



**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA  
ACTIVE AND SPECIAL PLANS PARTICIPANTS AND THEIR ELIGIBLE DEPENDENTS  
DIRECT PAYMENT PLAN SUMMARY OF BENEFITS AS OF MARCH 1, 2009**

Plan Deductible	\$150 per individual, maximum of \$450 per family per Plan Year (March 1 – February 28). Does not apply to Inpatient Hospital, Physical Exam and Prescription Drug benefits. Covered Expenses incurred during the last 3 months (December, January and February) of a Plan Year and applied against the Deductible that Plan Year will be carried forward to the following Plan Year's Deductible amount.
Plan Maximum	\$1,500,000 lifetime per individual with a \$2,000 Plan Year reinstatement. Lifetime maximum does not apply to Physical Exam and Prescription Drug benefits.
Plan Year Out-of-Pocket Expense Maximum	\$3,000 per individual up to \$6,000 per family per Plan Year. Out-of-Pocket includes your Plan Year Deductible, your co-insurance and the 10% copayment for hospital stay for charges by Prudent Buyer Plan providers only. Does not include Physician Visit or Emergency Room copayment, penalties for not using a Prudent Buyer Plan hospital or not obtaining a Utilization Review, your co-insurance for charges by non-Prudent Buyer Plan providers, Plan exclusions and limitations.
<b>Inpatient Hospital Medical/Surgery Mental Health Extended Care/SNF</b>	Prudent Buyer Plan - 90% of the first \$10,000 of negotiated rates, 100% thereafter for medically necessary hospital services.  Non-Prudent Buyer Plan - 70% (10% regular copayment plus 20% penalty for not using a preferred provider) of the first \$10,000 of covered charges, 100% thereafter. (Exception: Emergency admission and participants residing outside the service area - payable at 90% instead of 70%.)
Alcohol and Substance Abuse	<b>MUST BE PROVIDED BY CLAREMONT BEHAVIORAL SERVICES.</b> ADULT: 1st Treatment: 100% of contracted rate, 30 days max. 2nd Treatment: 50% of contracted rate, 30 days max. ADOLESCENT: 1 Treatment: 100% of contracted rate, 45 days max. \$10,000 Lifetime per adult; \$12,500 Lifetime per adolescent
Hospital Care Outpatient	Prudent Buyer Plan - 90% of negotiated rates after Plan Deductible. Non-Prudent Buyer Plan – 70% of covered charges after Plan Deductible.
Emergency Room Hospital	Prudent Buyer Plan - 90% of negotiated rate after \$25 copayment and Plan Deductible. Non-Prudent Buyer Plan - 70% of covered charges after \$50 copayment and Plan Deductible. Copayment waived under certain circumstances.
Ambulatory Surgical Facility	Prudent Buyer Plan facility - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan facility - 70% of covered charges after Plan Deductible.
Home Health Care	90% of negotiated rate after Plan Deductible. Must be pre-authorized by Anthem Blue Cross.
Hospice Care	90% of negotiated rate after Plan Deductible. Must be pre-authorized by Anthem Blue Cross.
Physician Office Visit	Prudent Buyer Plan - 100% of negotiated rate after \$15 copayment and Plan Deductible. Non-Prudent Buyer Plan - 70% of UC&R after \$15 copayment and Plan Deductible. Copayment does not apply to Physical Exam, Well Baby, Chiropractic Care or outpatient Mental Health visits.
Physician Hospital Emergency Room Visit	Prudent Buyer Plan provider - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan provider - 70% of UC&R after Plan Deductible. Exception: Payable at 90% of UC&R if seen at a Prudent Buyer Plan hospital.
Physical Exam/ Well Baby	Participant or Spouse - \$200 maximum per Plan Year - Plan Deductible not applicable. Child older than age 2 - \$100 maximum per Plan Year - Plan Deductible not applicable. Well Baby charges for dependent children up to age 2 are payable as routine office visit and not subject to \$100 maximum per Plan Year.
Surgery Physician Fee	Prudent Buyer Plan Physician - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan Physician - 70% of UC&R after Plan Deductible.
Diagnostic Lab Tests	Prudent Buyer Plan facility - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan facility - 70% of UC&R after Plan Deductible.

