



Laborers

# Benefit Bulletin

Assisting you in understanding your benefits

## Termination from Kaiser

*Active and Retired Participants*

Effective March 1, 2009, Kaiser is no longer a Plan Option. The Trust Fund Office has previously sent all Kaiser members a Comparison of Benefits describing your share of medical costs in the Direct Payment Plan; The Laborers Health and Welfare Plan Booklet containing a Summary Plan Description as well as the Plan's Rules and Regulations; and Anthem Blue Cross' Provider Directory listing current contracting Providers.



Active participants who have changed to the Direct Payment Plan by February 13, 2009, will receive an acknowledgement letter confirming an effective coverage date. You may begin scheduling appointments with Anthem Blue Cross PPO Providers on or after that effective coverage date. Your temporary Health Care Identification Card will be mailed to you soon.

Retirees who have not made a Plan selection by February 13, 2009, will automatically be covered under the Retired Direct Payment Plan as of March 1, 2009. Retirees that are not happy with the automatic selection of the Retired Direct Payment Plan are free to change Plans anytime thereafter to PacifiCare, Secure Horizons, Health Net, or Seniority Plus.

### IMPORTANT

Kaiser Senior Advantage members (Medicare), who have not completed **and** submitted a Disenrollment form to the Trust Fund Office by February 28th, cannot coordinate Medicare coverage with the Direct Payment Plan. This means that you cannot be covered in the Direct Payment Plan.



If you have questions call the Trust Fund Office, Monday through Friday, 8:00 AM to 5:00 PM.

## CLAREMONT EAP

### Chemical Dependency

Benefits for participants under the *Direct Payment Plan*

#### OUTPATIENT

Coverage includes in-network counselors only:



Visits	Coverage
1-10:	100%
11-25:	85%
26-40:	70%
41-50:	50%

#### INPATIENT

Coverage includes in-network facilities only:

##### Adult

- \$10,000 lifetime benefit maximum per adult
- 1st treatment: 100% of the contracted rate, not to exceed 30 days
- 2nd treatment ; 50% of the contracted rate, not to exceed 30 days

##### Adolescent

- \$12,500 lifetime benefit maximum per adolescent
- Coverage includes 1 treatment only; 100% of the contracted rate, not to exceed 45 days.

Claremont **must** preauthorize all chemical dependency treatment.

Any services not pre-authorized will not be covered.

**Contact Claremont at**  
800-834-3773.

## Plan Terms

**Plan Year Deductible:** amount you pay for covered expenses each Plan Year before Comprehensive Medical Benefit become payable. Coinsurance, copayments, and non covered charges do not apply toward satisfying the Plan Year deductible.

**Plan Year:** March 1 of each year until last day of February of the following year. Any expenses incurred and applied against the deductible in the last 3 months of a Plan Year (December, January, and February) will be applied against the deductible for the following Plan Year.

**Explanation of Benefits (EOB):** Statement you receive after you or your doctor files a medical claim.

**Lifetime maximum benefit:** amount the Plan will pay in medical benefits for each eligible participant in a lifetime.

**Covered expenses:** items that are considered payable by the Plan.

## Foreign Medical Claims



If you receive emergency 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.*

## Self Pay Premium Rate

In January, the Trust Fund Office mailed a letter to all retired participants enrolled in a health plan. The letter indicates the medical plan the participant is enrolled and the current premium (including optional vision/dental, if elected). The letter also shows the new premium amount effective March 1, 2009.

Retired participants should retain this letter to verify that the appropriate deduction is made from the March 2009 pension check.



## Stale Dated Checks

All benefit checks expire after 180 days. If you deposit or cash your check after this time, the bank will reject it and may charge you a fee and replacement of the check could take 2 - 4 weeks. Cash your check timely to avoid further delay of accessing your funds or sign up for Electronic Direct Deposit (EDD).

EDD eliminates the risk of check theft, loss, and forgery *and* deposits your benefit check to your account the day the Fund issues payment.

## BENEFIT CONTACT INFORMATION

### **Delta Dental**

800-765-6003

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

### **DeltaCare USA**

800-422-4234

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

### **Bright Now! Dental**

888-274-4486

[www.brightnow.com](http://www.brightnow.com)

### **Pacific Union Dental**

800-999-3367

[www.pacificuniondental.com](http://www.pacificuniondental.com)

### **Rx Solutions**

800-562-6223

[www.rxsolutions.com](http://www.rxsolutions.com)

### **Health Net / Seniority Plus**

800-522-0088

[www.healthnet.com](http://www.healthnet.com)

### **PacifiCare / Secure Horizons**

800-624-8822

[www.pacificare.com](http://www.pacificare.com)

### **Claremont Behavioral Services**

800-834-3773

[www.claremonteap.com](http://www.claremonteap.com)

### **Vision Service Plan**

800-877-7195

[www.vsp.com](http://www.vsp.com)