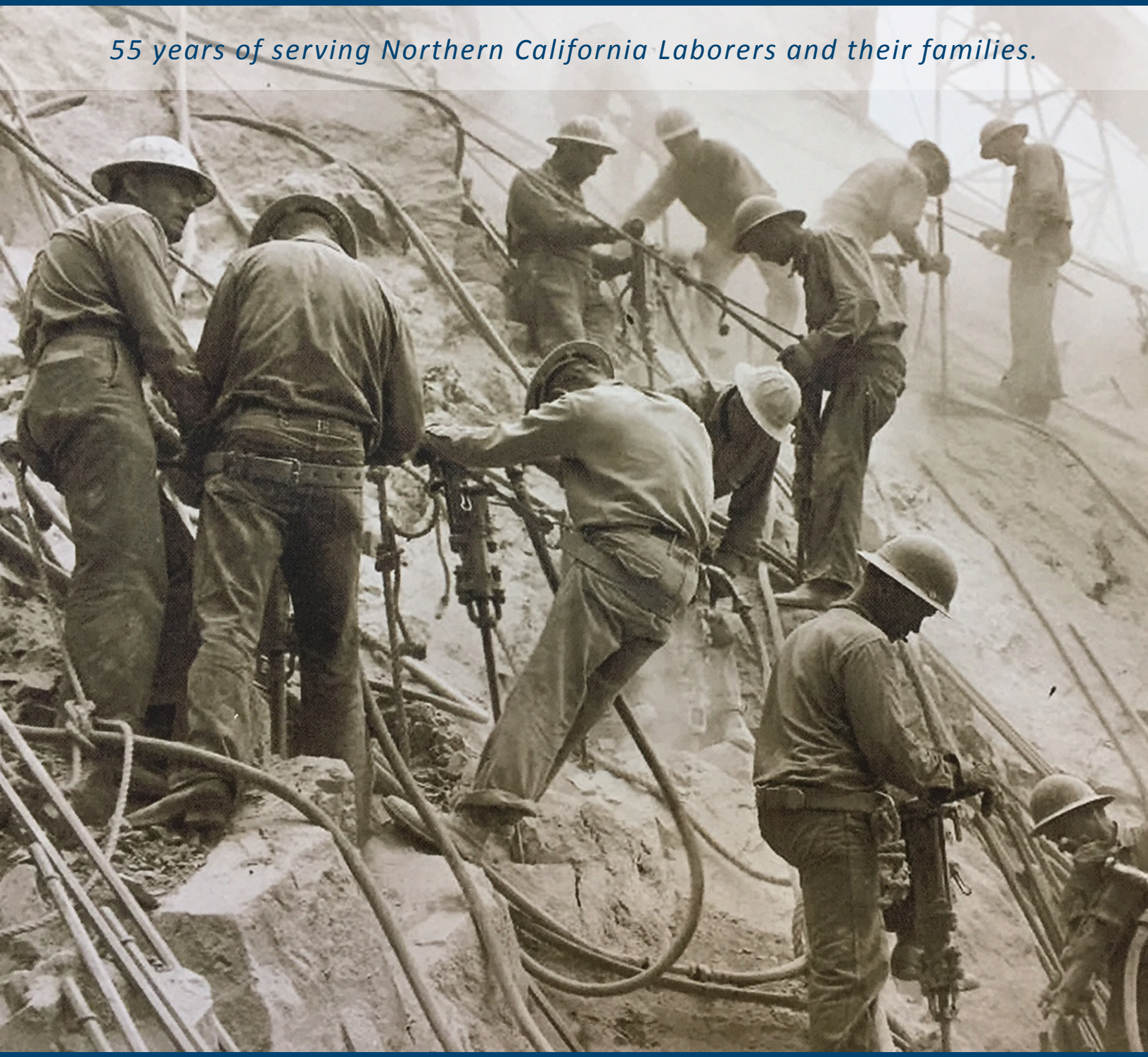
# Laborers Quarterly

EST 1963

Laborers Funds Administrative Office of Northern California, Inc.

*55 years of serving Northern California Laborers and their families.*



Q1 - 2018

Issue 13

www.norcalaborers.org

## 2018 Trust Fund Calendar

**PENSION =** Laborers Pension, Hod Carriers Pension Plan

**ANNUITY =** Laborers Annuity Plan

**VACATION =** Laborers Vacation-Holiday Plan

**BENEFIT =** paper check mail date or direct deposit date

**REGARDING DATES**:
All benefit dates are projections and the actual date may vary.

### January

1/1 Kaiser plan year begins
1/1 *Closed: New Year's Day*
1/22 February Pension benefit
1/31 January Annuity benefit

### February

2/19 *Closed: Presidents Day*
2/23 March Pension benefit
2/28 February Annuity benefit

### March

3/1 Health plan year starts
3/27 April Pension benefit
3/30 March Annuity benefit
3/31 Dental open enroll ends

### April

4/25 May Pension benefit
4/30 April Annuity benefit
4/30 Vacation Payout

### May

5/25 June Pension benefit
5/28 *Closed: Memorial Day*
5/31 May Annuity benefit

### June

6/28 July Pension benefit

### July

7/4 Closed: Independence Day
7/26 August Pension benefit
7/31 Pension Credit year ends

### August

8/1 Pension Credit year begins
8/28 Sept. Pension benefit

### September

9/3 *Closed: Labor Day*
9/25 October Pension benefit

### October

10/26 November Pension benefit
10/31 October Annuity benefit
10/31 Vacation Payout

