



Laborers

# Benefit Bulletin

Assisting you in understanding your benefits

## Pension Facts

### SERVICE PENSION

25 Benefit Units without a Permanent Break in Service. More will be explained about Breaks in Service in future issues.

### BENEFIT UNITS

Benefit Units are different from Credited Service. In a previous issue, we explained Credited Service and the number of hours a Participant would need to work, within a Plan Credit Year, to earn Credited Service. Credited Service is generally used for vesting purposes.

Benefit Units are not earned in the same way as Credited Service. You need more hours to earn Benefit Units than Credited Service. See the chart below showing how Benefit Units are earned:

1976 - 1980 Plan Credit Years and Plan Credit Years 1987 to present		1981 - 1986 Plan Credit Years
Less than 500 hours	none	none
500 - 599	.50	.50
600 - 699	.60	.60
700 - 799	.70	.70
800 - 899	.80	.80
900 - 999	.90	.90
1000 - 1749	1.0	1.0
1750 +	-	1.5

Before the 1987 Plan Credit Year, Benefit Units were used to determine the amount of a monthly pension. However, beginning with the 1987 Plan Credit Year, a pension is determined based upon a percentage of eligible employer contributions made on behalf of a Participant so long as there are 500 hours worked within a Plan Credit Year. Nothing is earned for less than 500 hours.

In the chart above, during the 1981 through the 1986 Plan Credit Years, a Participant earned 1.5 Benefit Units if he worked at least 1,750 hours or more within a Plan Credit Year. The extra ½ Benefit Unit is not counted toward the Service Pension. It is extra money earned on the monthly pension amount.

Benefit Units are used to determine if a Participant qualifies for a "Service Pension". No more than one Benefit Unit will be counted each Plan Credit Year for a "Service Pension".

## Claremont EAP

Your Employee Assistance Program is Claremont EAP. Assistance is our Middle Name. That means you and your eligible dependents can receive free and confidential support for issues such as:

- Counseling
- Legal consultations
- Financial guidance
- Child care referrals
- Elder care resources
- Pet care referrals
- Wellness resources

Using Claremont is easy - no forms, no copayment, and the deductible does not apply.

Free and confidential assistance, through Claremont EAP.



Toll free number:  
800-834-3773

### What is the minimum number of work hours to earn 1 Pension Benefit Unit?

- A. 500      B. 870      C. 1,000

*See back side for answer*

### Included with this issue of the Benefit Bulletin:

**Laborers Training Center  
Schedule of Courses  
October - December 2011**

## Semi-Annual Statement of Account

At the end of September, the Fund Office will mail a Statement of Account to each active Laborer whose employers reported hours for the period of February 1, 2011 through July 31, 2011.

The Statement lists the hours you worked during the six-month period stated above. The hours worked and the contributions reported and paid by your employers establishes 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. Keep your statement with your other Trust Fund documents.

## Pension Plan Key



### **Credited Service Hours:**

870 work hours = 1 Year of Credited Service

### **Benefit Units:**

1,000 work hours = 1 Benefit Unit

### **Plan Credit Year:**

August 1 - July 31

## Anthem Blue Cross - Prudent Buyer Plan Saves You Money

*Active Plan - Direct Payment Plan*

When you visit a doctor or medical facility that is in the "network" of the Anthem Blue Cross' Prudent Buyer Plan, the Direct Payment Plan pays 90% of the negotiated rate. Your coinsurance payment portion is 10% of the Prudent Buyer Plan negotiated rate, plus applicable copayment and Plan Year Deductible<sup>1</sup>.

When you visit a doctor or medical facility that is NOT in the network, you pay 30% coinsurance, copayment and Plan Year Deductible plus the amount over UC&R<sup>2</sup> allowance.

Save money by confirming that your doctor and medical facility are in the Prudent Buyer Plan network by:

- Visiting the Trust Fund's website
  - click on "links"
  - click on "search for doctors and providers" or by
- Calling
  - your doctor's office, or
  - the Trust Fund Office for a Provider Directory for your area



<sup>1</sup> Annual Deductible is \$150/person or \$450/family; the Direct Payment Plan pays 90% of the Prudent Buyer Plan negotiated rate after you have satisfied the Annual Deductible.

<sup>2</sup> UC&R is Usual, Customary and Reasonable

## Dental Plan Options

If you choose a Dental Plan that is a health maintenance organization (HMO), you must use a dentist that is in that HMO network for all of your dental care.

If you choose a Dental Plan that is a preferred provider organization (PPO), the PPO plan has contracts with a network of "preferred" providers from which you can choose. You can choose any dentist from the PPO network or an out-of-network provider. However, when you choose an out-of-network provider, you will pay more.

Dental Plan contact information is highlighted below.

## BENEFIT CONTACT INFORMATION

**DELTA DENTAL  
(PPO)**  
800-765-6003  
deltadentalca.org

**BRIGHT NOW! DENTAL  
(HMO)**  
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  
(HMO)**  
800-422-4234  
deltadentalca.org

**PACIFIC UNION DENTAL  
(HMO)**  
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.