

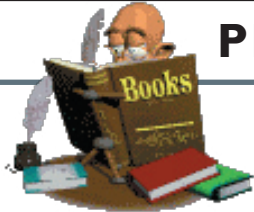


LABORERS TRUST FUNDS FOR NORTHERN CALIFORNIA
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BENEFIT BULLETIN

An Informational Bulletin for our Valued Participants

Assisting you in understanding your benefits.



Plan Term Definitions

Emergency Services

The term "Emergency Services" means medically necessary treatment required as the result of a life threatening condition which, without immediate intervention, would result in placing the Eligible Individual's health in serious jeopardy, or serious impairment to bodily functions, or serious dysfunction of any bodily part. Some examples of life threatening conditions requiring Emergency Service include, but are not limited to, heart attack, strokes, poisonings and appendicitis.



Appeal Process



If you receive a *Notice of Denial of Claim* with which you do not agree, write to the Fund Office and request an Appeal Hearing. Requesting an Appeal Hearing is challenging the action that the Fund has taken on a claim. When you choose to petition for an Appeal Hearing of your denial, you should state the reason or reasons, in clear and concise terms. Your statement should be accompanied by any pertinent documentation as to the medical necessity of the services, proof of eligibility or other materials.

Be sure to submit your request *within 180 days* from the date you receive the *Notice of Denial of Claim*.

The Appeal Committee will conduct the hearing, review your appeal and issue a decision within 5 business days.

Notice of Denial

A Notice of Denial of Claim (Form #2047) is notification from the Fund that your claim has been denied.

The reason for Denial is explained on the form. A denial may be issued for the following reasons: lack of proper documentation, medical necessity of the services, ineligibility of the participant or the dependent or for other reasons.



The purpose of this Bulletin is to provide you and your family with information to assist you in understanding the various benefits and how to effectively use those benefits. It is not intended as a substitute for official Plan documents. Your rights as a Plan Participant or Beneficiary can only be determined by consulting the actual text of the Plan Booklet.

Benefit Notices

Benefit Notice Inserts advise you of Plan improvements, additions and other changes. These Benefit Notice Inserts update the Summary Plan Description Booklets. For your information the following list represents all Health and Welfare Plan updates for the following Plans:

Active Inserts and Notice Date

Insert 1 (03/00)
Hearing Aid Benefit and Extended Dependent Coverage
Insert 2 (02/01)
Morbid Obesity and New Signatory, Immediate Health & Welfare coverage
Insert 3 (08/01)
New Enrollment Procedures
Insert 4 (08/01)
Sexual Reassignment, Medications, Implants, Hormone Therapy, Surgery and Medical Care. Hearing aid increase
Insert 5 (09/02)
Eligibility Rules, Hospital Benefits, Comprehensive Medical Benefit, Out of Pocket Maximum, Prescription Drug Benefit, Dental Benefits, Vision Benefits, and Kaiser Plan
Insert 6 (01/03)
Claims Procedure - How to file a claim
Insert 7 (04/03)
Optional Dental Plan - *Bright Now!*
Insert 8 (04/03)
Podiatry Plan
Insert 9 (05/03)
Mental or Nervous Disorders
Insert 10 (06/03)
Reinstatement of Eligibility
Insert 11 (08/03)
Hospital services received during the first 30 days (PPO) or 20 days (non-PPO) of confinement
Insert 12 (09/03)
Elimination of the 3-month benefit extension
Insert 13 (10/04)
Well baby care
Insert 14 (11/04)
Vision - "Value" Plan



Special Active Inserts and Notice Date

Insert 1 (03/00)
Hearing Aid Benefit and Extended Dependent Coverage
Insert 2 (02/01)
Morbid Obesity and New Signatory, Immediate Health & Welfare coverage
Insert 3 (08/01)
New Enrollment Procedures.
Insert 4 (08/01)
Sexual Reassignment, Medications, Implants, Hormone Therapy, Surgery and Medical Care. Hearing aid increase
Insert 5 (05/02)
Comprehensive Major Medical, Major Medical Plan, Prescription Program, HMO Option, Dental and Vision
Insert 6 (09/02)
Eligibility Rules, Hospital Benefits, Comprehensive Medical Benefit, Out of Pocket Maximum, Prescription Drug Benefit, Dental Benefits, Vision Benefits, and Kaiser Plan
Insert 7 (09/02)
Eligibility Rules, Hospital Benefits, Comprehensive Medical Benefit, Out of Pocket Maximum, Prescription Drug Benefit, Dental Benefits, Vision Benefits, and Kaiser Plan
Insert 8 (09/02)
Prescription Solutions
Insert 9 (01/03)
Claims Procedure - How to file a claim
Insert 10 (04/03)
Optional Dental Plan - *Bright Now!*
Insert 11 (04/03)
Podiatry Plan
Insert 12 (05/03)
Mental or Nervous Disorders
Insert 13 (07/03)
(*Special Plan 311*) Hospital Medical Benefits, Prescription Program, HMO Dental and Vision
Insert 14 (08/03)
Hospital services received during the first 30 days (PPO) or 20 days (non-PPO) of confinement
Insert 15 (09/03)
Elimination of the three-month benefit extension
Insert 16 (10/04)
Well baby care
Insert 17 (11/04)
Vision - "Value" Plan

Retired Inserts and Notice Date

Insert 1 (02/01)
Morbid Obesity
Insert 2 (05/01)
Comprehensive Medical Benefit
Insert 3 (08/01)
New Enrollment Procedures
Insert 4 (08/01)
Sexual Reassignment, Medications, Implants, Hormone Therapy, Surgery and Medical Care. Hearing aid increase
Insert 5 (10/01)
Physical examination benefit
Insert 6 (09/02)
Prescription Solutions
Insert 7 (01/03)
Claims Procedure - How to file a claim
Insert 8 (04/03)
Podiatry Plan
Insert 9 (05/03)
Mental or Nervous Disorders
Insert 10 (11/04)
Vision - "Value" Plan

Special Retired Inserts and Notice Date

Insert 1 (02/01)
Morbid Obesity
Insert 2 (08/01)
New Enrollment Procedures
Insert 3 (08/01)
Sexual Reassignment, Medications, Implants, Hormone Therapy, Surgery and Medical Care. Hearing aid increase
Insert 4 (09/02)
Prescription Solutions
Insert 5 (01/03)
Claims Procedure - How to file a claim

Please direct your questions or concerns regarding Plan Inserts to:



customerservice@norcalaborers.org