

The Benefit Package

A Quarterly Newsletter for Northern California Laborers

Winter 2002 #22

Year 2002 in Review

Something we hear a lot about these days is the escalating cost of health care. Hardly a day goes by that this issue is not covered, usually by the media. We hear about millions of people not covered by insurance or those who are covered being asked to share more of the cost. Some employers no longer offer health insurance due to its high cost. The Laborers Health and Welfare Plans are not insulated from this current crisis. As we know, during 2002, major changes had to be made to the benefits to maintain solvency of the Trust Fund. In brief, the following modifications were made to the Plans this past year:

Health and Welfare-New Special Plan Implemented

Effective August 1, 2002, a new Special Plan was implemented, providing major medical, with higher co-payments and deductibles than the regular Special Plan III. This new Plan is called Special Plan "311."

Active and Special III Plans

Effective October 1, 2002

- Terminated contracts with Health Net and PacifiCare--renewal premiums were not in line with available Fund assets.
- Increased monthly hourly deduction from Active Plan Hour Bank.
- Decreased Hospital Benefit payment from 100% to 90% of first \$10,000 if a Contracting Hospital and 70% of first \$10,000 if a Non-Contracting Hospital.
- Increased deductible and Office Visit co-payment.

- Added "Out-of-Pocket" maximum.
- Modified the Dental and Vision programs by increasing deductibles and co-payment, lowering Plan Year maximum and revising Table of Allowances.
- Increased Co-payments on Doctor Visits, Prescription Drugs, and ER Visits for Kaiser Enrollees. Added Hospital inpatient stay co-payment.

Retired Plan

Effective September 1, 2002

Increased monthly self-payment rates.

All Health and Welfare Plans


Effective October 1, 2002

Changed Pharmacy Benefit Manager (PBM); increased co-payments; implemented closed formulary and mandatory mail service; decreased days' supply for retail from 60 to 30 and increased for mail service from 60 to 90 days.

Pension Plan

Effective November 30, 2002

Extended the Temporary Supplemental Benefit one year, to November 30, 2003.

Though these changes require more out-of-pocket expense, you can keep costs down by using *Prudent Buyer Plan* providers, requesting generic (if available) or drugs listed on the formulary. The previous issue of the *Benefit Package* featured an article on "How To Maximize Your Health Care Benefits" that you may find helpful in controlling your out-of-pocket cost. 



Self-Pay Premium Rates

During the month of January 2003, the Fund Office will mail a letter to each Retired Laborer enrolled in a health plan, indicating in which medical plan the Laborer is enrolled and the current premium (including optional vision/dental, if elected). The letter will also show the amount of the **new premium that becomes effective March 1, 2003.**

Retired Laborers should retain a copy of the letter to verify that the appropriate deduction is made from the March 2003 pension benefit.

IMPORTANT

The following notices are inserted in this issue of the **Benefit Package: Health and Welfare**

- Coverage for Dependents of deceased Active Laborer
- Updated listing of injectable drugs
- Women's Health and Cancer Rights Act of 1986 - Annual Notice

CAREFULLY READ THE NOTICES AND PLACE THEM IN YOUR PLAN BOOKLET.



Sun Protection Year-Round

Winter may seem like an odd time to worry about getting sunburns, but just because the air is cold that doesn't mean you can't damage your skin from overexposure to sunlight. The American Academy of Dermatology recommends following the same sun safety tips in winter months as in the summer. Below is a list of safety measures to take when it's cold outside:

- Use a broad-spectrum sunscreen with a minimum sun protection factor (SPF) of at least 15.
- Apply sunscreen if you have dry skin 15 to 30 minutes before going outside to allow time for the sunscreen to be absorbed.
- Reapply sunscreen every 2 hours while outside, even when the sky is cloudy.
- Use approximately one ounce of sunscreen (about a shot-glass-size) for each application.
- Wear protective clothing made of tightly woven fabric.
- Protect your eyes by wearing sunglasses. Up to 85 percent of the sun's damaging rays are reflected off surfaces like snow.
- Look to your shadow to determine at what strength the sun is shining. If your shadow is shorter than you are, you are likely to burn.

Know your benefits...