### November

11/22 *Closed: Thanksgiving*
11/23 *Closed: Day after Thanks.*
11/27 December Pension benefit
11/30 November Annuity benefit

### December

12/25 *Closed: Christmas*
12/26 January Pension benefit
12/31 December Annuity benefit

## Important Contacts

**Anthem Blue Cross PPO**
Doctor Search: www.anthem.com/ca
Urgent Care: www.meemolabs.com/wellpoint/ca.php

**Anthem Dental Complete**
1-877-567-1804
www.anthem.com/ca

**Benefits Advisor:** 1-844-437-0488
**Blue View Vision:** 1-866-723-0515
**Future Moms:** 1-866-664-5404

**Kaiser Permanente**
1-800-464-4000
www.kaiserpermanente.org

**LiveHealth Online**
24/7 1-888-548-3432
www.livehealthonline.com

**OptumRx**
Mail Order 1-800-562-6223
Pharmacy Help 1-800-797-9791
www.optumrx.com

**Claremont EAP**
1-800-834-3773 - M-F, 8-5
24/7 for clinical emergencies
www.claremonteap.com

**Bright Now! Dental**
1-888-274-4486
www.brightnow.com

**Delta Care USA**
1-800-422-4234
www.deltadentalins.com

**PrimeCare Dental**
1-866-998-3944
www.primecaredental.net

**UnitedHealthcare Dental**
1-800-999-3367
www.myuhcdental.com

**TRAINING CENTER:**
1001 Westside Dr, San Ramon, CA 94583
www.norcaltc.org | info@norcaltc.org

**Operations:** 925-828-2513 training@norcaltc.org

**Apprenticeship:** 925-556-0858 apprenticeship@norcaltc.org

# Need to Know

## 1099R IRS Tax Form

Your 1099R tax form was mailed at the end of January 2018. If you are not yet taking advantage of electronic direct deposit for your pension benefit payments, make sure that we have your current mailing address on file. If your address is not up to date, your 1099R may have been delayed or returned to the Trust Fund Office.

You can call the Trust Fund Office and obtain a change of address form through the mail or by visiting our website, printing one out and mailing it in.

## Updating Your Withholdings

Every January, the amount of tax being withheld from your monthly benefit is subject to change as the IRS withholding tax tables change. Your most recent withholding election will remain until you file a new one. You can use IRS Form W-4P, or obtain and complete a withholding certificate from the Trust Fund Office. Withholding is one way for you to pay a portion of your income tax. If no tax or not enough tax is withheld from your benefits, you may have to pay estimated taxes during the year, or a tax penalty at the end of the year.

## Electronic Direct Deposit

Tired of having to wait for your Pension, Annuity or Vacation-Holiday benefit checks in the mail? You have the option to enroll in Electronic Direct Deposit. When you enroll, your benefit checks will be electronically deposited to your financial institution account.

In order to get your benefit checks faster, complete the Authorization Form enclosed in this publication and mail or deliver it to the Trust Fund Office as indicated in the instructions on page 9.

## Laborers Scholarship Contest

Inside this bulletin, you can find information, instructions and an application for the Northern California Laborers Scholarship Contest for the Fall 2018 - Spring 2019 school year. Please note that applications will be accepted between February 1, 2018 through April 6, 2018. Please refer to the enclosed materials for how to apply.

## REMINDER: Dental Open Enrollment

Please remember that the dental open enrollment period is from December 1st through February 28th. Any change in dental enrollment you make will be effective March 1st.

For a complete comparison of plans, as well as a Dental Plan enrollment form, please visit www.norcalaborers.org.

## Trust Fund Office Lobby Remodel

February 1st marks the grand opening of the newly remodeled Laborers Trust Fund Office lobby and reception area. These improvements have been months in the making and are intended to allow us to better and more efficiently serve you upon your arrival to our building. Some of these improvements include:

- Expanded waiting area
- Additional counter call rooms
- More space to accomodate larger groups

## Anthem Benefits Advisor

Anthem Benefits Advisor can help you make better health care provider decisions. All you have to do is call Anthem Benefits Advisor, and they can access cost and quality data to guide you in the right direction, assist with finding primary care physician or recommend urgent care options in the area. This service also allows them to engage you in other programs that might be available, such as Disease Management, Case Management, Future Moms and LiveHealth Online, for improved outcomes and additional savings. You can find the phone number on page 1 of this publication.

**DISCLAIMER**

The Laborers Quarterly is published with the intent of providing information about the various benefits available to eligible participants and how to effectively use those benefits. There are exclusions and limitations in all benefit plans, so carefully read each plan's Rules and Regulations. Health and Welfare Plan rules should be reviewed before seeking medical care. Your rights as a Plan participant are ultimately determined by the Rules and Regulations of the various benefit plans. If you have any questions about the contents and information in this publication, please contact the Trust Fund Office.

# DENTAL OPEN ENROLLMENT PERIOD: December 1st - March 31st

## DENTAL OPEN ENROLLMENT EXTENDED

**ACTIVE PARTICIPANTS ONLY**

Please remember that during the dental open enrollment period, you can elect a new Dental plan. If you are interested in switching plans, be sure to contact your provider(s) to find out about any dental services exclusions and limitations that may apply before you swtich.

