



LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
 SPECIAL PLAN 311 PARTICIPANTS AND THEIR ELIGIBLE DEPENDENTS
 MANAGED HEALTH CARE PLAN EFFECTIVE SEPTEMBER 1, 2003

GENERAL INFORMATION	EFFECTIVE SEPTEMBER 1, 2003	PRE-SEPTEMBER 1, 2003
Type of Plan	Managed Health Care Plan provides traditional, fee-for-service medical benefits. Managed Care offers benefits at lower costs when you use the Prudent Buyer Plan Network of hospitals, physicians, laboratory, radiology and ambulatory surgical facilities.	
Geographical Area Covered	United States, its territories & possessions. Services outside United States may be covered if due to emergency.	
Choice of Physicians	Unlimited. Use of Prudent Buyer Plan physicians results in lower out-of-pocket expenses.	
Specialized Care	In-Network - You select any specialist. Outside Network - You select any specialist.	
Out-Of-Area Care	Out of network benefits apply to treatment anywhere in the United States, its territories and possessions.	
Claim Forms	No claim forms when you use a Prudent Buyer Plan provider.	
MAJOR MEDICAL BENEFITS		
Prescription Drugs	<p>Prescription Solutions benefits provided through Fund.</p> <p><u>Retail</u> - \$50 Plan Year deductible per individual \$500 maximum benefit per Plan Year per individual Co-payment - \$15 for Generic drugs; \$30 for Formulary Brand Name drugs; \$70 for Non-Formulary; 30 day supply.</p> <p><u>Mail Order</u> - \$100 Plan Year deductible per individual \$1,500 maximum benefit per Plan Year per individual Co-payment - \$30 for Generic drugs; \$60 for Formulary Brand Name drugs; \$140 for Non-Formulary drugs; 90 day supply. Mail Order is mandatory for maintenance drugs (long term for chronic illness) after 3 refills at Retail level.</p>	<p>Prescription Solutions benefits provided through Fund.</p> <p><u>Retail</u> - \$10 co-payment for Generic drugs; \$20 co-payment for Formulary Brand Name drugs; \$50 co-payment for Non-Formulary drugs; 30 day supply.</p> <p><u>Mail Order</u> - \$20 co-payment for Generic drugs; \$40 co-payment for Formulary Brand Name drugs; \$100 co-payment for Non-Formulary drugs; 90 day supply. Mail Order is mandatory for maintenance drugs (long term for chronic illness) after 3 refills at Retail level.</p>
Plan Year Deductible	<p>Prudent Buyer Plan - \$1,500 per individual, maximum of \$4,500 per family per Plan Year. Non-Prudent Buyer Plan - \$3,000 per individual per Plan Year. No family maximum.</p> <p>No Major Medical Benefits will be paid until the deductibles have been satisfied. Deductible does not apply to Physical Exams, benefits provided by Pacificare Behavioral Health and Prescription Drug.</p>	<p>Prudent Buyer Plan - \$750 per individual, maximum of \$2,250 per family per Plan Year. Non-Prudent Buyer Plan - \$1,500 per individual per Plan Year. No family maximum.</p> <p>No Major Medical Benefits will be paid until the deductibles have been satisfied. Deductible does not apply to Physical Exams, benefits provided by Pacificare Behavioral Health and Prescription Drug.</p>
Plan Maximums Payable	<p>\$102,000 maximum payable per Plan Year per individual. If maximum payable is reached before the end of a Plan Year, new \$102,000 maximum payable will not start until the start of next Plan Year. \$1,000,000 maximum payable per lifetime per individual. The Plan Maximums apply whether Prudent Buyer Plan or Non-Prudent Buyer Plan is used. All expenses under Major Medical Benefits including Prescription Drugs are subject to the Plan Maximums.</p>	<p>\$1,000,000 lifetime benefits payable per individual whether Prudent Buyer Plan or Non-Prudent Buyer Plan is used. All expenses under Major Medical Benefits including Prescription Drugs are subject to the Plan Maximum.</p>



