

The Benefit Package

A Quarterly Newsletter for Northern California Laborers

Winter 2005 #28

Year 2004 in Review

As we begin the year 2005, we will pause to reflect on some benefit changes of 2004 that may have an immediate effect on you and your family.

Active and Special Active Plans

Plan Addition, Coverage for Well Baby Care: This benefit will provide preventive routine care, critical for infants to get a healthy start in life.

BENEFIT FEATURES:

- \$15 Physician Office Visit co-pay
- 10% coinsurance for immunizations and Laboratory tests (Prudent Buyer Plan network)
- 30% coinsurance for immunizations and Laboratory tests (NON-Prudent Buyer Plan network)

Active, Special Active and Retired Plans

Plan change from VSP "Standard Plan" to VSP "Value Plan." No change in frequency of exams, lenses or frames, and copayments.


BENEFIT FEATURES of VSP VALUE PLAN:

1. Increase of allowance on
 - Frames from the current \$105 to \$145,
 - Elective Contact Lenses from \$105 to \$120, and
 - Out-of-Network increase of reimbursement.
2. Select network, having fewer Participating Doctors. How do you know if your optometrist is listed?
 - Ask your optometrist if he or she is part of the "Value Plan,"
 - Log onto VSP.com and click on "Find A Doctor," or
 - Contact the Fund Office.
3. Does not offer discounts on additional materials, such as a second pair of glasses.

Pension

Temporary Supplemental Benefit. The Board of Trustees extend the Temporary Supplemental Benefit to November 30, 2005. This benefit was introduced in 1993 to help offset the cost of health care. The amount given to each Pensioner or Beneficiary, depends on age.

	Pensioner	Beneficiary
Less than age 65	\$150/mo	\$75/mo
Age 65 or older	\$75/mo	\$37.50/mo

For more information about your benefits, contact a customer service representative. 

NEW

Customer Service Hours

Effective **Monday, January 31, 2005**, our customer service hours will change. Our telephone and counter call representatives will be available to answer benefit questions starting at 8:00 AM until 5:00 PM, Monday through Friday (excluding holidays).



Understanding Retired Choices


Private Contracting and Medicare. Federal law allows physicians to privately contract with their patients, (*Private Contracting*). If you choose to agree to a "private contract," the physician must clearly state that:

- You are giving up your right to have Medicare pay for your services.
- You agree that the physician will *not* bill Medicare.
- You understand that Medicare will not pay for your services and that it is not likely that another insurance will cover the balance due amount.
- You have the right to receive services from physicians and practitioners whose services are covered under Medicare and whose bills Medicare would pay.

Here is an example of charges under a "private contract"

- Physician's Billed Charges \$150.00
- Plan pays 20% of \$80 (UC&R) \$(16.00)
- Balance due:* \$134.00
- You are responsible for the balance due amount.

If you incur expenses not covered by Medicare, the Retired Laborers Plan will not pay any amount of the billed charges. You will be responsible for the full payment of the charges.

For more information about your benefits, contact a customer service representative. 

HAPPY NEW YEAR!

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

**Surviving Spouse Pension
Pensioner's Lump Sum Death Benefit**

CAREFULLY READ THE NOTICE AND PLACE IT IN YOUR PLAN BOOKLET

Know your benefits...

When Does Your Eligibility Begin?

Under Laborers Active Plan, your employer must report work hours and pay monthly contributions to the Health and Welfare Fund for each hour you work in covered employment. Your paid hours are placed into an "Hour Bank" and your eligibility for Health and Welfare coverage begins the **FIRST** day of the **SECOND** month after you have 440 hours in your "Hour Bank."


Work Month	May	Jun	Jul	Hour Bank Total
Hours Reported and Paid by Employer	175	125	175	475

For example if your "Hour Bank" totals 475 hours at the end of July, you have accumulated the sufficient number of hours for Health and Welfare eligibility beginning September 1.

