

ELIGIBILITY & COBRA

Initial eligibility begins the first day of the second month after 440 work hours are accumulated in a participant's hour bank. A deduction of 110 hours is applied monthly for continued coverage.

Eligibility is maintained when:

- Hour Bank balance is 440 or more hours

Eligibility is lost when:

- Hour Bank balance falls below 440 hours
- Work in non-covered employment
- Enter military service full time

If you lose eligibility, you and your dependents may have the right to continue health benefits. To continue health coverage, you must apply for COBRA Continuation Coverage and make the required monthly premium payments to the Trust Fund. You can elect COBRA Coverage for up to 18, 29, or 36 months, depending on the Qualifying Event.

DEATH & DISMEMBERMENT

- \$15,000 Laborer's death
- \$15,000 additional Laborer's accidental death
- \$7,500 spouse's death
- \$1,000 dependent child's death
- \$7,500 - 15,000 Laborer's dismemberment

PRESCRIPTION DRUG BENEFIT OPTUMRX (PPO ONLY)

Retail Pharmacy Copays (30 day supply)

- | 1 st - 3 rd fill: | 4 th fill and after: |
|---|---------------------------------|
| • \$10 generic | • \$20 generic |
| • \$20 formulary | • \$40 formulary |
| • \$30 non-formulary | • \$60 non-formulary |

Mail Service Copays (90 day supply)

- | | |
|----------------------------|------------------------|
| • \$20 generic | • \$40 formulary brand |
| • \$60 non-formulary brand | |

Pay difference if brand name but generic is available.

Laborers Funds Administrative Office

SUMMARY OF BENEFITS FOR ACTIVE MEMBERS

Updated July 2017

MEDICAL BENEFIT

Direct Payment Plan (PPO)

Annual Deductible

- \$150 per individual; \$450 per family

Copayments

- \$15 office visit / \$10 E-visit
- \$25 (PPO) \$50 (Non-PPO) hospital ER

Coinsurance (Outpatient/Professional)

- 10% of negotiated rate (PPO)
- 30% of allowed charges (Non-PPO)

Inpatient Hospital

- 10% first \$10,000 negotiated rate (PPO) 0% thereafter for necessary services
- 30% first \$10,000 allowed charges (NON-PPO), 0% thereafter, necessary services up to allowed amount, responsible for excess amount of allowed amount

Annual Out-of-Pocket Maximum

- \$3,000 per individual per plan year
- \$6,000 per family per plan year

LiveHealth Online

- Visit www.livehealthonline.com

Disability Credit

- 8 hours per day; 110 hours per month; 660 hours per 12 month period.

You can switch between the Direct Payment Plan (PPO) and the Kaiser Permanente Plan (HMO) anytime, a maximum of two times per calendar year. You must submit a Health & Welfare Benefit Application to the Trust Fund Office in order to switch plans.

Kaiser Permanente Plan (HMO)

Annual Deductible

- \$150 per individual; \$450 per family

Copayments

- \$15 office visit

Coinsurance (Outpatient/Professional)

- 10% of negotiated rate

Inpatient Hospital and Emergency Visit

- 10% for covered services at Kaiser

Kaiser Pharmacy (30-100 day supply)

- \$20 generic / \$40 formulary
- 30-day supply limit for certain drugs

Kaiser Mail Order (100 day supply)

- Generic: \$10 - 20 day / \$30 - 40 day
- Formulary: \$20 - 20 day / \$60 - 40 day

Annual Out-of-Pocket Maximum

- \$3,000 per individual per calendar year
- \$6,000 per family per calendar year

Video Visits

- Visit 'My Doctor' area of www.kp.org

VISION BENEFIT

Anthem Blue View Vision

- Exam and lenses every 12 months
- Frames every 24 months
- \$145 frame / \$120 contacts allowance
- **Copayments:** \$10 exam / \$20 lenses
- Pay the balance after \$120 lenses allowance

Kaiser Vision Essentials

- Exam-no limit and lenses every 12 months
- Frames every 24 months
- \$145 frame / \$120 contacts allowance
- **Copayments:** \$15 for exams

DENTAL BENEFIT

Delta Dental

- \$100/individual; \$300/family deductible
- No fee basic services (diagnostic/preventive)
- 30% of UCR for major services
- \$2,500 plan year max allowance/person

DeltaCare USA

- No deductible
- Minimal copayments on certain procedures

BrightNow! Dental

- No fee basic services (diagnostic/preventive)
- \$2,500 plan year maximum allowance/person for certain services

UnitedHealthcare Dental

- No deductible
- Minimal copayments on certain procedures

PrimeCare (Union Dental)

- No deductible
- No copayments

220 Campus Lane

Fairfield CA 94534

707-864-2800

800-244-4530

www.norcalaborers.org

ANNUITY BENEFIT

Individual Account

- Account established 1st month contributions received.
- Account statement mailed each October; summarizes contributions, investment income, expense share; beginning and ending balances.

