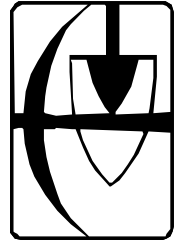


The Benefit Package



A Quarterly Newsletter for Northern California Laborers

Spring/Summer
2003 #23

Follow Your Medical Claim— From Start to *Finish*

It begins when you schedule an appointment with your physician. On arriving at the doctor's office, you may be asked to show your Health Plan ID card and pay a co-payment. (Co-payments are required for every visit to a physician's office: *Active & Special Plan III*=\$15, *Retired*=\$20, and *Special Plan 311*=\$20.)

Your health care provider will complete a claim form, referred to as a "HCFA 1500," a universal medical claim form approved by the American Medical Association. In addition to identifying the patient, the claim includes a diagnosis (the reason for your visit) and procedure code (the service provided during your visit). The provider then submits the claim to the Fund Office. On any given day, the Fund Office receives an average of 1,000 medical claim forms.

Once a claim reaches the Fund Office, it is opened and scanned into the Fund's computer system. The scanner is a new addition. It not only takes a "picture" of the claim, but also dates the document and records it into the computer system. Our computer system includes many security features, such as, encryption, firewalls, and limited access only to authorized personnel. We take patient privacy and security issues seriously. Our staff is trained to handle medical claims in compliance with governmental regulations and in conformance to the Fund's internal controls.

Once in the computer system, the claim is ready for processing. A claims adjuster verifies eligibility of the patient and

that the provider included a diagnosis and procedure code. Depending on the complexity of the claim, it takes an adjuster an average of 5 minutes to process a claim. Some claims are more complicated, requiring more time and research. In some cases, the provider submits an *incomplete* claim form, which means that certain information, necessary to process a claim, is missing. When this happens, the Fund Office generates an *Important Notice*, requesting the information necessary to complete the claim. Once completed, the claim is priced by Blue Cross, according to *Prudent Buyer Plan* negotiated rates.

All this preparation and handling results in a payment. The computer prints a payment voucher, along with an Explanation of Benefits (EOB). The EOB shows the information that has been scanned, verified, and entered. It also prints additional information on the reverse side, such as your right to appeal a benefit determination.

Earlier this year, the Fund Office mailed you a notice explaining the new claims and appeals procedures issued by the Department of Labor. In that notice, different types of claims were described—urgent, pre-service, and post-service. You may want to review that notice from time to time to be familiar with the different types of claims and how each should be submitted. *The Benefit Package* will feature the handling of different types of medical claims in future articles. Look for them to appear!



Pre-Auths Eliminated

As you know, when Health and Welfare made changes to the Prescription Drug Benefit, it required Preauthorizations (Pre-Auths) on certain Non-Formulary medications. Effective immediately, the Trust Fund no longer requires Participants to obtain Preauthorizations.

This will do away with the frustration of having your physician contact Prescription Solutions for an authorization or worse, leaving the doctor's office without it and finding out at the pharmacy that the medication your doctor prescribed requires a Preauthorization. No other changes were made to the Drug Program.

IMPORTANT

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

Health and Welfare

- Mental Health Parity (All Plans)
- Dependent Eligibility When Laborer Dies (Active)
- Change in Reinstatement Rules (Active)

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

 **When to Go to the ER**

When to go to the hospital emergency room--only you can answer that. Some plans describe an "emergency" as a medical condition with acute symptoms of sufficient severity (including severe pain), that a person with average knowledge of health and medicine could expect that failure to act would result in serious jeopardy to his health, serious impairment of bodily functions, or serious dysfunction of an organ or body part.

That's a lot to consider and it is always difficult to know when or when not to seek emergency care. When in doubt, err on the side of caution. In a serious emergency, do not hesitate to call 911.

There are, however, circumstances in which a person appears in a hospital emergency room when a visit to the physician's office would be more appropriate. If you exhibit a condition that has persisted, such as an ingrown toenail, or a cough, arrange to be seen by your family physician. In most cases, he can treat your condition, without hospital emergency room intervention. It takes less time and costs both you and the Trust Fund less expense.

It is best to handle a medical condition sooner rather than later, when it worsens and requires emergency intervention. Hospital emergency rooms tend to be crowded and involve long waits to be treated. In non-emergency cases, save time and money, see your family physician.

**Know your benefits...
HIPAA - What Is It!**




All Participants of the Laborers Health and Welfare Plans recently received an **Information Privacy Notice (IPN)**. The Trust Fund mailed this notice in compliance with the federal law known as Health Insurance Portability and Accountability Act of 1996, or "HIPAA," for short. There are many parts to HIPAA and the **IPN** is just one but extremely critical part of that law.

