

GENERAL INFORMATION	LABORERS DIRECT PAYMENT PLAN	HEALTH NET "Regular Retiree" Program (For Medicare and Non-Medicare Individuals)	HEALTH NET SENIORITY PLUS (For Medicare Individuals)	PACIFICARE (For Non-Medicare Individuals)	PACIFICARE SECURE HORIZONS (For Medicare Individuals)
Type of Plan	The Fund's Direct Payment Plan provides traditional, fee-for-service medical benefits. You may seek care from any hospital or physician you like. Direct Payment Plan offers benefits at lower costs when you use <i>Prudent Buyer Plan</i> providers. Plan benefits are reduced by Medicare payments for Medicare eligible participants.	HMO provides all care through a network of contract hospitals, doctors and medical centers. A Primary Care Physician coordinates all medical care needs. Medicare-eligible retirees can still receive Medicare benefits outside the Health Net program.	HMO provides all care through a network of contract hospitals, doctors and medical centers. A Primary Care Physician coordinates all medical care needs. All care must be provided through Health Net. Medicare will not pay for or provide benefits for services received outside the Health Net Seniority Plus program.	HMO provides all care through a network of contract hospitals, doctors and medical centers. A Primary Care Physician coordinates all medical care needs.	HMO provides all care through a network of contract hospitals, doctors and medical centers. A Primary Care Physician coordinates all medical care needs. Medicare will not pay for or provide benefits for services received outside the Pacificare Secure Horizons program.
Geographical Area Covered	United States, its territories and possessions. Services outside United States may be covered if due to emergency.	You must reside within Health Net Service Area. For Medicare individuals - you cannot elect this Plan if you live within Health Net Seniority Plus Plan Service Area.	You must reside within Health Net Seniority Plus Service Area.	You must reside within Pacificare Service Area.	You must reside within Pacificare <i>Secure Horizons</i> Service Area.
Choice of Physicians	Unlimited. Use of a <i>Prudent Buyer Plan</i> physician may result in lower out-of-pocket expenses.	Each member selects a Participating Medical Group (PMG) within 30 miles of his or her residence; each member then selects a Primary Care Physician from the PMG.	Each member selects a Participating Medical Group (PMG) within 30 miles of his or her residence; each member then selects a Primary Care Physician from the PMG.	Each member selects a Primary Care Physician within 30 miles of his or her residence or workplace.	Each member selects a Primary Care Physician within his or her zip code.
Specialist: In-Network	You may select any specialist.	Your Primary Care Physician refers you to a Health Net specialist.	Your Primary Care Physician refers you to a Health Net specialist.	Your Primary Care Physician refers you to a Pacificare specialist.	Your Primary Care Physician refers you to a <i>Secure Horizons</i> specialist.
Outside Network	You may select any specialist.	Covered in full if authorized by your Participating Medical Group.	Covered in full if authorized by your Participating Medical Group.	Covered in full if Pacificare refers you.	Covered in full if <i>Secure Horizons</i> refers you.
Out-of-Area Care	Out of network benefits apply to treatment anywhere in the United States, its territories and possessions.	Emergency services only. 100% after \$35 copayment. Waived if admitted.	Emergency services only. 100% after \$20 copayment. Waived if admitted.	Emergency services only. 100% after \$50 copayment. Waived if admitted.	Emergency services only. 100% after \$50 copayment. Waived if admitted.
Claim Forms	No claim forms when you use a <i>Prudent Buyer Plan</i> provider.	No claim forms except for out-of-area emergency services.	No claim forms except for out-of-area emergency services.	No claim forms except for out-of-area care.	No claim forms except for out-of-area care.
Plan Deductible	\$150 per person up to \$450 per family per Plan Year. Not applicable to individuals eligible under Medicare.	None.	None.	None.	None.
Plan Maximum	\$750,000 per person with a \$2,000 Plan Year reinstatement. Does not apply to Prescription Drug.	None. Some restrictions apply.	None. Some restrictions apply.	None. Some restrictions apply.	None. Some restrictions apply.
Inpatient Hospital Medical/Surgery	<i>Prudent Buyer Plan</i> : 85% of 1st \$10,000 and 100% thereafter of negotiated rates. Non- <i>Prudent Buyer Plan</i> : 65% of 1st \$10,000 and 100% thereafter of covered charges. (Exception: For emergencies and members residing outside service area - see footnote #1, benefits are payable at 85%)	100%.	100%.	100%.	100%.
Mental Health	Same as Medical/Surgery above	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	\$20 office visit copayment. Must use a Pacificare Behavioral Health provider.	100% up to 190 days lifetime maximum.
Skilled Nursing Facility (Extended Care)	Same as Medical/Surgery above	100% for up to 100 days per calendar year.	100% for up to 100 days per benefit period.	100% for up to 100 days per calendar year.	100% for up to 100 days per benefit period , as long as determined medically necessary by your Primary Care Physician.
Alcohol and Substance Abuse	Must be provided by Claremont Behavioral Services. 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	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	100%	100% for detoxification only. Rehabilitation is not covered.
Utilization Review	Automatic part of Plan procedures when admitted to <i>Prudent Buyer Plan</i> hospital. Penalty of 20% of first \$10,000 of covered expenses for non-compliance.	Automatic part of Plan procedures.	Automatic part of Plan procedures.	Automatic part of Plan procedures.	Automatic part of Plan procedures.
Outpatient Hospital Care	<i>Prudent Buyer Plan</i> - 90% of negotiated rates. Non- <i>Prudent Buyer Plan</i> - 90% of covered charges.	100%.	100%.	100%.	100%.
Emergency Room Hospital	<i>Prudent Buyer Plan</i> - 90% of negotiated rate less a \$25 copayment. Non- <i>Prudent Buyer Plan</i> - 90% of covered charges less a \$50 copayment. Copayment waived under certain circumstances.	100% after \$35 copayment. Waived if admitted.	100% after \$20 copayment. Waived if admitted.	\$50 copayment. Waived if admitted.	\$50 copayment. Waived if admitted.
Ambulatory Surgical Facility	<i>Prudent Buyer Plan</i> - 85% of negotiated rates. Non- <i>Prudent Buyer Plan</i> - 65% of covered charges.	100% upon referral by Participating Medical Group.	100% upon referral by Participating Medical Group.	Covered at Pacificare facility, subject to regular copayment.	Covered at Pacificare <i>Secure Horizons</i> facility, subject to regular copayment.
Home Health Care	90% of covered charges - only upon referral by Case Management.	\$15 copayment per visit beginning on 31st day of care.	100%.	100% as medically necessary and as authorized by your Primary Care Physician.	100% as medically necessary and as authorized by your Primary Care physician.
Hospice Care	90% of covered charges - only upon referral by Case Management.	100% when determined medically necessary by Participating Medical Group.	Covered by traditional Medicare	100% (prognosis of life expectancy of one year or less)	210 days, may be extended.

