

Laborers

Benefit Bulletin

Assisting you in understanding your benefits

Semi-Annual Statement of Account

In September, the Fund Office will mail a Statement of Account to each active Laborer whose employers reported hours for the period of February 1, 2010 through July 31, 2010.

The Statement of Account is one of the most important documents mailed to you. The statement is a record of the hours you worked during the six-month period stated above. The hours worked and the contributions reported and paid by your employers establish your eligibility for health and welfare, pension, annuity and vacation-holiday benefits.

Review your statement to make sure that all your work hours have been reported. If you believe any information is incorrect or missing, contact the Fund Office. It is recommended that you keep your statement with your other Trust Fund documents.

Termination of United Healthcare (Formerly PacifiCare)

Retired Plan Participants Only

Non-Medicare Plan Options

Health Net
Kaiser Permanente
Laborers Direct Payment Plan

Medicare Plan Options

Health Net Seniority Plus
Kaiser Permanente Senior Advantage
Laborers Direct Payment Plan



The Trust Fund Office mailed an Announcement to United Healthcare members asking them to select a new Plan since United Healthcare would no longer be a Plan option as of September 1, 2010. Included with the Announcement was a Comparison of Benefit overview to assist them in choosing their new Plan.

In the Announcement they were also notified that if the Enrollment Form of their Plan selection arrived at the Trust Fund Office after August 17, 2010, a double deduction for their health plan premium would occur from their October, 2010 pension check.

For answers to questions regarding the termination of United Healthcare, contact the Trust Fund Office.

Training Center

The Training Center program offers basic and advanced courses intended to enhance the overall effectiveness of the Construction Craft Laborer.

REQUIREMENTS

- ▶ Enroll at a Laborers Local Union office
- ▶ Fulfill course prerequisite
- ▶ Drug testing for courses one week or longer

Beginning with the September issue of the Benefit Bulletin, the Training Center Schedule of Courses will be distributed with the Benefit Bulletins in the months of March, June, September and December.

For more information about the Training Center or Courses, call: 925-828-2513.



Anthem Blue Cross Claims

Tell your provider that all claims must send directly to Anthem Blue Cross.



If your provider sends your claim to the Trust Fund Office, it *will* delay payment.

Plan Terms Direct Payment Plan

Plan Year Deductible: the 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.

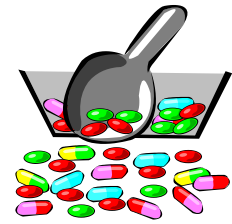
Coinsurance: the percentage you pay as your share of cost in addition to copayment and Plan Year Deductible. Your share is 10% (active) or 25% (retired) of the negotiated rate if you use a Preferred Provider. If you do not use a Preferred Provider, your share is 30% of Usual, Customary and Reasonable (UC&R) charges.

Usual, Customary and Reasonable (UC&R): the fee charged by a Hospital, Physician, or other licensed professional providing medical services, treatments or supplies which do not exceed the general level of charges made by others providing similar services, treatments, or supplies within the same service area. Billed charges are not always the same as Usual, Customary and Reasonable fees or charges.



Health Net Seniority Plus Prescription Drug Copayment

Effective 09/01/2010



Retail (30 day supply)

Generic: \$10
Formulary Brand: \$25
Non-Formulary Brand: \$50

Mail-Order (90 day supply)

Generic: \$20
Formulary Brand: \$50
Non-Formulary Brand: \$100

Emergency!

Direct Payment Plan

Under Laborers Direct Payment Plan, you are covered for emergency care 24-hours a day, seven days a week, regardless of your location. However, if you receive outpatient services at a NON-PPO Emergency facility, you will pay 30% of the cost for the visit and services plus a \$50 copayment.

In an Emergency, use a PPO facility to save out-of-pocket costs. Without exception, when you use a NON-PPO facility in an Emergency, you will pay a larger percentage for your outpatient visit and services plus copayment.

If you receive services from a PPO Emergency facility, the provider will submit the bill for you. If you receive services from a NON-PPO provider, you may need to pay for your emergency services when you receive them.



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

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.

