

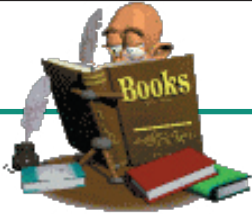


LABORERS TRUST FUNDS FOR NORTHERN CALIFORNIA  
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[www.norcalaborers.org](http://www.norcalaborers.org)

# BENEFIT BULLETIN

An Informational Bulletin for our Valued Participants

Assisting you in understanding your benefits.



## Plan Term Definitions

An *Active Employee* is any person who meets the eligibility rules detailed in Article II Section 2 (work and hour requirements) of the Active Laborers Plan Booklet.

An Eligible Individual is an active employee and each of his eligible dependents.

Eligible dependents are the active employee's lawful spouse and unmarried children, if they are:

- natural or adopted younger than age 19\*;
- stepchildren younger than age 19\*;
- acquired through legal guardianship and younger than age 19\*;
- 19 but less than age 23\*, provided these children are students and meet the requirements for Student Extended coverage;
- older than age 19 and prevented from earning a living because of mental or physical handicap.

\* provided your children are primarily dependent on you and reside in your home.

For all significant life events such as:

- Marriage
- Divorce
- Birth or Adoption
- Death

Complete a new Enrollment Form.

## Remember...

Health and Welfare participants that use a PPO Provider, will have less out-of-pocket expenses.



## Designated Beneficiary Changes

A beneficiary is the person or persons you name to receive the payment of your Death or Accidental Death Benefit.



It is important that all participants keep their designated Beneficiary information up-to-date. For example, if you list your spouse as the designated beneficiary on your Enrollment Form and you divorce, unless you update the Enrollment Form, your former spouse continues to be your designated beneficiary.

To change your designated beneficiary, complete a new Enrollment Form. If you have forgotten who you have designated as your beneficiary, contact the Fund Office.

**IMPORTANT:** An Enrollment Form must be on file at the Fund Office in order for the Fund to pay a death benefit to your designated beneficiary.

Enrollment Forms are available at your Local Union Office.

It has come to our attention that many Laborers are not informing the Trust Fund Office of their change in address. Informing the Fund Office of your current address will prevent any delay in receiving:



- Benefit Notices
- Plan Improvement Announcements
- Medical Claim payment information
- Pension Benefit Checks
- Vacation-Holiday Checks
- Quarterly Newsletters
- Monthly Benefit Bulletins



A phone call to the Fund Office will not do. If you have moved, you must submit a completed, up-to-date **Change of Address Form** to the Fund Office. Change of Address Forms are available at your Local Union Office or through the Internet at [customerservice@norcalaborers.org](mailto:customerservice@norcalaborers.org).

## Health and Welfare Claims

New procedures for filing claims for benefits became effective January 1, 2003. These procedures apply to the Fund's Managed Health Care hospital/medical claims.

### *What is a "claim"?*

A claim for benefits is a request for Plan benefits made in accordance with the Plan's reasonable claims procedures.

### *What is **NOT** a "claim"?*

- Simple or general inquiries about the Plan's provisions that are unrelated to any specific benefit claim.
- Request for a determination regarding the Plan's coverage of a medical treatment or service that your physician has recommended, but treatment or service has not yet been provided and the treatment or service is for non-urgent care that does not require prior authorization from the Plan. In this case, you may request a determination from the Trust Fund regarding the Plan's coverage of the treatment or service. However, any determination from the Trust Fund is not a guarantee of payment because the request is not a claim.
- Request for a prescription to be filled under the terms of the Plan is not a claim. If, however, your request for a prescription to be filled is denied, in whole or in part, you are entitled to file a claim and appeal the denial.

- Laborer's Name
- Patient's name
- Patient's date of birth
- Laborer's social security number
- Date of service
- CPT-4 (the code for physician services and other health care services found in the Current Procedural Terminology, Fourth Edition, as maintained and distributed by the American Medical Association)
- ICD-9 (the diagnosis code found in the International Classification of Diseases, 9th Edition, Clinical Modification as maintained and distributed by the U.S. Department of Health and Human Services)
- Billed charges (bills must be itemized, showing all dates of visits to the physician)
- Number of Units (for example, anesthesia and certain other services)
- Federal Taxpayer Identification Number (TIN) of the provider
- Provider's billing name, address, phone number, and professional degrees or license
- If treatment is due to an accident, accident details must be included
- Information of other insurance coverage, if any.

Claims involving Urgent Care must be referred to Blue Cross (Prudent Buyer Plan) by calling (800) 274-7767. **Urgent Care Claims are not to be submitted by U.S. Postal Service.**

For more information on claims, please read the January 2003 insert appropriate for your plan or simply click onto the Fund's Website, select the **Benefit Plans** button, then select your Plan.

*Inquiries and questions are **NOT** claims.*

In order for your request to be considered a "claim," the following information must be included on the claim form:

Insert 6: Active Laborers  
Insert 9: Special Active

Insert 7: Retired Laborers  
Insert 5 Special Retired