





GENERAL INFORMATION	LABORERS DIRECT PAYMENT PLAN	HEALTH NET ("Regular Retiree" Program)	HEALTH NET SENIORITY PLUS ("Medicare-Risk" Program)	KAISER (Non-Medicare Eligible)	KAISER SENIOR ADVANTAGE (Medicare Eligible)	PACIFICARE (Non-Medicare Eligible)	PACIFICARE SECURE HORIZONS ("Medicare-Risk" Program)
Chiropractic Benefits	\$10 per visit, limit of 12 visits per Plan Year. Physician office visit copayment does not apply. Chiropractic x-rays limited to \$65 per Plan Year.	NOT COVERED.	100% after \$5 copayment per visit, not to exceed 20 visits per calendar year. Annual benefit for chiropractic appliances is \$50.	NOT COVERED.	\$10 copayment per visit for manual manipulation for subluxation of the spine as diagnosed by x-ray and prescribed by a Plan physician.	NOT COVERED.	100% after \$5 copayment per visit, up to 12 visits per year. Annual maximum benefit for chiropractic appliances is \$50.
Mental Health Outpatient	50% of Schedule of Allowance per visit up to 40 visits per Plan Year. Physician office visit copayment does not apply.	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	Individual Therapy: 100% after \$10 copayment per visit; Group Therapy: 100% after \$2 copayment per visit. Maximum: 20 visits per calendar year. Unlimited for AB88 conditions.	Individual Therapy: 100% after \$10 copayment per visit. Group Therapy: 100% after \$2 copayment per visit. No visit limit. Unlimited for AB 88 conditions.	100% after \$20 copayment per visit. Serious mental illness covered.	100% after \$10 copayment per visit. No limit on number of visits as long as authorized by <i>Secure Horizons</i> .
Alcohol and Substance Abuse Treatment	Not covered.	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	100% after \$5 copayment per visit (no visit limit).	100% after \$5 copayment per visit (no visit limit).	100% for detoxification.	100% after \$5 copayment per visit.
<b>OTHER BENEFITS</b>							
Vision Care	Optional vision benefit is available provided through VSP at an additional monthly cost of \$15.  Payable every 12 months for exam, lenses and frames. \$10 deductible for exam and \$10 deductible for lenses and frames.  Refer to Group #00860000, Division 8, Class 4.	Health Net provides for an eye exam only at 100% after a \$5 copayment per exam.  Optional vision benefit is available provided through VSP at an additional monthly cost of \$15 – see Direct Payment Plan for benefits.	<i>Seniority Plus</i> provides for an eye exam at 100% after a \$5 copayment per exam; Frames up to \$100 allowance every two years; Lenses once every 12 months, if prescription changes.  Optional vision benefit is available provided through VSP at an additional monthly cost of \$15 – see Direct Payment Plan for benefits.	Kaiser provides for an eye exam only at 100% after a \$5 copayment per exam.  Optional vision benefit is available provided through VSP at an additional monthly cost of \$15 – see Direct Payment Plan for benefits.	<i>Senior Advantage</i> provides up to \$150 eyewear allowance every 24 months.  Optional vision benefit is available provided through VSP at an additional monthly cost of \$15 – see Direct Payment Plan for benefits.	Pacificare provides for an eye exam only at 100% after a \$20 copayment per exam.  Optional vision benefit is available provided through VSP at an additional monthly cost of \$15 – see Direct Payment Plan for benefits.	<i>Secure Horizons</i> provides for an eye exam at 100% after a \$5 copayment once a year; Frames and lenses after a \$20 copayment every two years.  Optional vision benefit is available provided through VSP at an additional monthly cost of \$15 – see Direct Payment Plan for benefits.
Dental Care	Optional dental benefit is available provided through Delta Dental at an additional monthly cost of \$24 whether you enroll in the Direct Payment Plan or HMO Plan.  Provided through 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" maximum up to \$1,000 per individual per Plan Year. \$50 deductible for individual per Plan Year but not to exceed \$150 per family. Orthodontic care not covered. Refer to Group #2209-0004.						
Prescription Drugs	Prescription Solutions benefits provided through Fund.  <u>Retail</u> – Participant pays copayment per prescription below. 30 day supply maximum per prescription: Generic - \$10 Formulary Brand Name - \$20 Non-Formulary Brand Name - \$30  <u>Mail Order</u> – Participant pays copayment per prescription below. 90 day supply maximum per prescription: Generic - \$20 Formulary Brand Name - \$40 Non-Formulary Brand Name - \$60 Mail Order is mandatory for maintenance drugs after 3 refills.  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.  <u>Maximum</u> - \$7,500 per calendar year combined retail and mail order.	\$10 copayment per generic or \$20 per brand name prescription at Health Net participating pharmacies for a 30 day supply of generic or medically necessary prescribed brand name drugs listed in the Health Net Formulary. No maximum.  <u>Mail Order</u> - \$20 copayment per generic or \$40 per brand name prescription; 90 day supply.	\$10 copayment per generic or \$15 copayment per brand name prescription at Health Net participating pharmacies for a 30 day supply of generic or medically necessary prescribed brand name drugs listed in the Health Net Formulary. No maximum.  <u>Mail Order</u> - \$20 copayment per generic or \$30 copayment per brand name prescription; 90 day supply.	\$5 copayment per generic or \$15 copayment per brand name prescription at Kaiser Permanente pharmacies; 100 day supply of generic or medically necessary prescribed brand name drugs in accordance with Health Plan Formulary guidelines. No maximum.	\$5 copayment per generic or \$15 copayment per brand name prescription at Kaiser Permanente pharmacies; 100 day supply of generic or medically necessary prescribed brand name drugs in accordance with Health Plan Formulary guidelines. No maximum.	\$5 copayment per generic or \$15 copayment per brand name prescription at any Pacificare participating pharmacy; 30 day supply. Self-injectable medication \$50 copayment  <u>Mail Order</u> - \$10 copayment per generic or \$30 per brand name prescription; 90 day supply.	\$7 copayment per generic or \$14 copayment per brand name prescription at any <i>Secure Horizons</i> contracting pharmacy; 30 day supply. No maximum.  <u>Mail Order</u> - \$14 copayment per generic or \$28 per brand name prescription; 90 day supply.
Monthly Premium	See rate sheet.						
Toll-Free Numbers	1-800-244-4530	1-800-638-3889	1-800-596-6565	1-800-464-4000 Refer to Group 32901 when calling.	1-800-814-0888 Refer to Group 32901 when calling.	1-800-624-8822	1-888-422-6000

