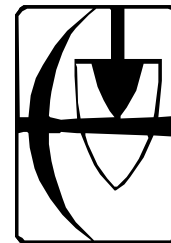




The Benefit Package



A Quarterly Newsletter for Northern California Laborers

Spring/Summer
2004 #26

Is Medicare-Approved Drug Discount Card Right for You?

The Centers for Medicare & Medicaid Services (CMS) recently introduced a drug discount card. You may wonder if a Medicare discount card is right for you? In most cases, the answer to that question is NO. Here's why:

If you are enrolled in the Direct Payment Plan or one of the HMO's, you already have prescription drug coverage. That means you would not be eligible for a "free" card or the \$600 subsidy toward drug purchases. If you are not enrolled in either the Direct Payment Plan or an HMO, you could qualify for a "free" card, but only if your 2004 annual income is no more than \$12,569 if you are single, or \$16,862 if you are married. Even if you were to qualify for a free card and the subsidy, you still have to pay a 5% or 10% coinsurance for your prescription drugs. That is coinsurance, not a co-payment, meaning your out-of-pocket costs will vary depending on the cost of the drug. Further, there are many Medicare-Approved discount cards, each costing \$30 per year. One of the differences in the cards is the list of drugs offered. So, before you purchase a discount drug card, you must review the list to make sure the drugs you are currently

using appear on that list. Otherwise, the discount card may not be of any benefit to you.

If you are enrolled in an HMO, you may have received information on the Medicare-Approved discount card. This discount drug card is issued by the HMO. Since you already have prescription drugs through the HMO, it is unlikely the discount drug card will be of any benefit to you. Under your current coverage, you are only required to pay a flat co-pay for a 30 or 90 day supply. On the other hand, the drug discount card offers a discount of between 10% and 30% on certain drugs. You would be required to pay the balance.

Whether you are enrolled in the Fund's Direct Payment Plan or one of the HMO's, you do not need to do anything in connection with the Medicare-Approved discount drug card. As Dr. Mark McClellan, Administrator of CMS stated, if your current health plan provides drug benefits, you probably would not benefit from the Medicare-Approved discount drug card.

To learn more, you can contact Medicare at 1-800-633-4227 or visit Medicare's Web site at www.medicare.gov.



Attention Retired Laborers

If you have not yet returned the Statement by Pensioner or Beneficiary, you should do so as soon as possible. If we had not received your statement by May 31, 2004, future pension checks will be held until the Statement is returned. The Statement must be completed in full and in some cases, must be notarized, or your signature witnessed by a Union official.

If you have any questions concerning your Statement, contact the Fund Office to speak with someone in the Pension Department.

IMPORTANT

The following is inserted in this issue:

Special Notice

"Did You or Someone You Know Work at a Nuclear Weapons Facility?"

(Notice provides Information about a program established by the Department of Labor to compensate certain workers employed at Nuclear Weapons Facilities.)

 **Summer Hazards for Laborers**

In May, the Laborers' Health and Safety Fund of North America (LHSFNA)-Health Promotion Division launched its annual skin cancer prevention campaign known as Sun Sense. The campaign is designed to warn Laborers about the dangers of sun exposure and to get them started in self-protection.

Because they work peak hours (10:00 am to 2:00 pm) under the summer sun, Laborers are particularly vulnerable to skin cancer. The best protection includes long-sleeved shirts, neck flaps that attach to a hard hat, SPF 15 or higher sunscreen and sunblock for the nose and lips.

The LHSFNA conducts its annual campaign in collaboration with the Laborers-AGC training centers and local unions across the United States and Canada. The Safety Fund distributes packets of SPF 30 sunscreen towelettes along with neck flaps, lip balm, bookmarks on the ABCDs of Melanoma, posters and other educational materials.

Melanoma is a potentially fatal form of skin cancer, but early detection and prompt medical attention can lead to successful treatment. Indications of possible melanoma include any mole that changes shape, color or size; any persistent patch or sore that does not heal; or any new growth on the skin.

