

Laborers

Benefit Bulletin

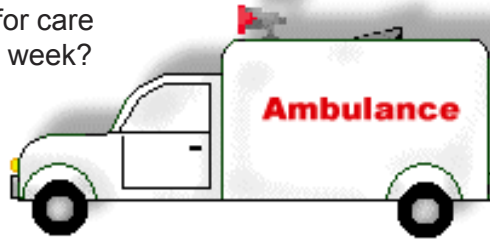
Helping you understand your benefits

Medical Emergency!

Direct Payment Plan

Did you know that in the case of a medical emergency, you are covered for care 24-hours a day, seven days a week?

However, if you receive outpatient services at a Non Participating Provider Emergency facility, you will pay 30% of the cost for medical services plus a \$50 copayment.



To save money, visit a Participating Provider facility.

New Self Pay Premium Rate

Pensioners

In January, the Trust Fund Office mailed a letter to all Pensioners enrolled in a health plan. The letter indicates the medical plan the Pensioner is enrolled in, the current premium (including optional vision/dental, if elected) and the new premium amount effective March 1, 2011.

Pensioners should retain this letter to verify that the appropriate deduction is made.

Tax Withholding Certificate

Pensioners

Want to make a change in your withholding?

You may change the amount of tax withheld from your monthly pension check at any time. If you didn't receive a Certificate in January and want to change the amount of the tax withheld, contact the Pension Department at the Trust Fund Office for a copy.



Prescription Solutions

Prior Authorization for Specialty Drugs



Do you currently take a specialty drug for a new or existing condition? Prior Authorization is needed before certain drugs will be dispensed. In addition, there is a quantity limit due to the high costs of certain drugs.

Prescription Example: Gilenya (fingolimod), a new oral medication for Multiple Sclerosis will need prior Authorization from Prescription Solutions. The pharmacist will submit the prescription to Prescription Solutions. Prescription Solutions will send the patient a letter stating if the prior authorization is approved or denied.

Enclosed with this issue:

Laborers Training Center
Schedule of Courses



Health Plan Coordination of Benefits

Benefits



Coordination of Benefits (COB) is a provision for Group Health Plan payments when a participant is covered by more than one Plan. COB prevents over payment or duplication of benefits by billing the primary Plan first, then billing the secondary Plan, taking into account the primary Plan's payment.

Specific rules determine which of two or more Plans, each having COB provisions, pays its benefits in full and which becomes the secondary payer on a health claim.

If the Laborers Direct Payment Plan is the primary payer, Plan benefits will be paid without reduction. If the Direct Payment Plan is secondary, the Plan will pay the lesser of the amount owed or the allowable benefit under the Plan.

Plan Terms

Direct Payment Active 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 of \$150/individual or \$450/family.



Plan Year: March 1 of any year to March 1 of the following year.

Coinsurance: the percentage you pay as your share of cost in addition to copayment and Plan Year Deductible. Your share is 10% 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 that do not exceed the level of charges made by others providing similar services, treatments, or supplies within the same service area.

Save Money!

Before you receive services from a Provider, ask if they are a Participating Provider Organization (PPO) in the Anthem Blue Cross Prudent Buyer Plan network.

Using a Participating Provider in the Anthem Blue Cross Prudent Buyer Plan network saves you money on your **co-insurance**.

For up to date provider information, contact Anthem Blue Cross Prudent Buyer at 800-274-7767.

To find a PPO Anthem Blue Cross facility or doctor, visit: www.anthembluecross.com.

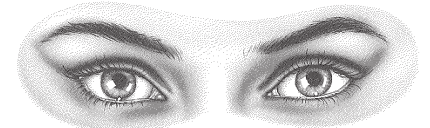
Vision Service Plan

VSP Value Plan

Active Plan Participants

Exam and lenses: Every 12 months

Copayment (eye exam): \$10



Frames: Every 24 months

\$145 allowance for frames

Copayment (lenses or frames): \$20

\$120 allowance for contacts

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

**UNITED HEALTHCARE
SECURE HORIZONS**
866-622-8055

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.