Remember that 110 hours is taken from your Hour Bank for each month of Health and Welfare Coverage.

Work Month	Aug	Sep	Oct	Hour Bank Total
Hours Reported, Paid by Employer (+) and H&W Deduction (-)	+ 85 -110	+ 100 -110	+ 120 -110	450

Note that to continue month-to-month coverage, you must maintain a *minimum* balance of 440 hours or you lose eligibility for coverage.

If an employer does not pay monthly contributions for your worked hours, the hours will not be added to your Hour Bank which will affect your eligibility. For your protection, retain all paycheck stubs. If you find you have more worked hours than hours reported, contact the Local Union or the Fund Office. For more information about your eligibility, contact the Health and Welfare department. 

COBRA


Based on a number of requests from pensioners, we are pleased to announce that all **Pensioners** covered under the COBRA Continuation Coverage will have their monthly premiums automatically deducted from their monthly pension benefit, beginning with their March 2005 benefit payment.

Please do not send any more coupons or personal checks after your February 2005 benefit payment.

We agree that this new method of payment will be more convenient for you as it will eliminate the process of mailing a monthly payment to the Fund Office. More importantly, it ensures that the COBRA payment is remitted to the COBRA Department before the 1st of the month thus updating your eligibility. Should you have any questions, contact the COBRA Department.

Thank you for sharing your ideas with us. We look forward to hearing more suggestions on how to better serve you.

Attention Pensioners and Beneficiaries

Every year, the Trust Fund mails an Annual "Audit" Statement to each Pensioner or Beneficiary with a pension effective prior to January 1 of the current year. This audit is to verify that individuals receiving monthly benefits remain entitled to those benefits. 

If you are a Pensioner or Beneficiary and you do not return a completed and signed form along with (if applicable) a certification, an affidavit, and/or a doctor statement, your Pension payments will cease.

Most forms must have a witness verify that you personally signed the form. You have the option to have your signature witnessed by a Laborers Local Union official or with a representative of the Trust Fund Office. For those that live out of the area of a Laborers Local Union or the Fund Office, you will need to have the document notarized. Before you seal that envelope, make sure that all boxes are checked and that you date and sign the form.

These statements will be mailed on March 9, 2005 and must be returned before your next benefit check is due to be mailed.

Retiree Self-Pay Rate Change

Retired Plan participants have recently received a Notice of Change in Monthly Self Payment Rates, effective March 1, 2005.

This notice informs you of your:

- Current monthly premium,
- March 1 monthly premium change, and
- Current health coverage.

If you are satisfied with your current plan, no action is necessary.

If you want to change your plan, contact the Health and Welfare department. Remember, you will continue to be covered as long as you are eligible and continue to make monthly premium payments.

Benefit Review...

2005 Dental Benefit Options

Effective January 1, 2005, your Dental options are as presented below.

Benefits provided whether participant enrolls in Managed Health Care or Kaiser Plan. (*Special Plans III & V: Certain employers are not contributing for dental coverage.*) **Active Plans:** Please note that the open enrollment month to change your coverage is March 1 of every year.