**Know your benefits...
Determining When Health and Welfare Eligibility Begins**



You just started working as a Laborer and you want to know when you and your family will be covered for health and welfare benefits.

Under the Active Laborers Plan, your employer is required to make contributions to the Health and Welfare Trust Fund for each hour you work in covered employment, that is, work covered by the collective bargaining agreement. You become eligible for coverage on the first day of the second month after you work 440 hours. See the illustration below:

Work Month	Hours Reported and PAID By Employer
January 2004	170
February 2004	170
March 2004	170
Total Hour Bank	510
Deduction for May 2004 Coverage	110
Balance in Hour Bank After Deduction for May 2004	400

In the above illustration, the "Hour Bank" reaches a balance of 510 hours at the end of March 2004. Since March 2004 work hours are reported in April 2004 and due by no later than the 25th of that month, May 1, 2004 would be the first month eligibility could be posted on

the system. This is the reason for the one-month lag--**REMEMBER--you become eligible for coverage on the first day of the second month after you accumulate at least 440 hours in your Hour Bank.** As long as you have at least 440 hours in your Hour Bank before a deduction of 110 hours is made for the current month, you continue to maintain eligibility. When you become eligible, your dependents also become eligible.


Once eligible for benefits, the Trust Fund mails you an information packet, including an Enrollment Form. Be sure to complete and return the Enrollment Form (and any requested documents) as soon as possible. Without it, no benefits can be paid on behalf of you or your family.

Eligibility terminates at the end of the month following the month that:

- your Hour Bank balance drops below 440 hours *before* 110 hours are deducted for the current month's coverage; or

- you enter full-time military service; or

- you perform the type of work covered by the collective bargaining agreement for an employer that is not a contributing employer.

Eligibility for your dependents terminates on the date your eligibility ends, or the date your dependent no longer meets the Plan's definition of "dependent," whichever occurs first. 

Filling out forms... Applying for Extended Dependent Coverage




Normally, your dependent child loses eligibility under the Plan at age 19. There are, however, circumstances under which coverage may be extended. For instance, if your dependent child is continuing her education, she may be eligible for coverage if she satisfies the following requirements:

- attends an accredited educational institution and enrolls for at least 8 units of credit per semester (or equivalent credits);
- is primarily dependent on you for support; and
- qualifies as a dependent for federal income tax purposes.

To apply for extended coverage, contact the Fund Office shortly before your child's 19th birthday and

request an "Application for Student Extended Dependent Coverage." If you have access to the Internet, you can also download a PDF version from the Fund's Web site at www.norcalaborers.org.

Completing the application takes just a few minutes. In addition to the Laborers' name, address and social security number, the application asks the name of the student, date of birth, and the name, telephone number, and address of the educational institution. It also requests a copy of the school's transcript, if available. The Trust Fund may want to verify your dependent's status with the educational institution. You are then asked questions to determine whether your child satisfies the requirements for extended coverage as a student. Sign and date the application. Be sure you have answered all questions before mailing it into the Fund Office.

In the event your child does not qualify for Student Extended Dependent Coverage, she may be eligible for extended health and welfare coverage under COBRA Continuation Coverage. For information on COBRA, refer to your Plan booklet or contact the Fund Office. 

Questions & Answers

Q. Every year I receive a Summary Annual Report from the Fund Office. What is a Summary Annual Report?


A. A Summary Annual Report (SAR) is a narrative summary of financial information reported on Form 5500. Form 5500 is required of all Employee Benefit Plans and is submitted annually to the Internal Revenue Service/Department of Labor. The SAR summarizes the information reported on Form 5500, primarily financial, and includes certain rights Participants have to obtain or review the entire Form 5500.

If you choose to obtain a copy of the entire Form 5500, you will be asked to pay for copying costs. Depending on the Trust Fund, costs vary from \$3.00 on up to \$29.50. Form 5500 also includes Audited Financial Statements. These are provided without charge.

You are also free to examine Form 5500 at the Fund Office, or at the Department of Labor in Washington, D.C.