You can compare the plans available to you below. For a complete comparison of plans, as well as a Dental Plan enrollment form, please visit www.norcalaborers.org.

| PLAN FEATURES | Anthem Dental Complete | BrightNow! | PrimeCare (Union Dental) |
|---|---|---|---|
| *Type of Plan* | Traditional Dental Plan | Pre-paid HMO Dental Plan | Pre-Paid HMO Dental Plan |
| *Choice of Dentists** | You may select any dentist(s) | BrightNow!/contracted only | PrimeCare dentists only |
| *Area Covered* | Any dentist within the U.S. | 21 Dental offices in N.CA | Dental offices within N.CA |
| *Annual Deductible* | $100/person & $300/family | None | None |
| *Annual Maximum* | $2,500 per person | $2,500 for specialty referrals | None |
| *Coinsurance/ Copayment* | 0% for preventative/diagnostic<br>30% for major services | No copayments on covered procedures | 0% for preventative/diagnostic<br>30% for major services |
| *Orthodontic Benefits*** | 50% coinsurance<br>$1,500 lifetime maximum | $2,800 adult copayment<br>$2,400 child copayment | $3,400 adult copayment<br>$1,350 child copayment |
| *Contact Information* | 1-877-567-1804<br>anthem.com/ca/mydental | 1-888-274-4486<br>brightnow.com | 1-866-998-3944<br>primecaredental.net |

| PLAN FEATURES | United HealthCare Dental | DeltaCare USA |
|---|---|---|
| *Type of Plan* | Pre-paid HMO Dental Plan | Pre-paid HMO Dental Plan |
| *Choice of Dentists** | UHC/contracted dentists only | DeltaCare dentists only |
| *Area Covered* | Dental offices within N.CA | Dental offices within N.CA |
| *Annual Deductible* | None | None |
| *Annual Maximum* | None | None |
| *Coinsurance/ Copayment* | Minimal copayments | Varying copayments |
| *Orthodontic Benefits*** | $1,250 adult copayment<br>$1,250 child copayment | $1,800 adult copayment<br>$1,600 child copayment |
| *Contact Information* | 1-800-999-3367<br>myuhc.com | 1-800-422-4234<br>deltadentalins.com |

**In general, with plans that allow you to use any dentist, using a plan contracted and/ or in-network dentist(s) will typically lower your out-of-pocket costs.*

***Orthodontic benefits may include additional start-up fees. Please contact the plan directly or review a full dental comparison at www.norcalaborers.org.*

THIS IS NOT A COMPREHENSIVE LISTING OF ALL COVERED DENTAL SERVICES.

# Other Updates

## Laborers Pension Plan Statements

In late December, the Trust Fund office mailed Laborers Pension Statements of Account to all active participants. Please review your statement, to verify that your worked hours have been correctly reported throughout the year. If you find a discrepancy, or if you did not recieve your statment, make sure to contact the Trust Fund office Pension department.

## Annuity Plan SPDs

By the end of February, Annuity Plan Participants should have received newly redesigned Laborers Annuity Plan Summary Plan Description (SPD) booklets. These booklets were designed and produced to reduce costs to your Annuity plan. If you did not receive one of these SPDs and believe you should have, please contact the Annuity department. You can also view, download and print an electronic version of the SPD by visiting www.norcalaborers.org.

## History of the Northern California Laborers Trust Funds

- March 4, 1953 - Health & Welfare Trust Fund
- June 4, 1963 - Vacation-Holiday Trust Fund
- August 2, 1963 - Pension Trust Fund
- November 19, 1968 - Training & Retraining Trust Fund
- April 1, 1985 - Pension Trust Fund - Annuity Plan

## Hod Pension Plan SPDs

Recently, the Trust Fund Office mailed out new Hod Pension Plan Summary Plan Description (SPD) booklets to Hod Carriers. If you did not receive one of these SPDs and believe you should have, please contact the Pension department at the Trust Fund Office. You can also view, download and print an electronic version of the SPD by visiting www.norcalaborers.org.

## Hod Pension Plan Statements

In late December, the Trust Fund Office mailed Hod Pension Statements of Account to all active participants. Please review your statement, to verify that your worked hours have been correctly reported throughout the year. If you find a discrepancy or if you did not receive your statment, make sure to contact the Pension department.

January 2018

To: All Plan Participants

Re: Northern California Laborers Scholarship Contest

We are pleased to announce that the Northern California Laborers Scholarship Foundation will be awarding eighty (80) scholarships in the amount of $3,000 each for the Fall 2018 - Spring 2019 school year.

Please be aware that this scholarship is open only to eligible children of members of affiliated Laborers' Local Union Nos. 67, 73, 185, 261, 270, 294, 304, 324, 886 and 1130.

Enclosed please find a copy of the Application Form and the Contest Rules and Application Instructions. Applications will be accepted beginning February 1, 2018 through no later than 5 pm, Friday, April 6, 2018. Please contact your Local Union or the District Council for more details or any questions regarding eligibility or application requirements.

Sincerely,

Oscar De La Torre, President
Northern California Laborers Scholarship Foundation

Enclosures

*ODLT:dle*
*opeiu29(afl-cio)*

4780 Chabot Drive, Suite 200 ▪ Pleasanton, CA 94588-3322 ▪ Phone: (925) 469-6800 ▪ Fax: (925) 469-6900

# Northern California Laborers Scholarship Foundation

## APPLICATION FORM

This scholarship is a partial scholarship for full-time study that is awarded by the Northern California Laborers Scholarship Foundation to be applied toward the tuition, books, and materials of the selected recipient for the Fall 2018-Spring 2019 school year. If you wish to apply, complete the form below, and carefully follow the enclosed Contest Rules and Application Instructions. Any applications that are incomplete at the close of the contest will be disqualified. Please note that the Foundation and the Scholarship Selection Committee will hold all information in this application in strict confidence.