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Out-of-Pocket Plan Year Maximum	<p>Prudent Buyer Plan - \$11,500 per individual per Plan Year. \$11,500 Plan Year Out-of-Pocket Maximum comprised of Plan Year Deductible and co-insurance.</p> <p>Non-Prudent Buyer Plan – no maximum. Participant is responsible for Plan Year Deductible, 60% of Schedule of Allowances plus any amounts that exceed the Schedule of Allowances.</p>	<p>Prudent Buyer Plan - \$2,750 per individual per Plan Year. \$2,750 Plan Year Out-of-Pocket Maximum comprised of Plan Year Deductible and co-insurance.</p> <p>Non-Prudent Buyer Plan – no maximum. Participant is responsible for Plan Year Deductible, 40% of Schedule of Allowances plus any amounts that exceed the Schedule of Allowances.</p>
<p>Inpatient Hospital</p> <ul style="list-style-type: none"> · Medical/Surgery · Mental Health · Alcohol and Substance Abuse · Extended Care Facility (Skilled Nursing Facility) 	<p>Prudent Buyer Plan - 70% of negotiated rates for medically necessary hospital services.</p> <p>Non-Prudent Buyer Plan - 40% of covered charges* for medically necessary hospital services. (Penalty: 20% of first \$10,000 of covered charges if hospitalized as a non-emergency or elective admission when the participant resides in a Prudent Buyer Plan Service Area – see footnote #1 for definition of Service Area).</p> <p>Regular plan benefits payable. (See Medical/Surgery benefits above.)</p> <p>MUST BE PROVIDED BY PACIFICARE BEHAVIORAL HEALTH</p> <p>ADULT: 1st Treatment: 100% of contracted rate, 30 days maximum. 2nd Treatment: 50% of contracted rate, 30 days maximum.</p> <p>ADOLESCENT: 1 Treatment: 100% of contracted rate, 45 days maximum.</p> <p>\$10,000 Lifetime per adult \$12,500 Lifetime per adolescent</p> <p>Regular plan benefits payable. (See Medical/Surgery benefits above.)</p> <p>* - Covered charges include 100% of lowest semi-private room and ICU rate, 80% of lowest private room rate; 100% of miscellaneous charges.</p>	<p>Prudent Buyer Plan - 80% of the first \$10,000 of negotiated rates; 100% thereafter for medically necessary hospital services.</p> <p>Non-Prudent Buyer Plan - 60% of covered charges* for medically necessary hospital services. (Penalty: 20% of first \$10,000 of covered charges if hospitalized as a non-emergency or elective admission when the participant resides in a Prudent Buyer Plan Service Area - see footnote #1 for definition of Service Area).</p> <p>Regular plan benefits payable. (See Medical/Surgery benefits above.)</p> <p>MUST BE PROVIDED BY PACIFICARE BEHAVIORAL HEALTH</p> <p>ADULT: 1st Treatment: 100% of contracted rate, 30 days maximum. 2nd Treatment: 50% of contracted rate, 30 days maximum.</p> <p>ADOLESCENT: 1 Treatment: 100% of contracted rate, 45 days maximum.</p> <p>\$10,000 Lifetime per adult \$12,500 Lifetime per adolescent</p> <p>Regular plan benefits payable. (See Medical/Surgery benefits above.)</p> <p>* - Covered charges include 100% of lowest semi-private room and ICU rate, 80% of lowest private room rate; 100% of miscellaneous charges.</p>
Utilization Review	Automatic part of Plan procedures when admitted to Prudent Buyer Plan hospital. Required for ALL hospital admissions. 20% penalty of first \$10,000 of covered expenses for non-compliance.	