Payment of Benefit

- 65 w/no employer contributions for 3 months
- Less than 1,000 hours in last 24 consecutive months
- **Receipt of a pension benefit from:** Laborers Pension Trust Fund for Northern California, LIUNA Pension Plan, or any retirement plan sponsored by a contributing employer
- Entitled to Social Security disability benefits
- Upon death (to beneficiary)

Payment Methods

Lump Sum / Monthly / Combination of both

VACATION-HOLIDAY BENEFIT

Statement of Account

Statement lists reported hours and employer contributions. Retain statements / check stubs to verify hours worked.

Statements mailed:

- **March** (for hours worked 8/1 - 1/31)
- **September** (for hours worked 2/1 - 7/31)

Benefit Payment Amount

Employer contributions, less supplemental union dues

Payment Dates: April 30th and October 31st

ONLINE MEMBER PORTAL

Features:

- Health & Welfare eligibility
- Member account payments
- Member account balances
- Demographic information
- Secure, easy access
- Track health claims
- Work history

Visit www.norcalaborers.org for the link.

PENSION BENEFIT

Credited Service

- Plan credit year is 8/1 - 7/31
- 870 hrs equals 1 yr of credited service
- Prevent break in service, work 500 hours during plan credit year

Vesting Requirements (in years of Credited Service)

- 5 years at 65 after 1/1/97
- 10 years at 55 before 1/1/97

Benefit Units

- 1 benefit unit is earned when you work 1,000 or more hours in a plan credit year

Disability Credit

- Credited service and benefit units granted for periods of temporary disability under Workers' Compensation or State Disability
- Receive 8 hrs of credit for each day of paid Workers' Comp. or State Disability

Pension Types and Requirements

- Regular: Age 65 with 5 yrs credited service
- Early Retirement: Age 55-64 with 10 yrs credited service
- Service: Any age with 25 benefit units if participation began before 8/1/13 **OR**
 - Age 55 with 25 benefit units if participation began between 8/1/13 - 7/31/15
 - Age 60 with 25 benefit units if participation began on or after 8/1/15
- Disability: Disabled under age 65 with 10 years of credited service

Benefit Amount

- \$95 for each benefit unit earned before 8/1/86, if applicable, plus
- Percent of employer contributions for work beginning 8/1/86 - provided you work a minimum of 500 hours within the plan credit year, plus
- May be eligible to include \$50 supplemental benefit

Suspension

- Pensioners under age 65 cannot work in the Building and Construction Industry
- Pensioners between ages 65-70½ are prohibited from working 40 or more hours per month in the Building and Construction Industry

Death Benefits

- Pre-Retirement Surviving Spouse: receives survivor benefits; age reqs. may apply
- Joint-and-Survivor: receives benefits should the participant die after retirement
- Pre-Retirement Death Benefit: 36 payments of a regular pension benefit made to minor children, when an unmarried vested participant dies
- Pensioner's Lump-Sum Death Benefit: \$100 for each benefit unit earned, payable to surviving spouse, eligible relatives, or estate

CLAREMONT EAP

By using the Employee Assistance Program (EAP), you and your family members can receive professional, confidential counseling at no cost. The EAP also provides access to resources that can help address many personal concerns or questions.

Claremont offers assistance with:

- Immigration and Naturalization
- First Time Home Buyer Program
- Personal/Family legal issues
- Free Credit Report/Review
- Debt Management
- Criminal matters
- Tax Questions

The EAP is a confidential service. Call 800-834-3773 to speak with an experienced counselor who will refer you to the resource most appropriate for your needs.

CONTACT THE TRUST FUND OFFICE

Hours: 8:00am - 5:00pm

Local: 707-864-2800

Toll Free: 800-244-4530

Email: customerservice@norcalaborers.org

Address: Laborers Funds Administrative Office
220 Campus Lane
Fairfield, CA 94534-1498

DISCLAIMER

This summary is not a complete list of benefits available, nor does it include the rules and regulations that govern the various plans. There are exclusions and limitations in all plans and you should carefully read those plan rules and regulations. Health and Welfare Plan rules should be reviewed before seeking medical attention. Detailed descriptions of all benefits and the rules and regulations of the plans are available by request and by visiting our website:

www.norcalaborers.org