



# Laborers

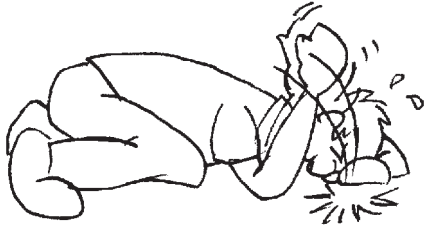
# Benefit Bulletin

Assisting you in understanding your benefits

## Laborers Health Improvement Program (HIP)

*Active and Non-Medicare Direct Payment Plans*

The Laborers Health Improvement Program is a personalized, confidential and voluntary program that helps people with health concerns such as diabetes, heart disease, depression, respiratory conditions, and manage their overall health. Highly trained health care professionals provide personal support and health information by telephone and mail. They stay in touch with you about your care and progress, and are only a phone call away when



you have pressing health concerns or questions. They also keep your doctor involved and informed to ensure that you receive the highest quality care possible. As a result, you stay healthier and happier, while avoiding serious health complications and trips to the hospital or emergency room.

The HIP program is designed to address your complete health, not just your chronic condition. As such, your Disease Management team will help you develop a personalized plan for improving your overall health. You decide if you want to participate in the program and how involved you want to be. You can also build your personalized program around your busy schedule so that you get support when it is convenient for you.

- Eligible employees will be identified through medical and pharmacy claims.
- If you have a chronic condition that is covered by the program, you will receive a welcome packet in the mail as well as a call from a nurse to get you started.
- Over the course of the program, you will be contacted by highly trained nurses who can answer general health questions, advise you on diet and exercise, educate you on your chronic condition(s) help you set and achieve health goals, ensure you are taking medication, getting appropriate tests and following your physician's plan of care for you.
- Educational materials related to your chronic conditions will also be provided throughout the program.

The Laborers Health Improvement Program sponsored by Healthways offers the information and support you need to attain a higher level of wellness.

**HEALTHWAYS - Health Improvement Program**

866-549-7419

## Statement of Account Determining Eligibility

*Active Participants*

Later this month, the Trust Fund Office will mail a Statement of Account to each



Active Laborers whose employers reported hours during the six-month work period beginning February 1, 2011 and ending July 31, 2011.

The Statement of Account is one of the most important documents mailed to you. The Statement is a record of the hours you worked which were reported and paid by your employers. These hours establish your eligibility of health and welfare benefits, pension credits and benefit accruals, and vacation-holiday dollars.

Verify the hours worked and reported. If you find an error on the statement, call the Accounts Receivable Department at the Trust Fund Office.

### Included with this issue:

**Medicare  
Part D  
Creditable  
Coverage**



## Emergency Room vs. Urgent Care Center

*Direct Payment Plan Participants*

By visiting a Participating Provider Organization (PPO) instead of a NON-PPO, you save money. You can save additional money by visiting an Urgent Care Center instead of the Emergency Room (ER) for a non life-threatening situation.

*Example:* John Laborer takes his daughter to the ER to treat strep throat. The Urgent Care Center cost is less than that of a an Emergency Room.

Trust Fund Pays →	Urgent Care: PPO 90%	ER: PPO 90%	ER Non-PPO 70%
Medical Bill	\$115	\$625	\$850
Copayment	\$ 15	\$ 25	\$ 50
Coinsurance	\$ 10	\$ 60	\$240
John's Cost	\$ 25	\$ 85	\$290

In the case of life-threatening situations such as heart attack, stroke, poisonings and appendicitis, visit the Emergency Room.

## Alternatives To Emergency Room

*Direct Payment Plan Participants*

Need to find the nearest Urgent Care Center? Anthem Blue Cross recently added the feature ER Alternative Finder. This Finder allows you to enter your address or zip code to locate the nearest Urgent Care Center. If you have a computer go to: <http://www.meemolabs.com/wellpoint/ca.php>. Click the title: [California | Anthem Clinic Locator](#). When you see this screen, type in your address location or zipcode then click the search button.

Find an ER alternative location near you

Enter Your Address or Zip Here

Search

Back to California



A list of Retail Health Clinics and Urgent Care Centers within 25 miles from the address or zip code entered will appear to the left.