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Outpatient Hospital Care	Prudent Buyer Plan - 70% of negotiated rates. Non-Prudent Buyer Plan – 40% of covered charges.	Prudent Buyer Plan - 80% of negotiated rates. Non-Prudent Buyer Plan – 60% of covered charges.
Home Health Care	100% of covered charges - only upon referral by Case Management Program.	
Hospice Care	100% of covered charges - only upon referral by Case Management Program.	
Emergency Room	Prudent Buyer Plan - 70% of negotiated rate less a \$100 co-payment. Non-Prudent Buyer Plan - 40% of covered charges less a \$100 co-payment. Co-payment waived under certain circumstances.	Prudent Buyer Plan - 80% of negotiated rate less a \$25 co-payment. Non-Prudent Buyer Plan - 60% of covered charges less a \$50 co-payment. Co-payment waived under certain circumstances.
Ambulatory Surgical Facility	70% of negotiated rates if Prudent Buyer Plan facility used; 40% of covered charges if Non-Prudent Buyer Plan facility used.	80% of negotiated rates if Prudent Buyer Plan facility used; 60% of covered charges if Non-Prudent Buyer Plan facility used.
Physician Fees · Office Visits · Surgery	Prudent Buyer Plan - 100% of negotiated rate less \$30 co-payment per visit. Non-Prudent Buyer Plan – 40% of UC&R. No office visit co-payment. Prudent Buyer Provider - 70% of negotiated rate Non-Prudent Buyer Provider – 40% of UC&R	Prudent Buyer Plan - 100% of negotiated rate less \$20 co-payment per visit. Non-Prudent Buyer Plan – 60% of UC&R. No office visit co-payment. Prudent Buyer Plan - 80% of negotiated rate Non-Prudent Buyer Plan – 60% of UC&R
Diagnostic X-Ray and Laboratory	Prudent Buyer Facility - 70% of negotiated rate Non-Prudent Buyer Facility – 40% of UC&R	Prudent Buyer Facility - 80% of negotiated rate Non-Prudent Buyer Facility – 60% of UC&R
Mental Health Outpatient	Prudent Buyer Provider - 50% of negotiated rate per visit up to 40 visits per Plan Year. Non-Prudent Buyer Provider - 50% of UC&R per visit up to 40 visits per Plan Year. Physician Office Visit co-payment does not apply.	
Alcohol and Substance Abuse - Outpatient	MUST BE PROVIDED BY PACIFICARE BEHAVIORAL HEALTH Visits 1 - 10: 100% of contracted rate Visits 11 - 25: 85% of contracted rate Visits 26 - 40: 70% of contracted rate Visits 41 – 50: 50% of contracted rate	
Chiropractic Benefits	\$40 per visit up to 20 visits per Plan Year. Physician office visit co-payment does not apply. Chiropractic x-rays limited to \$100 per Plan Year.	
Durable Medical Equipment	Prudent Buyer Provider - 70% of negotiated rate Non-Prudent Buyer Provider – 40% of UC&R	Prudent Buyer Provider - 80% of negotiated rate Non-Prudent Buyer Provider – 60% of UC&R



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OTHER BENEFITS		
Death & Accidental Death Dismemberment Benefits	Employee Death: \$15,000 plus additional \$15,000 if death is a result of an accident. Employee Injury/Dismemberment - \$7,500 to \$15,000 depending upon part or parts of body. Spouse Death: \$7,500 Child Death: \$500 for age 24 hours but less than 2 years of age; \$750 for age 2 years but less than 5 years of age. \$1,000 for age 5 years but less than 19 years of age.	
Routine Physical Exam	\$200 for Participant or Spouse; \$100 for dependent child per Plan Year. Plan Year Deductible and Physician Office Visit co-payment not applicable.	
Vision Care	Not Covered	Vision Service Plan (VSP) benefits provided through Fund. Payable every 24 months for exam, lenses and frames. \$20 deductible for exam and \$25 deductible for lenses and frames. Refer to Group #0012-0006.
Dental Care	Not Covered	Fund offers two optional Dental Plans: 1. Indemnity Plan administered by Delta Dental Plan of California. Free to choose any dentist but higher out-of-pocket cost if a non-Delta Dental dentist is used. Each dental procedure is payable based on "Table of Allowance" payable at 75%, maximum up to \$1,500 per individual per Plan Year. \$100 deductible for individual per Plan Year but not to exceed \$300 per family. Orthodontic care not covered. Refer to Group #2211-003. 2. <i>DeltaCare</i> – a prepaid/HMO Plan provided through PMI, an affiliate of Delta Dental. There is no cost except for co-payments on certain procedures. SERVICES MUST BE PROVIDED BY YOUR PANEL DELTACARE DENTIST. No benefits will be paid if dental services are performed by other than your panel dentist. Refer to Group #IU06.
OPTIONAL PLAN	No optional HMO, only Laborers Managed Health Care Plan is available.	Optional Kaiser Permanente Plan.
Toll-Free Number	1-800-244-4530	

This is intended only as a summary of the benefits provided by the Plan. All exclusions and limitations of benefit coverage have not been included. The contents of this summary are not to be construed or accepted as a substitute for the provisions of the Fund's Rules and Regulations.

¹Preferred Provider Plan (Prudent Buyer Plan) Service Area extends to all 46 Northern California Counties.