The **IPN** describes how the Laborers Health and Welfare Plans use and disclose health information about you, the Plan Participant. As stated in the notice, the Plans are only to use and disclose your health information in ways that are expressly permitted by HIPAA. The most common ways to use or disclose health information are (1) to facilitate medical Treatment, (2) Payment of claims, and (3) health care Operations. These three functions are referred to as "TPO." The notice is long and may have created a number of questions on your part. For the majority of Participants, no action is required as a result of your having received the **IPN**. In mailing the notice, the Trust Fund assures you that it will continue to protect your health information, in compliance with HIPAA laws and wants you to be aware of your rights under HIPAA.

Under certain circumstances, HIPAA requires that a Participant complete and submit a form. For

example, if you want a friend to contact the Fund Office concerning your health care issues, you must complete the form *Authorization For Use or Disclosure of Protected Health Information*. This authorization is voluntary on your part; no individual can force you to submit one. When you complete this form, you can specify the type of information you want disclosed, such as, claim status or coverage information. You can also limit disclosure of the Participant only, of the Dependent(s) only, or authorize all information concerning the Participant and all eligible Dependent(s). This form is particularly appropriate when the Participant is unable to contact the Fund Office during regular business hours and needs certain information concerning his health care matters.

The **Information Privacy Notice** is also available in Spanish. You can request this and other benefit information in Spanish by completing the form *Benefit Information in Spanish*. You and your family will then receive benefit information in both English and Spanish. Note, however, that not all of the Trust Funds' printed material is available in Spanish yet. Only certain benefit information is available and, if so, is automatically mailed to those Laborers who have completed the *Benefit Information in Spanish* form. 

Filling out forms...

Access Forms From Fund's Web Site



Have you visited our Web site lately? If so, you may have noticed that several enhancements have been made, including the ability to download forms. With access to frequently used forms, you no longer need to contact your Local Union or the Fund Office. From the comfort and convenience of your home, you can now download, complete and submit a form.

The first step is to enter the Fund's Web site by keying in www.norcalaborers.org. Once there, click "Request Booklets & Forms." Click on the category of form you want--Health & Welfare Forms and Information, PHI Notices and Forms, or Pension Forms.

Under Health and Welfare, the following forms are available:

- Address Change Form
- Disability Certification Form
- Application for Student Extended Dependent Coverage
- Beneficiary Designation Form
- Affidavit for Stepchild Coverage
- Other Insurance Inquiry Form
- Electronic Direct Deposit (for Vacation Benefit Checks)
- Employee Proof of Death Form
- Beneficiary Enrollment Form

Each includes a description so that you know which form is appropriate for your needs.

Under Pension, the following forms are available:

- Pension Benefit Application Form
- Electronic Direct Deposit


Authorization

- Withholding Certificate for Pension or Annuity Payments

To open, view and print any of the forms available in PDF (Portable Document Format), you must have Adobe Acrobat Reader. In case you do not have it, you can download it through the link provided on our Web site. When you click on "Request Pension Forms," for example, the top of the page shows the Acrobat Reader icon. Click the Acrobat Reader icon under item 2. Once there, follow Step 1 and, be sure to indicate your computer's operating system in the "Platform" dropdown menu. Under Step 2, click download menu and follow prompts from there.

If you prefer to have forms mailed to your home, the Web site offers that option. Under "Mail Me A Copy," click what form you wish mailed. Toward the bottom of the page, enter your name and address. That's it!

You can also request Benefit Booklets through the Web site. If you do not find what you are looking for, you can click on "Miscellaneous Requests" and type in the request for the information you cannot locate through the Web site.

In the future, we plan more enhancements to the Web site and look for your input in making improvements. Send in your comments or suggestions concerning information you would like to see on the Web site and be sure to visit us soon at www.norcalaborers.org! 

Questions & Answers

Q. I was seen by my doctor 3 months ago and am now receiving the bill for the services from a Collection Agency. What should I do? I never did receive a bill from the physician's office.

A. Contact the Collection Agency and request the following information: name of provider, name of patient, date of service, and amount of billing (without any additional charges, such as interest). Once you have this information, contact the Fund Office to determine whether or not we ever received the billing. If so, ask the current status of the claim. If the Fund Office informs you that the claim was never received, contact the Collection Agency again and request an itemized insurance billing. An itemized billing must include the diagnosis (ICDA code) and the procedure (CPT) code. Once you receive the billing, forward it to the Fund Office for payment.

Though you may have insurance coverage, the medical provider looks to you, the patient, as the responsible person for payment of any charges. When the Fund Office mails you an Explanation of Benefits (EOB), which is your notification that the claim has been processed, you then know the physician has forwarded the claim to the Fund Office. **IMPORTANT:** If you do not receive an EOB from the Fund Office within 45 days of your doctor's visit, immediately contact your physician's office to ask whether a claim was filed. By following up, you may avoid involving a Collection Agency.