**APPLICATION DEADLINE: RECEIVED IN OFFICE BY FRIDAY, APRIL 6, 2018 – 5 PM**

*Please type or print in ink.*

1. Name: _____
   Last First Middle

2. Date of Birth: _____

3. Student ID Number: _____ 4. Email Address: _____

5. Permanent Address: _____
   Street Address City State, Zip

6. Telephone Number(s) *(include area code)*: _____

7. Current High School/College: _____

8. Date Diploma/Degree Received (or expected): _____

9. Qualifying Parent's Name: _____
   Last First Middle

   Member ID #_____ Laborers' Local Union #_____ Membership Status: Active ☐ Retiree ☐ Deceased ☐

10. Type of Scholarship You're Applying for: Undergrad (min. 12 units) ☐ Graduate (min. 6 units) ☐ Trade School ☐

11. Give a brief statement of your financial need *(attach separate sheet if necessary)*: _____

_____

_____

_____

12. List any accomplishments, achievements, work experience, vocational/professional training, internships, certificates of proficiency, community service, hobbies, and affiliations *(attach separate sheet if necessary)*: _____

_____

_____

_____

13. Please select a notable figure or key group of the labor movement and submit a short essay on the person/group you picked and what they contributed towards the movement. This essay should be typed on a separate sheet and include citations.

Date: _____ Student's Signature: _____

# Northern California Laborers Scholarship Foundation

**2018 Scholarship Award Program - Contest Rules and Application Instructions**

This year's program will award eighty (80) college scholarships of $3,000 each, which must be used for full-time study at any nationally accredited U.S. college, university, or trade school in the upcoming school year. The following are the general rules and instructions for the 2018 Scholarship Award Program.

**Who May Apply:**

The applicant must be a child or legally adopted child of a member of a Local Union affiliated with the Northern California District Council of Laborers (open to Laborers' Locals 67, 73, 185, 261, 270, 294, 304, 324, 886 and 1130 only).

The parent of the applicant must be a member in good standing with the Local Union for at least one (1) year immediately preceding the date of application. If parent is deceased, the parent must have been a member in good standing for at least one (1) year immediately preceding the date of death. If the parent is retired, the parent must be a member in good standing for at least one (1) year immediately preceding the date of application (i.e. retiree dues currently being paid).

The applicant must be either:

- a high school senior of a public or private school who is graduating by the end of Spring 2018 and plans to attend, full-time, an accredited college, university, or trade school in the United States, or
- a General Education Diploma student who will receive his/her GED by the end of Spring 2018, and plans to attend, full-time, an accredited college, university, or trade school in the United States, or
- a student currently enrolled at an accredited college, university, or trade school in the United States and will continue to attend, full-time.

- **Any scholarship awarded to a student who does not, at any time during the award period, attend full-time, an accredited college, university, or trade school in the United States, will be revoked.**

**Instructions:**

Applications will be accepted beginning February 1, 2018. **DEADLINE** - All of the following items on this checklist must be received in our office in Pleasanton by **5:00 pm on Friday, April 6, 2018**:

☐ 1. APPLICATION FORM – completed and signed by the applicant.
☐ 2. ESSAY – a short essay on the subject of a notable figure or key group in the labor movement, and their contribution to the movement.
☐ 3. OFFICIAL TRANSCRIPT (current school) – must be in the original, unopened school envelope sealed by an authorized official of the school and should be included in the complete application packet and must be received by our office by Friday, April 6, 2018.
**Tip: Request your transcript early; some schools take a few weeks or longer to process a request.**
☐ 4. LETTERS OF RECOMMENDATION - applicants should submit between one and three letters of recommendation giving information about their character and ability. These may be from teachers, community leaders, family friends, or others who know the applicant. Letter(s) of recommendation should be submitted with the application form.
☐ 5. UNION MEMBERSHIP STATUS LETTER – all applicants must request and submit a letter from the Local Union verifying the parent's membership status. This letter may be included with the application or sent directly from the Local Union.

**It is the responsibility of the applicant to ensure that all the above items are received on time and that they are sent to:**

**NORTHERN CALIFORNIA LABORERS SCHOLARSHIP FOUNDATION**
**4780 Chabot Drive, Suite 200**
**Pleasanton, CA 94588-3322**

Please note that any incomplete submissions or submissions received after the deadline will not be entered into the competition. Applications may be delivered in person or by any mail/delivery service. All applications must be received no later than 5:00 pm on Friday, April 6, 2018. Due to the volume of mail we receive at the close of competition, we are not able to confirm our receipt of your application within the final weeks of the competition. If you require confirmation of receipt, please use a mail/delivery service that can provide you with a confirmation and/or tracking number.

**Awarding Scholarships:**

Upon receipt of the application form and required application materials, the Northern California Laborers Scholarship Foundation will submit the application for judging to the University Scholarship Selection Committee, an independent outside group composed entirely of professional educators.

Apart from verifying the eligibility of the applicant, Northern California Laborers Scholarship Foundation will not exercise any choice among the various applicants or indicate in any way that one applicant should be favored over another.