Unless you have a specific reason for requesting the entire Form 5500, the SAR provides sufficient financial information concerning the Trust Funds and is distributed without cost to you.

A Spanish version of the SAR is also available. The SAR is also posted on the Trust Funds' Web site at www.norcalaborers.org

 Labors Health and Welfare Trust Fund for Northern California 220 Campus Lane, Fairfield, CA 94534-1498 • Telephone: (707) 894-2800 • Toll Free: 1-(800) 244-4530			
APPLICATION FOR STUDENT EXTENDED DEPENDENT COVERAGE (Doc. 09F)			
Laborer must complete - Application will not be processed unless all questions are answered.			
LABORER'S NAME		SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
Please Answer the Following Regarding the Student			
FULL NAME OF STUDENT		DATE OF BIRTH	
NAME OF EDUCATIONAL INSTITUTION		TELEPHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
Enrolled for the (check one) or, if available, please attach a copy of school's transcript: <input type="checkbox"/> FALL Semester <input type="checkbox"/> SPRING Semester			
Indicate Period: FROM _____ THRU _____			
Laborer's Statement			
Your dependent must meet the Plan's definition for "student dependent" and all of the requirements listed below. Please answer the following questions:			
▶ Is your dependent married? <input type="checkbox"/> Yes <input type="checkbox"/> No			
▶ Is your dependent enrolled in an accredited institution for at least 8 units? <input type="checkbox"/> Yes <input type="checkbox"/> No			
▶ Did you or will you claim your dependent on your Federal Tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify that the dependent shown above meets all of the requirements by the Plan for student dependent coverage. I understand that I must notify the Fund Office immediately in writing if my child marries, ceases to be a full time student, or ceases to be a dependent under the Internal Revenue Service code. I understand that the Fund Office has the right to verify my dependent's status with the above institution and that I agree to submit an Application for Student Dependent Coverage form at least once a year for the dependent shown above.			
I certify under penalty of perjury under the laws of the state of California that the foregoing statements are true, correct, and complete to the best of my knowledge.			
Laborer's Signature:		Date:	

Did You or Someone You Know Work at a Nuclear Weapons Facility?

The Department of Labor (DOL) has established a program to compensate workers who were employed in the nation's nuclear weapons programs during the cold war. This work was dangerous and consequently many workers were exposed to radioactive and toxic substances which potentially resulted in serious medical conditions. Recognizing this, Congress passed the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

The EEOICPA provides compensation to employees who became sick as a result of their work. Workers may be eligible for this compensation if they worked for:

- the Department of Energy (DOE), or its predecessor agencies,
- DOE contractors or subcontractors,
- an Atomic Weapons Employer, or
- a DOE designated beryllium vendor.

A listing of those facilities covered under this program and located in California is attached. However, sites outside of California are also included in this program.

What are the benefits?

A lump sum payment of up to \$150,000 and medical expenses for:

- Radiogenic cancers
- Chronic beryllium disease and beryllium sensitivity
- Chronic silicosis

Additionally, a lump sum payment of up to \$50,000 and medical expenses is available for uranium miners, millers, and ore transporters previously awarded compensation under Section 5 of the Radiation Exposure Compensation Act (RECA).

Who is Eligible for Benefits?

Current or former workers may be eligible for benefits if the employee has or had radiation-induced cancers, beryllium diseases, or silicosis and was exposed to those hazards while working at one of the designated facilities. Survivors of former workers, including spouses, children, parents, grandchildren and grandparents may also be eligible for benefits.

Workers, or survivors who think they may be eligible for compensation, may contact either the DOL District Office or the DOL-DOE Resource Center for help with filing a claim.