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

<sup>2</sup> Schedule of Allowances based on negotiated rates if *Prudent Buyer Plan* Provider used or UC&R if *Non-Prudent Buyer Plan* Provider used.

**THIS COMPARISON OF BENEFITS IS INTENDED ONLY AS A SUMMARY OF THE BENEFITS PROVIDED BY EACH PLAN. ALL EXCLUSIONS AND LIMITATIONS OF BENEFIT COVERAGE HAVE NOT BEEN INCLUDED AND MAY VARY SLIGHTLY FROM PLAN TO PLAN. THE CONTENTS OF THIS COMPARISON ARE NOT TO BE CONSTRUED OR ACCEPTED AS A SUBSTITUTE FOR THE PROVISIONS OF THE FUND'S RULES AND REGULATIONS OR EACH HMO'S CONTRACT.**

Revised 1/15/2007



Telephone: (707) 864-2800 Toll-Free: (800) 244-4530

Website: <http://www.norcalaborers.org>

**TO: ALL RETIRED LABORERS AND THEIR ELIGIBLE DEPENDENTS COVERED UNDER THE RETIRED LABORERS PLAN EFFECTIVE MARCH 1, 2007**

CHOICE OF  
MEDICAL PLANS

The Trust Fund offers Retired Laborers and their eligible dependents a choice of health plans. You and your eligible dependents may elect coverage under the Retired Laborers *Direct Payment* Plan or one of three health maintenance organizations (HMO's) available through the Fund. Your choice of medical plans are as follows:

- Retired Laborers *Direct Payment* Plan
- Health Net
- Kaiser Foundation Health Plan
- PacifiCare

An HMO provides benefits at either no cost to you or with limited copayments; however, it limits your choice of physicians. The Fund's *Direct Payment* Plan provides traditional fee-for-service benefits. Under the Laborers *Direct Payment* Plan, you may use any physician or hospital you wish, however, use of a Prudent Buyer Plan provider may lower your out-of-pocket costs.

The Comparison of Benefits Plans is designed to help you choose a medical plan that suits your entire family's health care needs. We urge you to review the Comparison and accompanying Rate Sheet *before* selecting a plan. **You should be aware that you are allowed to change to any medical plan no more than twice every calendar year.**

Once you have selected a plan, complete a *Plan Benefit Application Form* and mail it to the Fund Office at the above address. IMPORTANT: IF YOU WISH TO ENROLL IN A "MEDICARE RISK" PROGRAM, YOU MUST COMPLETE A PLAN BENEFIT APPLICATION FORM AND THE HMO'S RETIRED PLAN BENEFIT APPLICATION FORM. AN HMO APPLICATION MUST BE COMPLETED FOR EACH INDIVIDUAL WISHING TO ENROLL IN A "MEDICARE RISK" PROGRAM.

NOTIFY FUND OFFICE OF ANY CHANGE IN  
DEPENDENT STATUS

Whether you enroll in one of the HMO's or the Fund's *Direct Payment* Plan, you must notify the Fund Office of any change in dependent status by completing an Enrollment Form and submitting the required documents along with it. For example, if you want to add a dependent, such as a spouse, complete a new Enrollment Form and submit the appropriate document as requested on the form. If you want to delete a dependent, you must also submit a new Enrollment Form. If you fail to notify the Fund Office of a change in dependent status, it may delay payment of claims.

Enrollment Forms are available through your Local Union or by calling the Fund Office at the above telephone number.

If you need more information or have any questions concerning this insert, please do not hesitate to contact the Fund Office. The staff will be happy to assist you.

Sincerely,

BOARD OF TRUSTEES

JANUARY 15, 2007



Laborers Health and Welfare Trust Fund for Northern California  
220 Campus Lane \* Fairfield, California 94534-1498