All parts of the application, including any community service, school activities, GPA, essay, etc., will be considered during the selection of scholarship recipients. Based on factors normally used in awarding academic scholarships, the University Scholarship Selection Committee will submit to the Northern California Laborers Scholarship Foundation the list of the finalists to be awarded scholarships. The Northern California Laborers Scholarship Foundation will not impose restrictions of any kind on the course of study. Recipients may accept any other grants or awards which do not rule out scholarship aid or other sources. The recipient must remain a full time student during the entire school year for which the scholarship is awarded.

# ELECTRONIC DIRECT DEPOSIT

YOUR BENEFIT FASTER

***Waiting for checks to arrive via mail?***

***Ever have checks lost, stolen, or expired?***

***Skip monthly trips to the bank.***

To get your Pension or Vacation-Holiday benefit check(s) faster, complete the Authorization Form on the other side of this page and mail or deliver it to:

LABORERS FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.
220 CAMPUS LANE
FAIRFIELD CA 94534

SAFE

SIMPLE

FAST

## Pension & Health Care Expense / Pension & Gasto de Salud

### ELECTRONIC DIRECT DEPOSIT FORM / FORMA DE DEPOSITO ELECTRONIC DIRECTO

| NAME/NOMBRE | | | | SOCIAL SECURITY NO./SEGURO SOCIAL |
|---|---|---|---|---|
| ADDRESS/DOMICILIO | STREET/CALLE | CITY/CIUDAD | STATE/ESTADO | ZIP CODE/CODIGO |
| FINANCIAL INSTITUTION/INSTITUCION FINANCIERA | | | | |
| BRANCH-OFFICE ADDRESS/DOMICILIO DE OFICINA | | CITY/CIUDAD | STATE/ESTADO | ZIP CODE/CODIGO |

TYPE OF ACCOUNT AND ACCOUNT NUMBER (CHECK-OFF BOX AND WRITE BOTH ACCOUNT NUMBER AND ROUTING NUMBER)

☐ CHECKING ACCOUNT NO.: _____ ROUTING NO.: _____

**You MUST enclose a personal check with your pre-printed name and address & marked "VOID" across the front of the check.**

**- - OR - -**

☐ SAVINGS ACCOUNT NO.: _____ ROUTING NO.: _____

**You MUST provide proof that the account is in your name such as letter from the bank, copy of bank statement, etc.**

***I hereby authorize Laborers Pension and Health & Welfare Trust Funds for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Funds.***

PARTICIPANT SIGNATURE/FIRMA DATE/FECHA:

## Vacation-Holiday/ Vacación-Feriado

### ELECTRONIC DIRECT DEPOSIT FORM / FORMA DE DEPOSITO ELECTRONIC DIRECTO

| NAME/NOMBRE | | | | SOCIAL SECURITY NO./SEGURO SOCIAL |
|---|---|---|---|---|
| ADDRESS/DOMICILIO | STREET/CALLE | CITY/CIUDAD | STATE/ESTADO | ZIP CODE/CODIGO |
| FINANCIAL INSTITUTION/INSTITUCION FINANCIERA | | | | |
| BRANCH-OFFICE ADDRESS/DOMICILIO DE OFICINA | | CITY/CIUDAD | STATE/ESTADO | ZIP CODE/CODIGO |

TYPE OF ACCOUNT AND ACCOUNT NUMBER (CHECK-OFF BOX AND WRITE BOTH ACCOUNT NUMBER AND ROUTING NUMBER)

☐ CHECKING ACCOUNT NO.: _____ ROUTING NO.: _____

**You MUST enclose a personal check with your pre-printed name and address & marked "VOID" across the front of the check.**

**- - OR - -**

☐ SAVINGS ACCOUNT NO.: _____ ROUTING NO.: _____

**You MUST provide proof that the account is in your name such as letter from the bank, copy of bank statement, etc.**

***I hereby authorize Laborers Vacation-Holiday Trust Funds for Northern California to initiate deposits (or correcting entries to previous deposits) to the account checked above. This authorization is to remain in force until I revoke it by giving a written notice to the Trust Funds.***

PARTICIPANT SIGNATURE/FIRMA DATE/FECHA:

# DEPOSITO DIRECTO ELECTRONICO

SU BENEFICIO RAPIDO

***¿Espera su cheque de beneficios por correo?***

***¿Cheques perdidos, vencidos o robados?***

***Omite viajes al banco mensuales.***

Para obtener sus cheques de beneficios de Pensión, Anualidad o Vacacion-Feriado más rápido, complete el Formulario de autorización en el la página anterior y envíelo por correo o entréguelo a:

LABORERS FUNDS ADMINISTRATIVE OFFICE
OF NORTHERN CALIFORNIA, INC.
220 CAMPUS LANE
FAIRFIELD CA 94534

SEGURO

SIMPLE

RAPIDO

## 2018 Calendario del Fondo

**PENSION =** Plan de Pension de Obreros, Porteros de Hod

**ANNUITY =** Plan de Anualidad de Obreros

**VACACION =** Plan de Vacacion-Feriado de Obreros

**SOBRE LAS FECHAS:**

Todas las fechas de beneficios son proyecciones y la fecha actual puede variar.