Active Plan - Special Plan III - Special Plan V	Delta Dental Plan of California (Delta Premier)	NEW DeltaPreferred Option (DPO)	DeltaCare A prepaid / Dental HMO Plan	Bright Now! Dental A prepaid/Dental HMO Plan
	Choose any dentist, however, higher out-of-pocket cost if you choose a non-Delta Dental dentist.	Choose any dentist from the DeltaPreferred Option network.	Provided through PMI , an affiliate of Delta Dental.	BENEFIT FEATURES
	BENEFIT FEATURES <ul style="list-style-type: none"> • Paid per the fee schedule shown in the Table of Allowances. • 100% for basic, diagnostic and preventive services. • Maximum of \$1,500 per individual per Plan Year. • \$100 deductible for individual up to \$300 for family per Plan Year. • Deductible waived for diagnostic and preventive care. • Orthodontic care \$1,500 lifetime maximum for dependent children only. 	BENEFIT FEATURES <ul style="list-style-type: none"> • Paid per the fee schedule shown in the Table of Allowances. • Payable up to the DeltaPreferred Option contracted rate, less out-of-pocket cost. • You pay the difference between the contract rate and the Table of Allowances. 	BENEFIT FEATURES <ul style="list-style-type: none"> • No cost except for co-payments on certain procedures. • SERVICES MUST BE PROVIDED BY A PANEL DELTA CARE DENTIST. • No benefits will be paid if dental services are performed by other than panel dentist. 	<ul style="list-style-type: none"> • No cost except for 20% co-payment of average fees for major dental services. • 20% co-payment of usual, customary and reasonable fees for services by a specialist. • Maximum benefit payable: \$2,500 per individual per Plan Year. • SERVICES MUST BE PROVIDED BY A BRIGHT NOW! DENTIST.
				No benefits will be paid if dental services are performed by a non-Bright Now! dentist.

When you retire, you have the option to enroll for Dental coverage. This optional dental benefit is available through Delta Dental at an additional monthly cost of \$23. Retirees must elect optional dental coverage at the time of retirement and must keep it for a minimum of 6 months. Retirees may cancel dental coverage *after* 6 months of coverage, but will not be offered the option again.

Retired Plan	Delta Dental Plan of California (Delta Premier)	NEW DeltaPreferred Option (DPO)
	Choose any dentist, however, higher out-of-pocket cost if you choose a non-Delta Dental dentist. Each dental procedure is payable based on "Table of Allowance."	Choose any dentist from the DeltaPreferred Option network.
	BENEFIT FEATURES <ul style="list-style-type: none"> • Paid per the fee schedule shown in the Table of Allowances. • Maximum of \$1,000 per individual per Calendar Year. • \$50 deductible for individual up to \$150 per family per Plan Year. 	BENEFIT FEATURES <ul style="list-style-type: none"> • Paid per the fee schedule shown in the Table of Allowances. • Payable at the DeltaPreferred Option contracted rate. • You pay the difference between the contract rate and the Table of Allowances.

Withholding Tax Certificate

Federal regulations require that all Pensioners receive the Withholding Certificate form. It is your right to start, stop, increase or decrease the amount of tax withheld from your monthly pension benefit at any time.

Your last election of withholding remains in effect until you file a new Withholding Certificate form. If you want to make a change in your withholding, simply complete and sign the detachable Withholding Certificate which will be enclosed with the Annual Statement by Pensioner or Beneficiary to be mailed on March 9, 2005. For more information or to request another copy of this form, contact the Pension department or print the form by logging onto our website.

Electronic Deposit

If you receive benefit payments via Direct Deposit, it is important to notify the Fund Office of any changes to your bank account information. When there are bank account information changes, contact the Pension or Vacation department for an Electronic Direct Deposit form, or download the form from our website. Complete the necessary information and return it to our office.

CALENDAR

On or About This Date	We Will Mail	You Should
January 28, 2005	Pensioners: 1099R Tax Forms	Retain for tax purposes. If not received, contact the Accounting Department (x624) for a duplicate copy.
March 9, 2005	Annual Statement by Pensioner or Beneficiary and Annual Tax Notification "Withholding Certificate"	Follow instructions on form, then complete, have your signature witnessed and return <i>ASAP</i> .
March 25, 2005	Statement of Account: Work Period: 8/1/04 - 1/31/2005 and Summary Annual Report	Verify hours, report discrepancies and retain statement for your records. <i>Summary Annual Report</i> for your information only, no action is required.
April 29, 2005	Vacation-Holiday Benefit Checks	SEND a completed Change of Address form to the Fund Office no later than April 2 <i>if</i> you have recently moved.