Benefit Information in Spanish Información de Beneficios en Español

IN ENGLISH

What better way for our Spanish speaking Participants to understand the Plans' benefits than to read them in Spanish. In keeping with the purpose of this newsletter "to provide you and your family with information about the various benefits available to eligible Participants and how to effectively use those benefits," it is only fitting that the Fund Office furnish Spanish versions of benefit plans.

By April of this year, we plan to have benefit information available in Spanish. Benefit information will include Summary Plan Description booklets of the Active and Retired Health and Welfare Plans, and Pension and Annuity Plans. Other benefit information, such as, plan notices and the *Benefit Package* newsletter will also be translated into Spanish. As the translating process takes additional time, Spanish versions may not be distributed at the same time as their English counterparts and may take a little longer to reach you.

Spanish speaking Participants are free to visit or telephone the Fund Office to meet with or speak to one of our Spanish speaking representatives. Whether it concerns Health and Welfare, Pension, or Annuity, the Fund Office has Spanish speaking employees who are able to assist Participants with questions or issues involving Plan benefits.

If you would like to receive benefit information in Spanish (as well as in English), please follow the directions noted on the request form included with this newsletter. It's simple, all you need to do is complete the form and place it in a mail box.

EN ESPAÑOL

Qué mejor manera para nuestros Participantes que hablan español, que leer los beneficios de Planes en su propio idioma. De acuerdo con el propósito de este boletín de prensa "que proveerlos a usted y a su familia con la información acerca de los beneficios diversos disponibles para los Participantes elegibles y cómo usar eficazmente estos beneficios," conviene sólo que la Oficina del Fondo proveen versiones en español de los Planes de beneficios.

Para Abril de este año, tenemos la intención de tener información de beneficio disponible en español. La información de beneficio incluirá folletos de Descripción Sumarios de los Planes de Salud y Bienestar - Activo y Jubilado y Pensión y Anualidad. Otra información de beneficios, como los avisos del Plan y del boletín *Benefit Package* también será traducida al español. Como el proceso de traducción toma tiempo adicional, no puede ser distribuido al mismo tiempo que sus contrapartes en inglés y puede tomar un poco más de tiempo para recibirlos.

Los Participantes que hablan español pueden visitar o llamar por teléfono a la Oficina del Fondo para ver o hablar a uno de nuestros representantes que hablan español. Si concierne a Salud y Bienestar, Pensión, o Anualidad, la Oficina del Fondo tiene los empleados que hablan español que pueden ayudar a los Participantes con las preguntas o problemas de los Planes de beneficios.

Si a usted le gustaría recibir información de los beneficios en español (en adición al inglés), por favor siga las instrucciones que notaron en la forma incluida en este boletín. Es fácil, nada mas necesita llenar la forma completamente y enviarla por correo.

Filling out forms...

Adding a New Dependent to Kaiser Permanente


Congratulations! You just had a new baby and you want to know if you should notify the Trust Fund. The answer is "YES." Contact the Trust Fund as soon as possible to request the appropriate form(s) for enrolling your new dependent for health and welfare coverage.

Whenever you add a new dependent, whether a child or spouse, you should complete a new enrollment card and include a copy of the newborn's birth certificate, adoption paper, or marriage certificate (if you are adding a spouse). As the new enrollment card replaces the old one, be sure to list all eligible dependents, not just the dependent you are adding. When

completing the enrollment card, be sure to sign and date it and include any documents requested on the reverse side of the enrollment card. If you are enrolled in Kaiser Permanente, you must also complete Kaiser's "Account Change Form" in addition to completing a new enrollment card. If you are adding a new dependent, you must complete Sections B, C and E. Section A will be completed by the Fund Office--you do not have to have your Employer complete it as indicated. Be sure to sign and date the Account Change Form. Return the original and yellow copy to the Fund Office. Retain the bottom copy for your records and for use as a temporary ID. Mail both the new enrollment card and

Kaiser's Account Change Form as instructed above to the Fund Office.

Kaiser cannot enroll your new dependent until it receives an Account Change Form. As this process takes time, you should request both an enrollment card and an Account Change Form from the Fund Office in advance of the arrival of your new dependent. The Fund Office will forward your completed Account Change Form to Kaiser.