| Enero | |
|---|---|
| 1/1 | Empieza año de Kaiser |
| 1/1 | *Oficina cerrada* |
| 1/22 | Pension de Febrero |
| 1/31 | Anualidad de Enero |

| Febrero | |
|---|---|
| 2/19 | *Oficina cerrada* |
| 2/23 | Pension de Marzo |
| 2/28 | Anualidad de Febrero |

| Marzo | |
|---|---|
| 3/1 | Empeiza año Pago Directo |
| 3/27 | Pension de Abril |
| 3/30 | Anualidad de Marzo |
| 3/31 | Inscripcion Dental acaba |

| Abril | |
|---|---|
| 4/25 | Pension de Mayo |
| 4/30 | Anualidad de Abril |
| 4/30 | Pago de Vacacion |

| Mayo | |
|---|---|
| 5/25 | Pension de Junio |
| 5/28 | *Oficina cerrada* |
| 5/31 | Anualidad de Mayo |

| Junio | |
|---|---|
| 6/28 | Pension de Julio |

| Julio | |
|---|---|
| 7/4 | Oficina cerrada |
| 7/26 | Pension de Agosto |
| 7/31 | Acaba año credito Pension |

| Agosto | |
|---|---|
| 8/1 | Empieza año credito Pen. |
| 8/28 | Pension de Septiembre |

| Septiembre | |
|---|---|
| 9/4 | *Oficina cerrada* |
| 9/25 | Pension de Octubre |

| Octubre | |
|---|---|
| 10/27 | Pension de Noviembre |
| 10/31 | Anualidad de Octubre |
| 4/30 | Pago de Vacacion |

| Noviembre | |
|---|---|
| 11/23 | Oficina cerrada |
| 11/23 | Oficina cerrada |
| 11/27 | Pension de Diciembre |
| 11/30 | Anualidad de Noviembre |

| Diciembre | |
|---|---|
| 12/25 | Oficina Cerrada |
| 12/26 | Pension de Enero |
| 12/31 | Anualidad de Diciembre |

## Contactos Importantes

**Anthem Blue Cross PPO**
Busqeda de Doctores: www.anthem.com/ca
Cuidado Urgente: www.meemolabs.com/wellpoint/ca.php

**Anthem Dental Complete**
1-877-567-1804
www.anthem.com/ca

**Benefits Advisor:** 1-844-437-0488

**Blue View Vision:** 1-866-723-0515

**Future Moms:** 1-866-664-5404

**Kaiser Permanente**
1-800-464-4000
www.kaiserpermanente.org

**Claremont EAP**
1-800-834-3773: L-V, 8-5
24/7 emergencias clinicas
www.claremonteap.com

**LiveHealth Online**
24/7 1-888-548-3432
www.livehealthonline.com

**OptumRx**
Orden por Correo: 1-800-562-6223
Ayuda de Farmacia: 1-800-797-9791
www.optumrx.com

**Bright Now! Dental**
1-888-274-4486
www.brightnow.com

**Delta Care USA**
1-800-422-4234
www.deltadentalins.com

**PrimeCare Dental**
1-866-998-3944
www.primecaredental.net

**UnitedHealthcare Dental**
1-800-999-3367
www.myuhcdental.com

**TRAINING CENTER:**
1001 Westside Dr, San Ramon, CA 94583
www.norcaltc.org | info@norcaltc.org

**Administracion:** 925-828-2513 training@norcaltc.org

**Apredizaje:** 925-556-0858 apprenticeship@norcaltc.org

Por favor considere el entorno antes de imprimir materiales en línea.

# Necesita Saber

## Forma de Impuestos 1099R

Su forma de impuestos 1099R envio por correo a finales de enero de 2017. Si todavía no está aprovechando del depósito directo electrónico para sus pagos de beneficios, asegúrese de que tenemos su dirección de correo. Si su dirección no está actualizada, su 1099R puede ser retrasado o devuelto a la Oficina del Fondo.

Usted puede llamar a la Oficina del Fondo y obtener un formulario de cambio de dirección a través del correo visitando nuestro sitio web, imprimir el formulario y enviarlo por correo.

## Cambiando sus Retenciones

Cada enero, los impuesto retenidos de su beneficio mensual está sujeto a cambios conforme cambian las tablas del impuesto de retención del IRS. Su elección de retención más reciente permanecerá hasta que presente una nueva. Puede usar el Formulario W-4P del IRS, o obtener y completar un certificado de retención de la Oficina del Fondo Fiduciario. La retención de dinero es una forma de que usted pague una parte de su impuesto sobre la renta.

Si no se cobra ningún impuesto o retira suficiente impuesto de sus beneficios, es posible que tenga que pagarlos durante el año o una sanción fiscal al final del año.

## Electronic Direct Deposit

¿Cansado de tener que esperar su cheque de beneficios de pensión, anualidad o vacaciones por correo? Usted tiene la opción de inscribirse en depósito directo electrónico. Cuando se inscriba, sus cheques de beneficios se depositarán electrónicamente en su cuenta de institución financiera. A fin de obtener sus cheques de beneficios más rápidamente, complete el Formulario de autorización adjunto en esta publicación y envíelo por correo o entréguelo a la Oficina del Fondo de Fideicomiso como se indica en las instrucciones en la página 9.

## Concurso de Beca de Obreros

Dentro de este boletín, usted puede encontrar información, instrucciones y una solicitud para el concurso de becas de trabajadores de California del Norte para el año escolar de otoño 2018 - primavera de 2019. Por favor, tenga en cuenta que las solicitudes serán aceptadas entre el 1º de Febrero al 6 de Abril, 2018. Por favor refiérase a los materiales adjuntos para saber cómo aplicar.