## Prescription Drug Benefit

*Active Plan - Direct Payment Plan*

Saving money is easy when you purchase *generic drugs*. If a generic is not available, you can still save money when you must purchase the brand-name drug from the Formulary List. A Formulary is a list of preferred drugs covered by the Plan at a lower copayment. A Non-Formulary will have a higher copayment and will cost your Plan more money. The copayment for a prescription drug that is *not* on the Formulary List is three times the copayment of the generic brand.

### Retail Store

30-day supply maximum/prescription

#### Copayment

Generic: \$10

Formulary Brand: \$20

Non-Formulary Brand: \$30

### Mail Order

90-day supply maximum/prescription

#### Copayment

Generic: \$20

Formulary Brand: \$40

Non-Formulary Brand: \$60

When the generic version of a prescription is available and you or your doctor chooses a brand name, you will pay the cost difference.



Whenever possible ask your doctor to prescribe the generic version of the prescription.

## 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.



**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA**  
**220 CAMPUS LANE • FAIRFIELD, CALIFORNIA 94534-1498**  
**TELEPHONE 1-707-864-2800 OR TOLL-FREE 1-800-244-4530**

## **NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE**

This document is to serve as your Notice of Creditable Prescription Drug Coverage, as required by law.  
Keep it in a safe place for future use.

**To: All Participants of Laborers Health and Welfare Trust Fund for Northern California**

This Notice is for individuals with Medicare. If you, or any of your eligible family members, are now, or will become, eligible for Medicare during the next 12 months, read this Notice carefully and keep it where you can find it. **If you are not currently eligible for Medicare, or will not be eligible for Medicare during the next 12 months, you may disregard this Notice.**

This Notice has information about your current prescription drug coverage with the Laborers Health and Welfare Trust Fund and prescription drug coverage available to individuals with Medicare. It also explains options you have under Medicare's Prescription Drug Program (i.e. Medicare Part "D"), which may help you decide whether or not you want to enroll in Medicare Part D.

### **IMPORTANT POINTS TO KEEP IN MIND:**

1. Medicare prescription drug coverage first became available in 2006 to all individuals eligible for Medicare. Coverage was made available through Medicare Prescription Drug Plans and Medicare Advantage Plans **that offer prescription drug coverage**, such as Health Net Seniority Plus, United Healthcare Secure Horizons and Kaiser Permanente Senior Advantage. All Medicare Prescription Drug Plans provide at least a standard level of coverage set by Medicare. Some plans may offer more coverage **for a higher monthly premium**.
2. The Laborers Health and Welfare Trust Fund has determined that the prescription drug coverage provided by the **Direct Payment Plan** is "**creditable**." Creditable means that the value of the prescription drug benefits offered by the **Direct Payment Plan** is, on average for all Plan Participants, at least as good as standard Medicare prescription drug coverage. That means the **Direct Payment Plan** is expected to pay as much in prescription drug coverage as the standard Medicare prescription drug coverage.
3. **Retired Laborers and Dependents Enrolled in the Health Net Medicare COB with Prescription Drug Plan, Health Net Seniority Plus, United Healthcare Secure Horizons or Kaiser Permanente Senior Advantage offered through the Laborers Health and Welfare Trust Fund:**

- ▶ As enrollees in a Medicare HMO with Prescription Drug coverage (Health Net) or a Medicare Advantage Plan (Seniority Plus, Secure Horizons or Senior Advantage), **you are automatically enrolled in a Medicare Prescription Drug Plan**.

**Caution:** If you enroll in another individual Medicare Prescription Drug Plan you will be disenrolled from your current Medicare HMO (Health Net) or Medicare Advantage Plan (Seniority Plus, Secure Horizons or Senior Advantage). You may not be enrolled in a secondary Medicare Prescription Drug Plan in addition to what is offered through those Plans. If you are interested in another Medicare Prescription Drug Plan, you should call the Trust Fund Office to see what effect it will have on your current medical coverage **before you make the decision**.

4. Remember, if you are a Retired Laborer or a dependent of a Retired Laborer, you must enroll in Medicare Parts A and B **once you are Medicare eligible**. If you do not, you will not receive the maximum hospital and medical benefits, regardless of which health plan you choose.

