a processing fee in addition to the co-payment. To avoid the \$13.50 fee, pay the co-payment at the time services are provided.



## Health Care Options

*Did you know that Active participants have the option to change Medical Coverage at any time for a maximum of two times in one year? Currently, Active participants have two choices of Medical Coverage, as follows:*

*1) The Fund's Managed Care Plan has a signed contract with Blue Cross of California's Prudent Buyer Plan, which is a PPO. Under this Plan you have the option to use any doctor of your choice, however, it is to your advantage to select one from the most current list of network providers. This helps reduce your out-of-pocket costs.*

*2) Kaiser Permanente is a network of doctors who participate in the HMO system. Under this plan, your hospital and doctor benefits are provided by Kaiser staff at Kaiser locations only. At the time of your visit, you pay a standard co-payment as stated in the Kaiser Plan booklet.*



## Extended Dependent Coverage

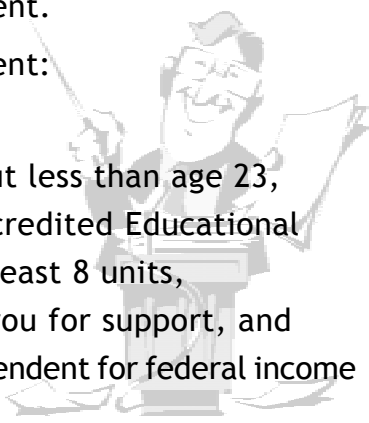
Do you have a college student living at home? Check below to see if he or she still qualifies to be your eligible dependent.

Is your college student:

- Unmarried
- 19 years of age but less than age 23,
- Enrolled at an Accredited Educational Institution for at least 8 units,
- Dependent upon you for support, and
- Qualified as a dependent for federal income tax purposes?

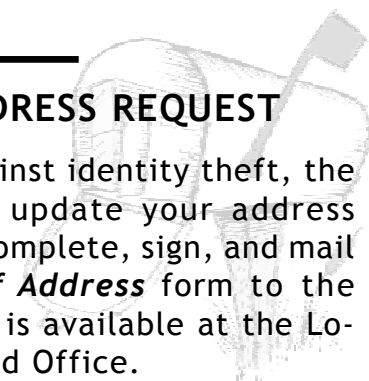
If so, complete the Application for Student Extended Dependent Coverage form. After completing the form, return it with a copy of the school's transcript.

For timely coverage, please mail school transcripts and Application Student Extended Dependent Coverage form two weeks before the new semester begins.



## CHANGE OF ADDRESS REQUEST

For your protection against identity theft, the Fund Office will only update your address information when you complete, sign, and mail an updated **Change of Address** form to the Fund Office. This form is available at the Local Union and Trust Fund Office.



## SUMMARY OF BENEFITS PAMPHLET

The enclosed pamphlet summarizes the benefits that are available to eligible **Active** participants and their dependents. This pamphlet will be updated when a benefit change is implemented. For your convenience, copies are available at the Local Union or the Fund Office.

## Coordination of Benefits

When your benefits are payable under more than one group plan, the Fund uses the "Coordination of Benefits" method for payment. This Plan provision helps you meet the cost of illness or injury by taking into account benefits payable under another group plan. Benefits will be paid according to the Plan provisions, which will not exceed 100% of the customary charges and necessary expenses, or billed charges, whichever is less.



When your spouse is covered by another group plan, you must inform the Trust Fund office if the other group plan changes or terminates. The best way to update this information is by sending a letter explaining the change or termination, making sure to include the participant's name and social security number.

An Active participant who retires but continues to have eligibility under the Active Plan will be subject to the Coordination of Benefits rules under Federal Medicare.



## CLARIFICATION

In the February issue of the Benefit Bulletin, an article that highlighted the "Health and Welfare Death Benefits," appeared under "Beneficiary Information." Please note that the benefits listed in that article are for **Active** Health and Welfare participants only. We apologize for any confusion this may have caused.

*Benefit forms and information are only a click away*

[www.norcalaborers.org](http://www.norcalaborers.org)