## RECUERDO: Inscripcion Abierta Dental

Por favor, recuerde que el período de inscripción abierta dental es desde el 1o de Diciembre hasta el 28 de Febrero. Cualquier cambio en la inscripción dental que hagas será efectivo el 1o de Marzo. Para una comparación completa de los planes y un formulario de inscripción del plan dental, por favor visite nuestro sitio web.

## Remodelacion del Lobby de la Oficina del Fondo

El 5º de Febrero, la Oficina del fondo va estrenar el lobby y la area de recepcion remodelados. Estas mejoras han tardado meses en hacerse realidad y están destinadas a permitirnos brindarle un mejor y más eficiente servicio a su llegada a nuestro edificio. Algunas de estas mejoras incluyen:

- Área de espera ampliada
- Salas de llamadas adicionales
- Más espacio para acomodar grupos más grandes

## Anthem Benefits Advisor

Un Benefits Advisor puede ayudarle a tomar la decisiónes mejores. Todo lo que tiene que hacer es llamar al Asesor de Beneficios de Anthem y nuestros agentes tendrán acceso a los costos y datos de calidad para guiarlos en la dirección correcta, ayudar a encontrar PCP o recomendar opciones de atención de urgencia en el área. Este servicio también nos permite involucrarlo en otros programas que podrían estar disponibles, tales como Gestión de Enfermedades, Administración de Casos, Mamás Futuras y LiveHealth Online, para obtener mejores resultados y ahorros adicionales.

**DESCARGO DE RESPONSABILIDAD**

La revista, Obreros Trimestal, se publica con la intención de proporcionar información sobre los diferentes beneficios disponibles a los participantes elegibles y cómo usar esos beneficios eficazmente. Hay exclusiones y limitaciones en todos los planes de beneficios, así que lea atentamente nuestras diferentes Reglas y Regulaciones del plan. Las reglas del plan de Salud y Bienestar deben revisarse antes de solicitar atención médica. Sus derechos como participante del plan se determinan finalmente por las Reglas y Regulaciones de los diferentes planes de beneficios. Si tiene alguna pregunta sobre la información de esta publicación, comuníquese con la Oficina del Fondos.

# PERIODO DE INSCRIPCION DENTAL ABIERTO: 1º de Diciembre - 31 de Marzo

## INSCRIPCION ABIERTO EXTENDIDO PARTICIPANTES ACTIVOS SOLAMENTE

Recuerde que durante el período de inscripción abierta dental, puede elegir un nuevo plan dental. Si le interesa cambiar de plan, asegúrese de contactar a su (s) proveedor (es) para conocer las exclusiones y limitaciones de los servicios dentales que puedan aplicarse antes de cambiar de plan.

Puede comparar los planes disponibles para usted a continuación. Para una comparación completa de los planes, así como un formulario de inscripción al plan dental, visite www.norcalaborers.org.

| Caracteristicas | Anthem Dental Complete | BrightNow! | PrimeCare (Union Dental) |
|---|---|---|---|
| ***Tipo de Plan*** | Plan Tradicional | Plan HMO Pre-pagado | Plan HMO Pre-pagado |
| ***Eleccion de Dentista**** | Seleccione cualquier dentista | BrightNow!/contratado nomas | PrimeCare dentistas solamente |
| ***Area de Cobertura*** | Todo dentistas dentro EEUU | 21 oficinas dentales en N.CA | Oficinas dentals dentro N.CA |
| ***Deducible Anual*** | $100/persona & $300/familia | Ninguno | Ninguno |
| ***Maximo Anual*** | $2,500 por persona | $2,500 - refer. de especialidad | Ninguno |
| ***Coseguro/Copago*** | 0% - preventativo/diagnostico<br>30% por servicios mayores | No hay copago en servicios cubiertos | 0% - preventativo/diagnostico<br>30% por servicios mayores |
| ****Beneficio de Ortadoncia*** | 50% coseguro<br>$1,500 maximo por vida | $2,800 copago de adulto<br>$2,400 copago de niño | $3,400 copago de adulto<br>$1,350 copago de niño |
| ***Informacion de Contacto*** | 1-877-567-1804<br>anthem.com/ca/mydental | 1-888-274-4486<br>brightnow.com | 1-866-998-3944<br>primecaredental.net |

| Caracteristicas | United HealthCare Dental | DeltaCare USA |
|---|---|---|
| ***Tipo de Plan*** | Plan HMO Pre-pagado | Plan HMO Pre-pagado |
| ***Eleccion de Dentista**** | UHC/contratado solamente | DeltaCare dentistas solamente |
| ***Area de Cobertura*** | Oficinas dentales dentro N.CA | Oficinas dentales dento N.CA |
| ***Deducible Anual*** | Ninguno | None |
| ***Maximo Anual*** | Ninguno | None |
| ***Coseguro/Copago*** | Copagos minimos | Variando copagos |
| ****Beneficio de Ortadoncia*** | $1,250 copago de adulto<br>$1,250 copago de niño | $1,800 copago de adulto<br>$1,600 copago de niño |
| ***Informacion de Contacto*** | 1-800-999-3367<br>myuhc.com | 1-800-422-4234<br>deltadentalins.com |

**En general, con los planes que le permiten usar cualquier dentista, el uso de un dentista contratado y / o dentro de la red generalmente reducirá los costos de su bolsillo.*

***Los beneficios de ortodoncia pueden incluir tarifas adicionales de puesta en marcha. Comuníquese directamente con el plan o revise una comparación dental completa en www.norcalaborers.org.*

ESTA NO ES UNA PUBLICACIÓN INTEGRAL DE TODOS LOS SERVICIOS DENTALES CUBIERTOS.