CALENDAR

On or About This Date	We Will Mail	You Should
<p>The Fund Office has no mailings scheduled for this quarter and, since the Spring season has begun and those mailings (Statements of Account, Summary Annual Report, and Vacation-Holiday Benefit Checks) have been made, we have combined the Spring and Summer quarters into one newsletter.</p> <p>As Summer is fast approaching and you and your families will be planning vacations, we have some home security tips to share with you:</p> <ul style="list-style-type: none"> √ Make sure you have strong doors. Outside doors should be metal or solid hardwood and at least 1 3/4 inches thick. Frames must be made of equally strong material, and each door must fit its frame securely. Even the most efficient lock, if placed in a weak door, will not keep out a determined burglar. Sliding glass doors are easy to open and can be equipped with locks designed especially for them. √ Deadbolt locks are best! They usually are locked with a key from the outside and a thumb turn on the inside. The cylinder should be pick resistant. Ask your hardware dealer for a reputable brand, or buy your locks from a locksmith. √ Key locks are available for all types of windows. Double-hung windows can be secured simply by "pinning" the upper and lower frames together with a nail, which can only be removed from the inside. <p style="text-align: center;">HAVE A SAFE AND ENJOYABLE SUMMER!</p>		

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.

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Laborers Funds Administrative
Office of Northern California, Inc.
220 Campus Lane
Fairfield, CA 94534



The Benefit Package
www.norcalaborers.org

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

IMPORTANT ANNOUNCEMENT REGARDING YOUR BENEFITS

**TO: ALL ACTIVE AND RETIRED LABORERS COVERED UNDER THE FUND'S
MANAGED HEALTH CARE PLAN**

Effective January 1, 2002, visits for the treatment of mental or nervous disorders are paid at 50% of the Schedule of Allowances, up to a maximum of 40 visits per Plan Year. Treatments include psychotherapy and psychological testing provided by a psychiatrist, psychologist, or licensed clinical social worker.

If you have any questions concerning this notice, please contact the Fund Office at (707) 864-2800 or toll-free at (800) 244-4530 or you may E-mail us at customerservice@norcalaborers.org. This notice is a part of and should be kept with your Summary Plan Description booklet.

Sincerely,

BOARD OF TRUSTEES

MAY 2003
ACTIVE-INSERT 8 TO 10/1/99 BOOKLET; SPECIAL ACTIVE-INSERT 11 TO 10/1/99 BOOKLET;
RETIRED-INSERT 9 TO 10/1/99 BOOKLET

This notice is only intended to be a brief summary of selected Plan provisions. As such, it cannot address all aspects governing the payment of benefits under the Plan. In order to more fully understand your entitlement to benefits, rights and obligations, you should refer to your Summary Plan Description booklet and the Plan Rules and Regulations.

-PLEASE PLACE THIS INSERT IN YOUR HEALTH AND WELFARE BOOKLET-

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

IMPORTANT ANNOUNCEMENT REGARDING YOUR BENEFITS

TO: ACTIVE LABORERS

Reinstatement of eligibility has provided that a Laborer who loses eligibility for benefits would regain eligibility on the first day of the second calendar month following the month his Hour Bank totals a minimum of 440 hours, **provided** eligibility is regained within 60 months of the loss of eligibility.

Effective October 1, 2002, if you lose your eligibility for benefits, it will be reinstated on the first day of the second calendar month following the month the hours in your Hour Bank total a minimum of 440, **provided** eligibility is regained within 13 months of the loss of eligibility.

If you do not regain eligibility **within 13 months of the loss of eligibility**, you will forfeit all hours in your Hour Bank. You must then satisfy the initial work requirements of at least 440 hours for contributing employers. You will then become eligible on the first day of the second calendar month following satisfaction of the 440-hour requirement.

Exceptions:

- If your eligibility terminates as a result of entering military service, special reinstatement rights apply. Refer to Article II., Section 2.a.(5), page 44 of the Rules and Regulations.
- If your eligibility terminates as a result of being disabled and unable to perform any and every duty of your occupation, you may petition the Board of Trustees to reinstate any hours that were forfeited. Your petition must include competent medical evidence that you were unable to engage in or perform work in the Building and Construction Industry. Evidence may include proof of continuous coverage under State Disability Insurance (SDI) or Workers' Compensation. However, the Trustees will not reinstate your Hour Bank if your disability was due to an injury or illness not covered by the Plan or due to non-physical causes including, but not limited to, abuse of chemical substances.

If you have any questions concerning this notice, please contact the Fund Office at (707) 864-2800 or toll-free at (800) 244-4530 or you may E-mail us at customerservice@norcalaborers.org. This notice is a part of and should be kept with your Summary Plan Description booklet.

Sincerely,

BOARD OF TRUSTEES

JUNE 2003
ACTIVE-INSERT 9 TO 10/1/99 BOOKLET

This notice is only intended to be a brief summary of selected Plan provisions. As such, it cannot address all aspects governing the payment of benefits under the Plan. In order to more fully understand your entitlement to benefits, rights and obligations, you should refer to your Summary Plan Description booklet and the Plan Rules and Regulations.

-PLEASE PLACE THIS INSERT IN YOUR HEALTH AND WELFARE BOOKLET-

Please tear along perforated line and place appropriate notice in your Health and Welfare or Pension booklet.