



# Laborers

# Benefit Bulletin

Helping you understand your benefits

## Maintenance Medication

Prescription Solutions Pharmacy  
*Active and Retired Plans*

Having to take maintenance medications for chronic/long-term conditions can be costly. Did you know that the copayment for the fourth prescription refill at a retail pharmacy is double the copayment for a 30-day supply? When you use the Mail Service Program, you receive a 90-day supply for the same cost as a fourth refill at a retail pharmacy.

Once you place your first order with the Mail Service Pharmacy, you will be able to manage your maintenance medication from your computer. If you do not have a computer, you can use the telephone or the Mail Service envelope enclosed with your first Mail Service order.

To use the online method go to: [www.prescriptionsolutions.com](http://www.prescriptionsolutions.com) then "register" by creating a User Name and Password. Once you have registered, you will be able to:

- Refill your prescriptions
- Review your pharmacy benefits
- View Formulary information
- View your past and current Mail Service orders
- Print Mail Order forms for new prescriptions (if not refilling online)
- Transfer your prescriptions for your maintenance medications from your retail pharmacy to Mail Service



Retail (Participating) Pharmacy			Mail Service
30-day supply copayment			90-day supply standard
Prescription fill and refills	1 <sup>st</sup> - 3 <sup>rd</sup>	4th	copayment
Generic	\$10	\$20	\$20
Formulary Brand Name	\$20	\$40	\$40
Non-Formulary Brand Name	\$30	\$60	\$60

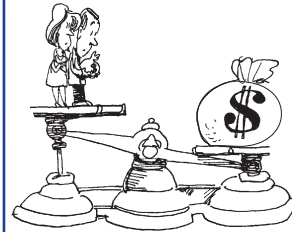
**Prescription Drug Benefits:**  
1(800) 797-9791

**Mail Service Pharmacy:**  
1(888) 758-6781

**Oral or injectable Specialty Drug:**  
1(866) 218-5445



## Financial Services



Does money management seem difficult and confusing?

Claremont can help you understand how to manage life's financial demands.

Counselors at Claremont are experts in personal finance and credit. Information and advice you receive is objective and unbiased as Claremont does not sell any financial products.

Claremont offers access to:

### Credit Report Review and Education

- Free Credit Reports
- Understanding your credit score
- Correcting inaccuracies
- Improving your credit standing
- Protecting against identity theft and fraud
- Overcoming identity theft

### Housing Education

- Making home ownership a reality
- Mortgage loan process
- Avoiding foreclosure

### Money/Debt Management Assistance

- Financial planning
- Developing a budget
- Tracking expenses
- Making a savings plan
- Managing debt

**CLAREMONT**  
800-834-3773

## Explanation of Benefits (EOB)

Direct Payment Plan

The Trust Fund Office will send you an Explanation of Benefits (EOB) notice within 30 days of receipt of a claim from a doctor visit. The EOB is a summary of dates, services and costs you incur at a doctor visit. The Breakdown of Billed Charges and Benefit Determination section lists your payment portions (columns A, B, and C) Patient Responsibility for **Copayment**, Plan Year **Deductible** and **Coinsurance** and the Fund's payment portion.

When you use an Anthem Blue Cross Preferred Provider Organization (PPO) provider, the EOB states "Yes" in the Billing Summary section. The amount the PPO provider has agreed to accept for the service appears in the column "Negotiated Amount." If you did not use a PPO provider, a "No" appears next to "Participating" and you will pay a higher **Coinsurance**.

For timely payment of your claims, have your provider send all claims directly to Anthem Blue Cross. If your provider sends your claim to the Trust Fund Office, it will delay payment.

## Plan Terms

Direct Payment Active Plan

**Copayment:** The amount you pay at the time of a doctor or Emergency room visit.

**Plan Year Deductible:** \$150/individual or \$450/family is the amount you pay for covered expenses each Plan Year before the Trust Fund contributes to payment on a claim.

**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.

## Laborers Health and Welfare Trust Fund for Northern California

220 Campus Lane Fairfield, CA 94534-1498 Telephone (707) 864-2800

### Explanation of Benefits

This notice summarizes the benefits for the claim described below.

#### BILLING SUMMARY

**INSURED'S NAME:** J LABORERS  
**INSURED'S ID:** LA0006789  
**PATIENT'S NAME:** JOHN  
**PATIENT'S ACCT:** 9999999999  
**DATE OF SERVICE:** 02/10/11-02/10/11  
**PROVIDER:** J PHYSICIAN, MD  
**PARTICIPATING:** YES  
**TOTAL CHARGES:** \$475.00

#### PAYMENT SUMMARY

**ISSUED TO:** PROVIDER  
**CHECK DATE:** 02/10/11  
**CHECK AMOUNT:** \$157.50  
**CHECK NUMBER:** 987654

#### BILLED CHARGES AND BENEFIT DETERMINATION

DATES OF SERVICE FROM THRU	DESCRIPTION OF SERVICES AND BENEFIT APPLICATION	BILLED AMOUNT	NEGOTIATED AMOUNT	ALLOWED AMOUNT	A LESS COPAY	B LESS DEDUCTIBLE	C LESS COINSURANCE	FUND PAYMENT	PATIENT RESPONSIBILITY	SEE NOTE BACK
02/10/11	99213 VISIT OFFICE/OTHER	\$100.00	\$75.00		\$15.00	\$60.00	\$6.00	\$0.00	\$75.00	1
02/10/11	41000 INTRAORAL INCISION	\$200.00	\$150.00			\$90.00	\$54.00	\$54.00	\$96.00	1
02/10/11	71020 CHEST X-RAY	\$175.00	\$115.00				\$11.50	\$103.50	\$11.50	1
TOTALS		\$475.00	\$340.00	\$0.00	\$15.00	\$150.00	\$17.50	\$157.50	\$182.50	
LESS PPO DISCOUNT		\$135.00								
LESS PRIMARY INSURANCE PAYMENT		\$0.00								
LESS PREVIOUS PAYMENT		\$0.00								
LESS PROVIDER REFUND		\$0.00								
LESS PROVIDER TAX		\$0.00								
LESS FUND PAYMENT		\$157.50								
PATIENT RESPONSIBILITY		\$182.50								

Participant is responsible for this amount less any payment made at the time of the doctor visit.

### BENEFIT CONTACT INFORMATION

**DELTA DENTAL**  
800-765-6003  
deltadentalca.org

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

**PRESCRIPTION SOLUTIONS**  
800-562-6223  
rxsolutions.com

**KAISER PERMANENTE**  
800-464-4000  
kaiserpermanente.org

**CLAREMONT EMPLOYEE ASSISTANCE PROGRAM**  
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

**SECURE HORIZONS**  
800-624-8822 • pacificare.com

**HEALTHWAYS DISEASE MANAGEMENT**  
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.