## Estados de Cuenta De Pensin de Obreros

A fines de diciembre, la oficina del Fondo Fiduciario envió por correo las Declaraciones de Cuenta de Pensiones de los Obreros a todos los participantes activos. Revise su estado de cuenta para verificar que sus horas trabajadas se hayan informado correctamente durante el año. Si encuentra una discrepancia, o si no recibió su declaración, asegúrese de comunicarse con el departamento de pensiones de la oficina del Fondo Fiduciario.

## SPDs del Plan de Anualidad

A fines de febrero, los Particiapants del Plan de Anualidades deberían haber recibido folletos de Descripción del Plan Resumen del Plan de Anualidades de los Obreros (SPD) recientemente rediseñados. Estos folletos fueron diseñados y producidos para reducir los costos de su plan de Anualidad. Si no recibió uno de estos SPD y cree que debería haberlo hecho, comuníquese con el departamento de Anualidades de la oficina del Fondo Fiduciario. También puede ver, descargar e imprimir una versión electrónica del SPD visitando www.norcalaborers.org.

## Histoia de los Fondos Fideicomisos de los Obreros de Norte California

- 4º de Marzo, 1953 - Fondo de Salud y Bienestar
- 4º de Junio, 1963 - Fondo de Vacacion-Feriado
- 2º de Agosto, 1963 - Fondo de Pension
- 19 de Noviembre, 1968 - Fondo de Entrenamiento
- 1º de Abril, 1985 - Fondo de Pension - Plan de Anualidad

## SPDs del Plan de Pension de Hod

Recientemente, la oficina del Fondo Fiduciario envió por correo los nuevos folletos Hod Pension Plan Summary Description (SPD) a los Hod Carriers. Si no recibió uno de estos SPD y cree que debería hacerlo, comuníquese con el departamento de Pensiones en la oficina del Fondo Fiduciario. También puede ver, descargar e imprimir una versión electrónica del SPD visitando www.norcalaborers.org.

## Estados de Cuenta de Pension de Hod

A fines de diciembre, la oficina del Fondo Fiduciario envió por correo las Declaraciones de Cuenta de la Pensión Hod a todos los participantes activos. Revise su estado de cuenta para verificar que sus horas trabajadas se hayan informado correctamente durante el año. Si encuentra una discrepancia o si no recibió su declaración, asegúrese de ponerse en contacto con el departamento de pensiones de la oficina del Fondo Fiduciario.

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

## Sacramento - I-80 West / Oeste

**From/De Sacramento: I-80 West/Oeste**

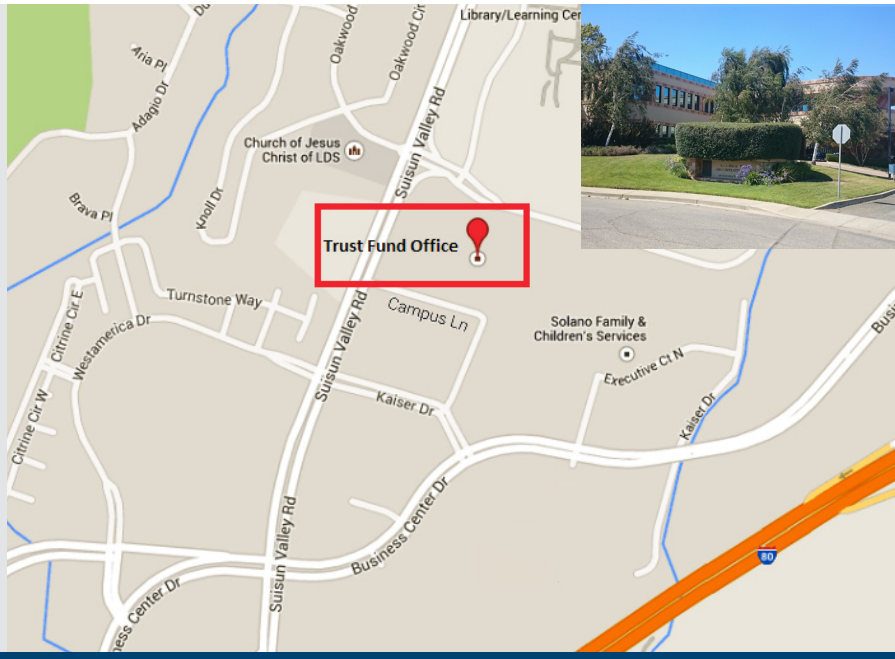
Suisun Valley Road/Green Valley Road exit → Right at fork onto Neitzel Road → Left onto Suisun Valley Road → Right onto Campus Lane → Arrive at 220 Campus Lane

---

*Salida de Suisun Valley Road/Green Valley Road → Derecha en Neitzel Road → Izquierda en Suisun Valley Road → Derecha en Campus Lane → Llegue a 220 Campus Lane*

**From/De San Francisco: I-80 East/Este**

Suisun Valley Road exit → Left onto Suisun Valley Road → Right onto Campus Lane → Arrive at 220 Campus Lane

---

*Salida de Suisun Valley Road → Izquierda en Suisun Valley Road → Derecha en Campus Lane → Llegue a 220 Campus Lane*