GENERAL INFORMATION	LABORERS DIRECT PAYMENT PLAN	HEALTH NET "Regular Retiree" Program (For Medicare and Non-Medicare Individuals)	HEALTH NET SENIORITY PLUS (For Medicare Individuals)	PACIFICARE (For Non-Medicare Individuals)	PACIFICARE SECURE HORIZONS (For Medicare Individuals)
Durable Med Equipment	75% of Schedule of Allowances – see footnote #2.	100%.	100%.	100% up to \$5,000 annual benefit maximum.	100% when prescribed by Plan physician.
Office Visits	75% of Schedule of Allowances – see footnote #2 less \$20 copayment per visit. \$20 copayment waived for Medicare eligible individuals.	100% after \$15 copayment per visit.	100% after \$10 copayment per visit.	100% after \$20 copayment per visit.	100% after \$5 copayment per visit.
Surgery	75% of Schedule of Allowances – see footnote #2.	100%.	100%	100%.	100% in hospital.
Physical Exam	Up to \$200 per Plan Year for retirees and their spouse only. Children not covered.	NOT COVERED	100% after \$10 copayment.	100% after a \$20 copayment. Well-baby covered in full.	100%, no copayment.
Diagnostic Lab Test, X-Ray, MRI, CT Scan	75% of Schedule of Allowances – see footnote #2.	100%.	100%.	100%.	100%.
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.	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	100% after \$20 copayment per visit. Serious mental illness covered.	100% after \$5 copayment per visit. No limit on number of visits as long as authorized by <i>Secure Horizons</i> .
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	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	100% for detoxification.	100% after \$5 copayment per visit.
Vision Care	Optional vision benefit is available provided through VSP at an additional monthly cost of \$15. You must pay for this coverage for a minimum of 6 months . 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. You must pay for this coverage for a minimum of 6 months .	<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. You must pay for this coverage for a minimum of 6 months .	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. You must pay for this coverage for a minimum of 6 months .	<i>Secure Horizons</i> provides for an eye exam at 100% after a \$5 copayment once a year; Frames and lenses \$130 allowance or contact lens \$175 allowance every two years. Optional vision benefit is available provided through VSP at an additional monthly cost of \$15 – see Direct Payment Plan for benefits. You must pay for this coverage for a minimum of 6 months .
Dental Care	Two optional dental benefits, Delta Dental and Delta Care USA, are available at an additional monthly cost of \$67 whether you enroll in the Direct Payment Plan or HMO Plan. See Comparison of Dental Plans section. You must pay for this coverage for a minimum of 6 months . You are allowed to change dental plans every March 1.				
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. <u>Maximum</u> - \$12,000 per calendar year combined retail and mail order. 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.	\$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 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	1-800-624-8822	1-888-422-6000

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

² 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.



**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
RETIRED PLAN RATE SHEET
MONTHLY SELF-PAYMENT RATES EFFECTIVE MARCH 1, 2009**

If you earned less than 10 years of Credited Service or you are under age 55, your premium is 100% of the rate specified below.