Because your existing prescription drug coverage under the **Direct Payment Plan** is, on average, at least as good as standard Medicare prescription drug coverage, you can keep your prescription drug coverage under the **Direct Payment Plan** and you **do not need to enroll in the Medicare Prescription Drug Program (Medicare Part “D”)**. If you decide to enroll in Medicare prescription drug coverage at some future time, you will not be required to pay a higher premium because you had a Prescription Drug Plan (i.e. under the **Direct Payment Plan**) that was “**creditable**.” As long as you are enrolled in a creditable Prescription Drug Plan when you are first eligible for Medicare **and you maintain that coverage**, you will not be penalized with a higher premium once you do enroll in prescription drug coverage. **Exception - See Below: “What happens if you lose or drop your coverage in the Laborers Plan.”**

Individuals can enroll in a Medicare Prescription Drug Plan when they first become eligible for Medicare and every year thereafter between **October 15th and December 7th**. Beneficiaries whose group coverage expires may be eligible for a Special Enrollment Period to sign up for a Medicare prescription drug coverage.

#### **YOUR CHOICES IF YOU ARE ENROLLED IN THE DIRECT PAYMENT PLAN ARE:**

1. **DO NOTHING.** You can keep your current prescription drug coverage with the Laborers Health and Welfare – **Direct Payment Plan**. You do not have to enroll in a Medicare Prescription Drug Plan.
2. **ENROLL IN ONE MEDICARE PART D PLAN.** You can keep your current prescription drug coverage under the **Direct Payment Plan** and enroll in one Medicare Prescription Drug Plan (remember, though, this does not apply if you are enrolled in the Senior Advantage Plan). **If you do decide to enroll in a Medicare Prescription Drug Plan, you should understand that you must pay the Part D premium out of your own pocket.** Further, there will be no reduction in the monthly premium you pay for hospital/medical/prescription drug coverage through the Trust Fund. The Trust Fund will not separate the cost of prescription drug coverage from the total premium you pay for the **Direct Payment Plan**. If you are interested in enrolling in a Medicare Prescription Drug Plan, you should compare your current coverage, including the drugs covered, with the coverage and cost of individual Medicare Prescription Drug Plans in your area.

#### **WHAT HAPPENS IF YOU LOSE OR DROP COVERAGE IN LABORERS HEALTH AND WELFARE TRUST FUND AND YOU DO NOT ENROLL IN A MEDICARE PART D PRESCRIPTION DRUG PLAN?**

If you lose or drop your coverage in the Laborers Health and Welfare Trust Fund and you do not enroll in a Medicare Prescription Drug Plan, **you may be required to pay a higher premium as explained below:**

**If you lose or drop coverage in Laborers Health and Welfare Trust Fund and you wait 63 days or longer before enrolling in a prescription drug coverage that is at least as good as Medicare’s prescription drug coverage, your monthly premium will increase at least 1% per month for every month you did not have that coverage.**

For example, if 19 months pass without your having **creditable** prescription drug coverage, your monthly premium for Medicare (Part D) prescription drug coverage will always be at least 19% higher than what you would have paid had you obtained coverage **before the 63 day lapse**. In addition, you may be required to wait until the next November to enroll.

#### **FOR MORE INFORMATION CONCERNING THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE CONTACT THE TRUST FUND OFFICE:**

You will receive this Notice annually and at other times in the future (such as before the next period you can enroll in Medicare prescription drug coverage, or if the coverage provided by the **Direct Payment Plan** changes). You may also request a copy of this Notice at any time.

**MORE INFORMATION CONCERNING YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE:**

More detailed information on Medicare plans that offer prescription drug coverage is available in the Medicare and You Handbook. All persons enrolled in Medicare will receive a copy of the handbook in the mail each year from Medicare. Medicare beneficiaries may also be contacted directly by Medicare approved Prescription Drug Plans. For more information on Medicare Prescription Drug Plans:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program for personalized help. (See your copy of the Medicare & You handbook for the telephone number.)
- Call 1-800-MEDICARE (1-800-633-4227). TTY USERS CALL 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare Prescription Drug Plan is available. Information about this extra help is available from the Social Security Administration (SSA) online [www.socialsecurity.gov](http://www.socialsecurity.gov), or call at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Notice. If you enroll in one of the new Medicare approved Prescription Drug Plans, you may be required to provide a copy of this Notice when you enroll to show that you are not required to pay a higher premium.**

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**Date: September 15, 2011**

**Name of Sender: Laborers Health and Welfare Trust Fund for Northern California**

**Contact: Mr. Edward Smith, Fund Manager**

**Address: 220 Campus Lane, Fairfield, CA 94534-1498**

**Phone Number: 707-864-2800 or Toll-Free 800-244-4530**

In all cases, the Laborers Health and Welfare Trust Fund for Northern California reserves the right to modify benefits at any time, in accordance with applicable law.