



Laborers

Benefit Bulletin

Helping you understand your benefits

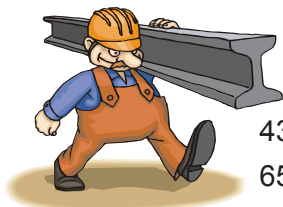
Pension Plan Terms

In the upcoming issues of the Benefit Package and Benefit Bulletin, we will be explaining some important Pension Plan terms and rules. Keep your issues handy so that you may refer to them when we use a term that was defined in a previous issue.

Pension Definitions

Plan Credit Year:	August 1st through the following July 31st
Contributing Employer:	An Employer who is required by a Collective Bargaining Agreement to make contributions to the Laborers Pension Plan.
Covered Employment:	Means employment for an Employer who is required by a Collective Bargaining Agreement to make contributions to the Laborers Pension Plan.
Non-Covered Employment:	Means employment, for a Contributing Employer , that is not covered by the Laborers Collective Bargaining Agreement. (To be discussed in the next issue).
Credited Service:	When you work 870 hours in Covered Employment for a Contributing Employer, within a Plan Credit Year, you are earning "Credited Service". If you work less than 870 hours, you may be able to earn a portion of a Year of Credited Service so long as you work at least 435 hours within the Plan Credit Year. See the chart below which explains the minimum number of hours and how you earn Credited Service.
Vested:	You have earned enough Years of Credited Service, without a Permanent Break in Service, to be entitled to a future Benefit once you have stopped working and meet age requirements for a pension.
Break in Service:	Means that you have lost previously earned Credited Service. You cannot have a Break in Service once you are Vested. More will be explained about Breaks in Service in future issues.
Normal Retirement Age:	Age 65.
Annuity Starting Date:	The date a pension benefit begins.

Hours Worked Within a Plan Credit Year = Credited Service



Less than 435	= No Credited Service Earned
435 to 652 hours	= ½ of a Year of Credited Service (.50)
653 to 869 hours	= ¾ of a Year of Credited Service (.75)
870 hours or more	= One Full Year of Credited Service

Enclosed with this issue of the
Benefit Bulletin

Training Center
Instructor Position

For more information,
contact the Training Center.

Health Plan Terms

Plan Year Deductible: The amount you pay every Plan Year before the Health and Welfare Plan begins paying benefits on your medical claims. Non covered expenses do not count toward the deductible. The Plan Year begins March 1 of every year.

Copayment: The amount you pay up front for a doctor or Emergency room visit.

Co-insurance: The amount you pay in addition to copayment and Plan Year Deductible. Preferred Provider Organization (PPO) you pay 10% of the negotiated rate. (Non-PPO) you pay 30% of the billed charges after the Plan pays 70% of Usual, Customary and Reasonable (UC&R) charges.

Out-of-Pocket Maximum: The maximum amount you are responsible to pay each Plan Year. This amount is \$3,000/ individual or \$6,000/ family.

EXAMPLE →

Active Plan

PPO		Non-PPO	
Emergency Visit Charge	\$6,977.00	\$6,977.00	Emergency Visit Charge
Negotiated Rate	\$4,500.00	\$ 0.00	Negotiated Rate N/A
*Copayment	\$ 25.00	\$ 50.00	*Copayment
*Deductible	\$ 150.00	\$ 150.00	*Deductible
Balance	\$4,325.00	\$6,777.00	Balance
*Co-insurance: 10% of Negotiated Rate	\$ 432.50	\$2,033.10	*Co-insurance: 30% of Covered Charges
Fund Pays: 90%	\$3,892.50	\$4,743.90	Fund Pays: 70%
*Your out-of-pocket cost	\$ 607.50	\$2,233.10	*Your out-of-pocket cost

Retired Plan

PPO		Non-PPO	
Emergency Visit Charge	\$6,977.00	\$6,977.00	Emergency Visit Charge
Negotiated Rate	\$4,500.00	\$ 0.00	Negotiated Rate N/A
*Copayment	\$ 25.00	\$ 50.00	*Copayment
*Deductible	\$ 150.00	\$ 150.00	*Deductible
Balance	\$4,325.00	\$6,777.00	Balance
*Co-insurance: 10% of Negotiated Rate	\$ 432.50	\$ 677.70	*Co-insurance: 10% of Covered Charges
Fund Pays: 90%	\$3,892.50	\$6,099.30	Fund Pays: 90%
*Your out-of-pocket cost	\$ 607.50	\$ 877.70	*Your out-of-pocket cost

Ready to Retire?

It is common for people to have questions when they are retiring. If you have questions concerning your pension and require assistance in completing the Pension Application, contact the Trust Fund Office. Only the Trust Fund Office has the authority to officially answer your questions concerning the Pension Plan. You may come to the Trust Fund Office for assistance, Monday through Friday from 8:00 AM to 5:00 PM. For personalized service, the Trust Fund Office has a Field Benefit Representative that makes regularly scheduled visits to most Local Unions. To schedule an appointment to meet with the Representative at your Local Union Office, call your Local Union.



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.

Laborers Trust Fund Office: 220 Campus Lane • Fairfield, CA 94534-1498 • (707) 864-2800
Laborers Training Center: 1001 Westside Drive • San Ramon, CA 94583-4098 • (925) 828-2513