

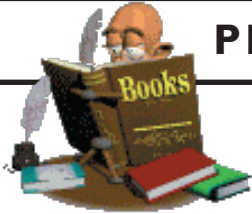


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BENEFIT BULLETIN

An Informational Bulletin for our Valued Participants

Assisting you in understanding your benefits.



Plan Term Definitions

Explanation of Benefits
Lifetime Maximum

Covered Expenses

Explanation of Benefits, or EOB for short, is the statement you receive after you or your doctor files a medical claim.

Lifetime maximum benefit is the amount the Plan will pay in medical benefits for each eligible individual in a lifetime.

Covered expenses are those items that are considered payable by the Plan, either in part or in full.

Details of these Plan Terms are described on the reverse side of this Benefit Bulletin Issue.

Spanish Forms Available

The Trust Fund office has translated a number of publications and forms in the primary language of our Spanish speaking participants. This effort is to keep our Spanish speaking participants informed of the various benefits available and how to effectively use those benefits. The following publications are available in Spanish.

- Quarterly Newsletter
- Monthly Benefit Bulletin
- Summary Plan Description Booklets
 - Active Plan
 - Annuity Plan
- Plan Notices
- Forms
 - Enrollment Form
 - Beneficiary Form
 - Address Change Form
 - Active Plan Benefit Application
 - Retired Plan Benefit Application
 - Retired Instruction Sheet

Kaiser Prescription Refills



After a prescription refill request has been received through Kaiser's pharmacy phone system, it takes an average of 2-5 business days before you receive the medication. Kaiser notifies the participant by telephone when a prescription cannot be filled or if they anticipate a delay. This notification usually takes place, one or two days after Kaiser's date of receipt.



Electronic Direct Deposit

Do you have concerns about receiving your pension or vacation check in the mail? Why not consider receiving your pension or vacation check by electronic direct deposit? Direct deposit eliminates worries about delayed mail delivery.

Direct deposit is safe, convenient, reliable and offered at no cost to you.

If interested, contact the Pension or Vacation department.



Emergency Care In a Foreign Country

If you receive medical treatment while in a foreign country, you must provide the original receipts, itemized bills and medical report and label them with the participant's social security number. If the Fund's medical consultant determines that the treatment you received was not due to a life-threatening condition, or "Emergency Services" as defined by the Plan, **no** benefits will be paid.

Explanation of Benefits

The EOB summarizes how much of the doctor's charges were paid by the Plan and how much you are responsible to pay.

Each benefit claim the Trust Fund processes generates an EOB form. The front of the EOB summarizes *Billing and Payment*. It also details a patient's *treatment date*, and *description and breakdown of services*.

The following columns tally amounts *Billed, Negotiated, and Allowed* less the *Co-payment, Deductible, and Coinsurance*. The *Fund Payment, Patient Responsibility* portion and *Note Code* reference the reason for the amount payable by patient.

At the bottom of the "*Billed Amount*" column, is a recap of any amounts paid or adjustments made to the claim. The final column is the total amount of the patient's responsibility.

On the back, the form contains important information regarding your *Right to Appeal*, followed by the *Explanation of Plan's Co-payment, Deductible, and Coinsurance*.

If a number appears in the "see Note Back" column on the front, the *Explanation of Notes* on the back explains the code and provides a brief explanation of that note. Both Explanations refer to the Article and Section in the Plan booklet for further reference.

The bottom portion of the EOB lists your Plan Year Benefit Status as of the claim payment date. Here you will find *Deductible* dollar amount satisfied for an individual and family. *Out-of-Pocket* dollar amount lists the amount you have satisfied. *Lifetime Maximum Benefit Amount* appears only when you have used 90% or more of your Lifetime benefit maximum.

Lifetime Maximum Benefit

Active participants and their eligible dependents receive up to \$1 million in lifetime benefits from Laborers Managed Care Plan. Retired participants and their eligible dependents receive up to \$500,000.

The Active and Retired lifetime maximum benefit payable for each eligible individual is subject to an automatic reinstatement of \$2,000 on March 1 of each Plan Year. However, the amount reinstated, when added to the lifetime maximum, may not increase the benefit payable to more than \$1 million for Actives or \$500,000 for Retireds.

As you near 90% usage of your lifetime maximum, a message appears on your EOB, indicating your remaining lifetime maximum. To know where this is found, please see the previous article entitled *Explanation of Benefits*.

Covered Expenses

Active and Special Plan III Participants:

Prudent Buyer Plan provider services = Plan payment of 90%. Non Prudent Buyer Plan provider services = 70% of usual, customary and reasonable charges, which is not always the same as "billed charges."

Special Plan V Participants:

Prudent Buyer Plan provider services = Plan payment of 80%. Non Prudent Buyer Plan provider services = 60% of usual, customary and reasonable charges, which is not always the same as "billed charges."

Retired Participants:

Prudent Buyer Plan provider services = Plan payment of 75%. Non Prudent Buyer Plan provider services = 75% of usual, customary and reasonable charges, which is not always the same as "billed charges."