Diagnostic X-Ray, MRI, CT Scan	Prudent Buyer Plan facility - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan facility - 70% of UC&R after Plan Deductible.
Immunizations and Inoculations (Shots)	Prudent Buyer Plan provider - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan provider - 70% of UC&R after Plan Deductible. Immunizations are covered for dependent children only.
Outpatient Mental Health Services	Maximum of 40 visits per Plan Year. Prudent Buyer Plan provider - 50% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan provider – 50% of UC&R after Plan Deductible.
Outpatient Alcohol and Substance Abuse Treatment	MUST BE PROVIDED BY CLAREMONT BEHAVIORAL SERVICES. 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, \$100 maximum for x-rays per Plan Year after Plan Deductible.
Physical Therapy Occupational Therapy	Prudent Buyer Plan provider - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan provider - 70% of UC&R after Plan Deductible.
Hearing Aids/Device	\$750 maximum payable, after Plan Deductible, per ear/device every 36 months
Ambulance	Prudent Buyer Plan provider - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan provider - 70% of UC&R after Plan Deductible. Exception: If life threatening condition, payable at 90% of UC&R. Air ambulance may be covered if due to a life threatening condition.
Durable Medical Equipment	Must be prescribed by a physician. Prudent Buyer Plan provider - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan provider - 70% of UC&R after Plan Deductible.
Anesthesia	Prudent Buyer Plan provider - 90% of negotiated rate after Plan Deductible. Non-Prudent Buyer Plan provider - 70% of UC&R after Plan Deductible.
Out of the Country Medical Care	Benefits apply to treatment anywhere in the United States, its territories and possessions. Expenses incurred outside the United States are not covered except for Emergency Services as defined by the Plan.
Death, Accidental Death and Dismemberment Benefits	Participant Death: \$15,000 plus additional \$15,000 if death is a result of an accident. Participant Injury/Dismemberment - \$7,500 to \$15,000 depending upon part or parts of body.  Dependent Spouse Death: \$7,500. Dependent 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.
Dental	Fund offers four optional Dental Plans - see Dental Plans Comparison. (Note to Special Plan Participants: Certain employers are not contributing for dental coverage. Call the Fund Office to check if your employer is making contribution). 1. Delta Dental. Refer to Group #2211-0001 for Active or #2211-0002 for Special Plan. 2. DeltaCare PMI. Refer to Group #00742-0001 for Active or #00742-0002 for Special Plan. 3. Bright Now! Refer to Group #NCLU 01 for Active or Group #NCLU 02 for Special Plan. 4. Pacific Union Dental. Refer to Group #95487 for Active or Group #95486 for Special Plan.
Vision Care	Vision Service (VSP) "Value Plan" benefits provided through Fund. Payable every 12 months for exam and lenses, 24 months for frames. \$10 deductible for exam and \$20 deductible for lenses and frames. Active Plan – Refer to Group #00860000, Division 4, Class 2. Special Plan - Refer to Group #00860000, Division 2, Class 1.
Prescription Drugs	<u>Retail</u> – Participant pays copayment below per prescription. 30 day supply maximum per prescription. Generic - \$10; Formulary Brand Name - \$20; Non-Formulary Brand Name - \$30  <u>Mail Order</u> – Participant pays copayment below per prescription. 90 day supply maximum per prescription. Generic - \$20; Formulary Brand Name - \$40; Non-Formulary Brand Name - \$60 Mail Order is mandatory for maintenance drugs.  If a generic equivalent is available and Participant or Physician prefer brand name, Participant is responsible for the difference in cost between generic and brand name.