

Laborers

Benefit Bulletin

Assisting you in understanding your benefits

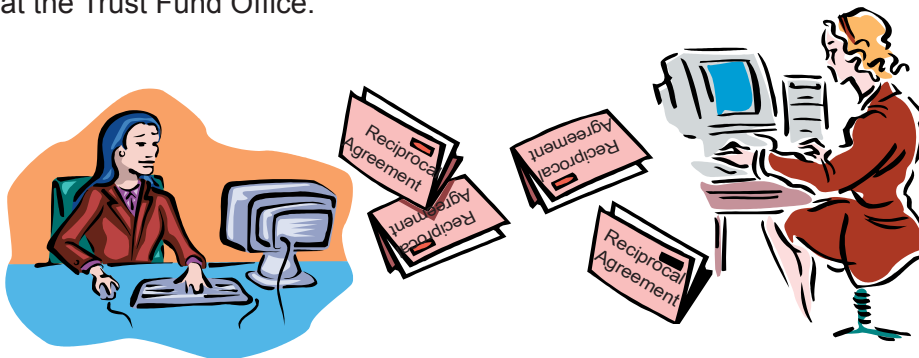
Work Outside of Northern California and Want Your Benefits to Stay in Northern California?

Have you worked outside the 46 Northern California counties? There may be a way for you to keep your Pension and Health & Welfare benefits in Northern California. Laborers Trust Funds have agreements (called Reciprocal or Money-Follows-The-Man agreements) with certain Trust Funds that allow for the transfer of contributions between the Trust Funds. How does this work?

1. Your employer must be signatory to Union agreements in both areas.
2. Both Trust Funds must be signatory to the Money-Follows-The-Man agreement.
3. You must complete a Transfer Request form and have it signed by a Local Union representative in the area where you are working. This must be done within 90 days from the date you start work outside Northern California.

Your employer is required to make contributions to the Trust Funds where the work is being performed. For example, if your employer temporarily assigns you to work in Northern Nevada, they are required to make contributions to the Northern Nevada Trust Funds. Provided that they are signatory in both Northern California and Northern Nevada, you can request that the Northern Nevada Trust Funds transfer your Health & Welfare and Pension contributions back to the Northern California Trust Funds.

However, the Northern California Trust Funds does not have Reciprocal Agreements with all Trust Funds nationwide. To be sure that your contributions can be transferred to your Home Trust Funds before accepting employment in another jurisdiction, contact Employer Accounts at the Trust Fund Office.



Reimbursement Rate Exception

Active and Special Active Plans



Covered Expense by a Non-Participating Provider is payable at 70% of Usual Customary and Reasonable (UC&R) charges after your Plan Year Deductible and copayment are satisfied, with the exception of:

Emergency Room Physicians: For covered and Medically Necessary services by a Non-Participating Provider at a participating Hospital, the Plan will pay 90% of UC&R charges. This exception does not apply to other Non-Participating physician services such as surgery, anesthesia, and daily hospital visits.

Ambulance Services: For Medically Necessary ambulance transportation by a Non-Participating Provider ambulance service if requested by a Hospital or by paramedic personnel, for a life threatening illness or injury, the Plan will pay 90% of UC&R charges.

To save out-of-pocket costs, use a PPO facility or you will pay a larger percentage for your outpatient visits plus copayment.

Verify Your Hours Worked

The Trust Fund Office mails two Statements of Account to Active Participants each year as follows:

Employee Statement of Account: Lists reported hours and Employers who paid into the Health and Welfare, Pension and Vacation/Holiday benefit during the year.

- The Health and Welfare hour column shows UNPAID, if the employer did not pay the required contributions.
- The Pension hour column shows fewer hours than worked, if your employer failed to submit hours.
- The Vacation-Holiday column shows SUSP, if the employer reported the hours, but did not submit the contributions.

Pension Statement of Account: Lists reported hours, Credited Service, Benefit Units and an Estimated Monthly Benefit at age 65. Information shown is based on information provided by the employer as of the Statement date.

Review each Statement you receive to make sure that all worked hours have been reported

Form	Information	Mail Date
Employee Statement of Account	August 1- January 31 Work Hours	March
Employee Statement of Account	February 1- July 31 Work Hours	September
Pension Statement of Account	August 1 - July 31 Plan Credit Year	December

by the employer. If you find a discrepancy on the Statement, make a copy of your check stubs and mail them to the Employer Accounts department at the Trust Fund Office.



Delta Dental Preferred Provider Organization (PPO) Benefit

Delta Dental PPO offers a benefit that allows you to save out of pocket costs and stretch your benefits every time you use a PPO dentist. The advantage for selecting a dentist from the PPO network include:

- Orthodontic services - save \$1,500 (lifetime maximum per person)
- Routine dental check ups - reduce your costs.

When you choose a Delta Dental dentist from the PPO network, you will pay less for usual charges.

For a list of the most recent PPO dentists in your area, contact Delta Dental or log onto their website at: www.deltadental.org.



BENEFIT CONTACT INFORMATION

DELTA DENTAL
800-765-6003
deltadentalca.org

BRIGHT NOW! DENTAL
888-274-4486
brightnow.com

Rx SOLUTIONS
800-562-6223
rxsolutions.com

KAISER PERMANENTE
800-464-4000
kaiserpermanente.org

CLAREMONT EAP
800-834-3773
claremonteap.com

DELTACARE USA
800-422-4234
deltadentalca.org

PACIFIC UNION DENTAL
800-999-3367
pacificuniondental.com

VISION SERVICE PLAN
800-877-7195
vsp.com

HEALTH NET / SENIORITY PLUS
800-522-0088 • healthnet.com

UNITEDHEALTH CARE
800-624-8822 • pacificare.com

HEALTHWAYS
Health Improvement Program
866-549-7419

DISCLAIMER

The Benefit Bulletin's purpose is to provide you and your family with information about the various benefits available and how to effectively use those benefits. There are exclusions and limitations in all Plans and you should carefully read those Plan Rules and Regulations. Health and Welfare Plan rules should be reviewed before seeking medical attention. Your rights as a Plan Participant or Beneficiary can only be determined by consulting the Rules and Regulations of the Plans.