CONTACT INFORMATION:

- DOL toll-free at (866-888-3322)
- DOL Web site at: www.dol.gov/esa/regs/compliance/owcp/eoicp/main.htm
- Seattle District Office
U.S. Department of Labor, DEEOIC
719 2nd Avenue, Suite 601
Seattle, Washington 98104
Main: (206) 373-6750
Toll-free: (888) 805-3401
- California Resource Center
Main: (925) 606-6302
Toll free (866) 606-6302
- Las Vegas Resource Center
Main (702) 697-0841
Toll free (866) 697-0841

California Facilities Designated as a DOE, Atomic Weapons or Beryllium Employer

Site Name	City	Dept. of Energy Employer	Atomic Weapons Employer	Beryllium Employer
Hexcel Products, Inc.	Berkeley	no	no	yes
University of California	Berkeley	yes	yes	no
Lawrence Berkeley National Laboratory	Berkley	yes	no	yes
Ron Witherspoon, Inc.	Campbell	no	no	yes
Ceradyne, Inc.	Costa Mesa	no	no	yes
Laboratory for Energy-Related Health Research	Davis	yes	no	no
Electrofusion corp	Fremont	no	no	yes
Polytech Precision	Fremont	no	no	yes
Lebow	Goleta	no	no	yes
EDM Exotics	Hayward	no	no	yes
Sandia Laboratory, Salton Sea Base	Imperial County	yes	no	no
General Atomics	La Jolla	yes	yes	yes
Lawrence Livermore National Laboratory	Livermore	yes	no	yes
Sandia National Laboratories-Livermore	Livermore	yes	no	yes
Atomics International	Los Angeles	yes	no	yes
Laboratory of Biomedical and Environmental Sciences	Los Angeles	yes	no	no
Robin Materials	Mountain View	no	no	yes
Philco-Ford Corporation	Newport Beach	no	no	yes
Hafer Tool	Oakland	no	no	yes
Stanford Linear Accelerator Center	Palo Alto	yes	no	no
Electro Circuits, Inc.	Pasadena	no	yes	no
Dow Chemical Co.	Pittsburg	no	yes	no
General Electric Vallecitos	Pleasanton	yes	yes	no

Pleasanton Tool and Manufacturing	Pleasanton	no	no	yes
California Research Corp	Richmond	no	yes	no
Stauffer Metals, Inc.	Richmond	no	yes	no
Hunter douglas Aluminum Corp.	Riverside	no	yes	no
Jerry Carroll Machining, Inc.	San Carlos	no	no	yes
Arthur D. Little Co.	San Francisco	no	yes	no
Laboratory of Radiology and Environmental Health	San Francisco	yes	no	no
C.L. Hann Industries	San Jose	no	no	yes
Ceradyne, Inc.	Santa Ana	no	no	yes
City Tool and Die Manufacturing	Santa Clara	no	no	yes
Energy Technology Engineering Center	Santa Susana	yes	no	no
Tapemation	Scotts Valley	no	no	yes

CALENDAR

On or About
This Date

We Will Mail

You Should

SPANISH WEB SITE IS HERE

Fondos Fideicomiso de los Obreros del Norte de California
Laborers Trust Funds for Northern California

Quienes Somos Servicio al Cliente Planes de Beneficios
Petición de Folletos y Formas Lo Que es Nuevo Preguntas y Respuestas
Capacitación y Aprendizaje Conectar a Otros Sitios Mapa del Sitio English (Inglés)



Copyright ©2003; Laborers Funds Administrative Office of Northern California, Inc. All rights reserved.
Derechos Reservados Propiedad Literaria ©2003, La Oficina Administrativa de Fondos de los Obreros del Norte de California, Inc.
Este sitio usa Hoja de Estilo Cascada y el mejor vista es con un explorador CSS2 condescendiente.

The Laborers Trust Funds is pleased to announce the launching of its Spanish Web site. The same information you find on the English speaking Web site is now available for our Spanish speaking Participants. To access the Spanish Web site, go to the main Web site at www.norcalaborers.org and click on "Español." That takes you to the Spanish Web site. From here, you can obtain information about the Plans, download and print forms, access links to other Web sites, such as *Prudent Buyer Plan* for names of providers near home or work. Be sure to visit it soon.



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.



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

PRSRT STD U.S.
POSTAGE PAID
CONCORD, CA
PERMIT #473