If you meet one of the following criteria, you will pay either 50% or 75% of the specified amount below:

50% - You are age 55 or over (age 55 means the month following your 55th birthday) and earned 25 Years of Credited Service, or
Regardless of age and Years of Credited Service, you were approved a Disability Pension based on a Social Security Disability Award, or
Regardless of Years of Credited Service, you are age 70 (age 70 means the month following your 70th birthday)

75% - You are age 55 or over (age 55 means the month following your 55th birthday) and earned 10 - 24 Years of Credited Service

NOTE: These rates DO NOT include the cost of coverage for dental and/or vision benefits. If you have elected dental and/or vision coverage, these benefits will be provided at an additional monthly cost of \$67 for dental and \$15 for vision, or \$82 for both dental and vision.

TYPE OF COVERAGE	LABORERS DIRECT PAYMENT PLAN	HEALTH NET ("Regular Retiree" Program)	HEALTH NET SENIORITY PLUS ("Medicare-Risk" Program)	PACIFICARE (Non-Medicare Eligible)	PACIFICARE SECURE HORIZONS ("Medicare-Risk" Program)
One Medicare	\$266.00	\$354.00. You cannot elect this option if you live within Health Net Seniority Plus Plan service area.	\$298.00	NOT AVAILABLE	\$372.00
One Non-Medicare	\$636.00	\$843.00	NOT AVAILABLE	\$869.00	NOT AVAILABLE
Two Medicare	\$532.00	\$708.00. You cannot elect this option if you live within Health Net Seniority Plus Plan service area.	\$597.00	NOT AVAILABLE	\$745.00
Two Non-Medicare	\$1,273.00	\$1,685.00	NOT AVAILABLE	\$1,738.00	NOT AVAILABLE
One Medicare and One Non-Medicare	\$902.00	\$1,197.00. You cannot elect this option if you live within Health Net Seniority Plus Plan service area.	\$1,141.00	\$1,242.00	\$1,242.00
Family (3 or more)	For family of 2 or more members, rates are the same as indicated above for 2 individuals.	\$2,439.00 assuming that <u>ALL</u> family members do not have Medicare. If your family mix is different or your type of coverage is not shown, call the Fund Office for the specific self-payment rate. Plan rates are subject to change.	\$298.00 per Medicare eligible family member; Non-Medicare family member may enroll in Health Net "Regular Retiree" Program. Call Fund Office for specific rates.	\$2,189.00 assuming that <u>ALL</u> family members do not have Medicare. If your family mix is different or your type of coverage is not shown, call the Fund Office for the specific self-payment rate. Plan rates are subject to change.	\$372.00 per Medicare eligible family member; Non-Medicare family member may enroll in Pacificare Non-Medicare Plan. Call Fund Office for specific rates.



Laborers Health and Welfare Trust Fund for Northern California
Comparison of Dental Plans for Retired Participants
Effective March 1, 2009



Laborers Health and Welfare Trust Fund for Northern California
220 Campus Lane * Fairfield, California 94534-1498
Telephone: (707) 864-2800 Toll-Free: (800) 244-4530
Website: <http://www.norcalaborers.org>

Plan Features	Delta Dental of California		Delta Care USA
	Delta Dental Premier	Delta Dental PPO	
Type of Plan	Traditional FEE-FOR-SERVICE Plan. You may select any dentist, however, your out-of-pocket costs is greater if you use a non-Delta Dental Premier dentist.	PPO Plan. Dentists in the Delta Dental PPO Plan negotiate fees that are even lower than the Delta Dental Premier Plan.	Pre-paid HMO type Plan. You select a Delta Care USA dentist who provides all services including referrals to Specialists.
Area Covered	More than 9,000 Northern California Delta Dental Premier dentists.	For list of PPO dentists in your area, call Delta Dental at 1-800-765-6003. (Network is limited).	Dental Offices throughout Northern California. Call 1-800-422-4234 for a Delta Care USA dentist in your area.
Choice of Dentists	Any dentist, however, you pay less out-of-pocket costs when you use a Delta Dental Premier dentist because fees are pre-negotiated and dentist cannot charge more than the pre-negotiated amount.	Visit a Delta Dental PPO dentist for lower out-of-pocket costs. You are free to use any dentist though you pay lower out-of-pocket costs when you use a Delta Dental Premier dentist and even lower costs when you use a PPO dentist.	Delta Care USA dentist only. All services and referrals must be provided by a Delta Care USA dentist. No benefits will be paid if dental services are performed by other than a Delta Care dentist.
Plan Year Deductible	\$50 per person \$150 per family Diagnostic and preventative services not subject to Plan Year Deductible.	\$50 per person \$150 per family Diagnostic and preventative services not subject to Plan Year Deductible.	None
Plan Year Maximum	\$2,500 per person	\$2,500 per person	No maximum
Out of Pocket Costs	100% payable for diagnostic and preventative services. 70% payable of usual, customary and reasonable (UC&R) charges for major services.	100% payable for diagnostic and preventive services. 70% payable of usual, customary and reasonable (UC&R) charges for major services.	Minimal copayments
Orthodontic Benefits	Not covered	Not covered	Start up fee of \$350.00. Coverage for adults is up to \$1,800.00 and children is up to \$1,600.00.

TO: ALL RETIRED LABORERS AND THEIR ELIGIBLE DEPENDENTS COVERED UNDER THE RETIRED LABORERS PLAN EFFECTIVE MARCH 1, 2009

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
- 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