If you have any questions or problems when adding a new dependent, please contact the staff at the Fund Office, Monday through Friday, between the hours of 8:30 AM and 4:00 PM. The telephone numbers appear on the back cover of this newsletter. 

Questions & Answers

Q. At what age will my dependent child no longer be eligible for health and welfare benefits?

A. Once a dependent child becomes age 19, he or she is no longer eligible for health and welfare coverage. The termination of coverage occurs on the date of the 19th birthday, not at the end of that month.

The Trust Fund extends coverage to a dependent child once he reaches age 19 if he is attending an accredited educational institution and enrolled in 8 units or more per semester. In addition, he must be dependent upon you for support and claimed as a dependent on your federal income tax return. As long as these criteria are met, the Trust Fund can extend coverage until he reaches age 23.

If you would like to extend coverage for your dependent child as described above, request an Application for Student Extended Dependent Coverage from the Fund Office. You should request this form well in advance of your child's 19th birthday so that your child has uninterrupted health and welfare coverage.

Part I is to be completed by you. You must include a copy of your most recent 1040 (the page showing your dependents). Part II is to be completed by the educational institution. An updated application would be required for each semester your child is a student and qualifies as a dependent for income tax purposes.

Account Change Form

Instructions on reverse before completing this form.

Purchaser Number _____		Enrollment Unit Number (EU) _____	
<small>()</small> Phone Number _____		<small>()</small> Fax Number _____	
<input type="checkbox"/> Add Dependent (Complete Sections C and E) <input type="checkbox"/> Delete Dependent (Complete Sections C and E)			
<input type="checkbox"/> Complete all fields) <input type="checkbox"/> Check here if new address			
MI _____		Medical Record Number _____	
City _____		State _____	ZIP Code _____
Evening Phone _____			
To: Last Name _____		First Name _____ MI _____	
<small>(Please attach additional sheet, if adding more than three dependents.) Please indicate their Medical Record Number in the field below.</small>			
Record No. _____	Social Security No. _____	Maiden/Other Name _____	
MI _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	
Date of Birth _____	Event Date _____	Effective Date _____	
Record No. _____	Social Security No. _____	<input type="checkbox"/> Child <input type="checkbox"/> Student	
MI _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship _____	
Date of Birth _____	Event Date _____	Effective Date _____	
Record No. _____	Social Security No. _____	<input type="checkbox"/> Child <input type="checkbox"/> Student	
MI _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship _____	
Date of Birth _____	Event Date _____	Effective Date _____	
Record No. _____	Social Security No. _____	<input type="checkbox"/> Child <input type="checkbox"/> Student	
MI _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship _____	
Date of Birth _____	Event Date _____	Effective Date _____	
Check here if all dependents are at the address below.			
City _____		State _____	ZIP Code _____

subject to a Medicare appeals procedure, any dispute between Health Plan, its health care providers, or other associated out of or related to membership in Health Plan, including any r relating to the coverage for, or delivery of, services or items, on under California law and not by lawsuit or resort to court arbitration proceedings. I agree to give up my right to a jury he arbitration provision is contained in the Evidence of Coverage.

Date _____

Bottom Copy--To be retained by subscriber and used as temporary ID

CALENDAR

On or About This Date	We Will Mail	You Should
January 31, 2003	Form 1099 (Pension and Annuity Plans)	Retain for income tax purposes.
February 7, 2003	Retired Plans Notice of Change in Monthly Self-Payment Rates	After reviewing the new self-payment rates, contact the Fund Office only if you are interested in changing medical plans.
March 10, 2003	Annual Statement by Pensioner or Beneficiary	Complete, sign and return statement to Fund Office as soon as possible. A delay in returning the statement could affect your monthly benefits.



Contacting The Fund Office



Laborers Trust Funds
220 Campus Lane
Fairfield, CA 94534-1498



(707) 864 - 2800
or Toll Free
(800) 244 - 4530



Internet Web site:
www.norcalaborers.org

The *Benefit Package* is published by the Laborers Funds Administrative Office of Northern California, Inc. and is intended to provide general information about the plans. It is not intended as a substitute for official Plan documents. Your rights as a Plan Participant or Beneficiary can only be determined by consulting the actual text of the Plan Booklet.

The **Benefit Package**
www.norcalaborers.org

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