



Important Announcements

Important Announcements are sent to eligible Plan Participants when a change has been made to a Benefit Plan. Each Announcement is important as it explains a specific change to your Benefit Plan. You should carefully read and understand the benefit change and how it effects you and your family.



After reading the Announcement we suggest that you place it in your Plan Booklet.

To view or download a copy of a Benefit Announcement, visit our website at www.norcalaborers.org.

Statement of Account Determining Eligibility

Active Participants

In September the Trust Fund Office will mail a Statement of Account to each Active Participant. This Statement lists your Vacation/Holiday dollar amount and hours worked for the six-month period of February 1, 2009 through July 31, 2009.

This Statement also lists work hours to track your eligibility for Health and Welfare coverage.

Your eligibility status is listed under ELIGIBILITY MONTH & YEAR. If "work month" shows YES, you are eligible for coverage for the months listed. *Your eligibility will continue as long as you maintain 440 hours in your Hour Bank.* If your Hour Bank falls below 440, *you will* lose Health and Welfare eligibility.

Verify the hours worked listed on the Statement and report any error to the Trust Fund Office. We suggest that you keep this Statement with your other Trust Fund documents.



CLAREMONT

EMPLOYEE ASSISTANCE PROGRAM

COUNSELING SERVICES

Claremont provides the following services to eligible participants.

- √ Personal Counseling
- √ Legal Consultations
- √ Financial Consultations
- √ Dependent Care Referrals
 - › Child/Elder Care
 - › Adoption Assistance
 - › School/College Assistance
- √ Pet Care
- √ Referral to Community Resources
- √ Licensed Professional Staff
- √ Daytime and Evening appointments
- √ Assurance of Confidentiality

Claremont must preauthorize all EAP services.

CLAREMONT EAP

www.claremontEAP.com
1.800.834.3773

VISION SERVICE PLAN

VSP Value Plan
Active Plan Participants



Eye exam and lenses: every 12 months

Copayment (eye exam): \$10

Frames: every 24 months

Copayment (lenses or frames): \$20

Plan Terms

Plan Year Deductible: amount you pay for Covered Expenses each Plan Year before Comprehensive Medical Benefit become payable. Co-insurance, copayments, and non covered charges do not apply toward satisfying the Plan Year deductible.

Plan Year: March 1 of each year until February 28 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 your doctor files a medical claim for payment to Anthem Blue Cross.

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.

Notice of Denial

A *Notice of Denial of Claim* is notification that your claim has been denied.

The reason for Denial is explained on the notice. 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
- √ non covered service



Employee Retirement Income Securities Act of 1974 (ERISA)

ERISA is the Federal law designed to protect the rights of Participants and Beneficiaries participating in employee benefit plans.

ERISA imposes various qualification standards and fiduciary responsibilities on all employee benefit plans. It also provides enforcement procedures as well as requiring plans to provide Participants with specific information about plan features and funding.

ERISA requires that all Plan Participants receive a summary of the plan, called the Summary Plan Description or SPD. The SPD explains when a Participant begins to participate in a Plan and the benefits available.

The Vacation/Holiday ERISA statement is included with the distribution of the Employee Statement of Account, which is mailed bi-annually in March and September.



To view the most recent SPD or the Vacation/Holiday

ERISA statement, visit our website at www.norcalaborers.org.

HEALTH BENEFIT PROGRAMS

Delta Dental
800-765-6003
www.deltadentalca.org

Bright Now! Dental
888-274-4486
www.brightnow.com

Rx Solutions
800-562-6223
www.rxsolutions.com

PacifiCare / Secure Horizons
800-624-8822
www.pacificare.com

Claremont
800-834-3773
www.claremonteap.com

DeltaCare USA
800-422-4234
www.deltadentalca.org

Pacific Union Dental
800-999-3367
www.pacificuniondental.com

Health Net / Seniority Plus
800-522-0088
www.healthnet.com

Vision Service Plan
800-877-7195
www.vsp.com

Healthways Health Improvement Program
866-549-7419