The next issue of the Benefit Package is scheduled to be mailed on April 15, 2005



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. Its purpose is 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 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. Please submit any comments or suggestions to the address listed above.



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

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



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

Laborers Funds Administrative Office of Northern California, Inc.
220 Campus Lane, Fairfield, CA 94534-1498 • Telephone: (707) 864-2800

Important Notice

Alternative Dispute Resolution Basic Crafts Workers' Compensation Trust Fund

To: Active and Special Active Laborers

The Northern California District Council of Laborers, the Northern California Carpenters Regional Council, and the Operating Engineers Local Union No. 3 have formed the *Basic Crafts Workers' Compensation Trust Fund*. The *Basic Crafts*, in partnership with the State Compensation Insurance Fund, are pleased to inform you that an Alternative Dispute program (A.D.R.) has been established for Workers' Compensation claims. If your employer is eligible to be a participant in this program, you are advised to attend a presentation that will explain an overview of this program.

Please contact your Local Union for the presentation locations and times. We are happy with these developments and believe that they will be beneficial for all.

Sincerely,

BOARD OF TRUSTEES

January 2005

www.norcalaborers.org

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

CHANGES TO PENSION PLAN

TO: ALL PLAN PARTICIPANTS

Death of an Eligible Participant Before Retirement - Surviving Spouse Pension

The Plan provides a lifetime Surviving Spouse Pension to the eligible Spouse of a vested Laborer who dies prior to actually retiring.

If on his date of death, the Laborer was eligible to start receiving a pension benefit, the Surviving Spouse Pension will be payable beginning with the first of the month following his death.

Example: A 56-year old Laborer with 10 Years of Credited Service dies on August 23, 2004. Although not retired, he is eligible for an Early Retirement Pension. If he has an eligible Spouse, the Surviving Spouse Pension will become payable to her effective September 1, 2004.

If on his date of death, the Laborer was not eligible to start receiving a pension benefit, the Surviving Spouse Pension will not become payable until the first of the month following the date that the Participant would have been eligible to retire.

Example: A 53-year old Laborer with 10 Years of Credited Service dies on August 23, 2004. He would not have been entitled to receive an Early Retirement Pension until after his 55th birthday on June 18, 2006. If he has an eligible Spouse, the Surviving Spouse Pension will not become payable to her until July 1, 2006.

Effective *January 1, 2005*, the surviving Spouse of a Laborer who was qualified for and who had filed an application for a Disability Pension in accordance with Plan Section 9.01 will be paid a Surviving Spouse Pension beginning with the first of the month following the Laborer's death. *This change means the surviving Spouse will no longer have to wait until the Laborer would have attained his earliest retirement age (55 based on an Early Retirement Pension).*

Pensioner's Lump Sum Death Benefit

When a retired Laborer dies, the Pensioner's Lump Sum Death Benefit provides his surviving Spouse with a one-time payment equal to \$100 for each full Benefit Unit (plus a fraction for a portion of a Benefit Unit) that he had earned at the time he retired.

Effective *January 1, 2005*, a surviving Spouse of a Laborer who has filed an application for a pension in accordance with Plan Section 9.01, but dies before his pension becomes effective will also be entitled to the Pensioner's Lump Sum Death Benefit.

More Information

Other Plan rules may govern your Spouse's entitlement to the Surviving Spouse Pension or Pensioner's Lump Sum Death Benefit. You can read about these and other benefits in your summary plan description booklet.

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

Sincerely,

BOARD OF TRUSTEES

This notice is no more than a brief summary of the Plan changes adopted by the Board of Trustees. As such, it is not intended to address all of the Plan provisions that may affect your eligibility for benefits, the amount of your benefit and your rights and obligations under the Plan. You should refer to your summary plan description booklet and the Pension Plan document to fully understand your benefits.

JANUARY 2005

INSERT 10 TO 10/01/99 BOOKLET

-PLEASE PLACE THIS NOTICE IN YOUR PENSION PLAN BOOKLET-