

ELIGIBILITY & COBRA - ACTIVE PLAN

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 occurs 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.

ELIGIBILITY & COBRA - SPECIAL PLAN

Employees of a Special Employer making contributions to the Special Plan are eligible for participation in the Special Plan. Initial eligibility begins the first day of the second month following the employer's work month. For example, an Employee works in March, then the Employer's contribution for March will provide coverage for the month of May.

Eligibility is lost when:

- Employee separates from Employer
- Enters 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 and make the required monthly premium payments to the Trust Fund.

ELIGIBILITY - RETIRED PLAN

A person who makes the required payments to the Fund, in an amount determined by the Board of Trustees, and who is receiving a:

- Deferred Vested Pension and worked 2,000 hours in 48 months prior to retirement date
- Retirement Benefit from the Retired Plan of certain employees of LFAO, and
 - Was eligible for the Laborers Special Plan for at least 60 months, including 12 months within the 48 months immediately preceding retirement.
 - Is receiving a Reciprocal Pension from the Laborers Pension Trust Fund for Northern California but is not eligible under Subsection 2.a.(1) though having at least 10 Years of Credited Service with Laborers Pension Trust Fund.
 - Was eligible under the Laborers Active Plan for at least 60 months with the same employer, including 12 months within the 48 months immediately preceding retirement, and will begin participation in this Plan on the effective date of retirement or on the date coverage in the Laborers Active Plan terminates.
 - Dependent of a retired employee becomes eligible on the date the Retired Employee's eligibility is effective.

Laborers Funds Administrative Office

SUMMARY OF BENEFITS FOR LFAO MEMBERS | Effective May 1, 2023

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588

Phone: 707-864-2800 | Toll Free: 800-244-4530 | lfao.org

MEDICAL BENEFIT COMPARISON

You can switch between the Direct Payment Plan (PPO) and the Kaiser Permanente Plan (HMO), up to 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.

	ACTIVE & SPECIAL PLANS Direct Payment Plan (PPO)	ACTIVE & SPECIAL PLANS Kaiser Plan (HMO)	RETIRED PLAN Direct Payment Plan (PPO) with Non-Medicare	RETIRED PLAN Direct Payment Plan (PPO) with Medicare	RETIRED PLAN Anthem Medicare Advantage	RETIRED PLAN Kaiser Plan (HMO) Non-Medicare	RETIRED PLAN with Kaiser Senior Advantage (KPSA)
Annual Deductible	• \$150 per individual • \$450 per family	• \$150 per individual • \$450 per family	• \$150 per individual • \$450 per family	• \$0	• Combined in-network and out-of-network	• \$0	• \$0
Copayments	• \$15 Office visit • Hospital ER visit: \$25 (PPO) \$50 (Non-PPO)	• \$15 Office visit	• \$15 Office visit • Hospital ER visit: \$25 (PPO) \$50 (Non-PPO)	• \$0	• \$0	• \$10	• \$10
Coinsurance (Outpatient/ Professional)	• 10% of negotiated rate (PPO) • 30% of allowed charges (Non-PPO)	• 10% of negotiated rate	• 10% of negotiated rate (PPO) • 30% of allowed charges (Non-PPO)	• Medicare covers 80% and this plan covers the other 20% at 100%	• \$0	• \$10 per procedure	• \$10 per procedure
Inpatient Hospital	• 10% first \$10,000 negotiated rate (PPO), 0% thereafter per stay • 30% first \$10,000 allowed charges (NON- PPO), 0% thereafter, per stay, up to allowed amount, responsible for excess amount of allowed amount	• 10% for covered services at Kaiser	• 10% first \$10,000 negotiated rate (PPO), 0% thereafter per stay • 30% first \$10,000 allowed charges (NON-PPO), 0% thereafter, per stay, up to allowed amount, responsible for excess amount of allowed amount	• Medicare covers 80% and this plan covers the other 20% at 100% • This plan covers 21-100 days at 100%	• \$0 copay per admission. No limit to the number of days covered by the plan (SNF). \$0 copay for days 1-100 per benefit period	• Hospital inpatient care (including room and board, drugs, imaging, laboratory, other diagnostic and treatment services, and Plan Physician services): No charge.	• Hospital inpatient care (including room and board, drugs, imaging, laboratory, other diagnostic and treatment services, and Plan Physician services): No charge.
Annual Out-of-Pocket Maximum	• \$3,000 per individual per plan year • \$6,000 per family per plan year	• \$3,000 per individual per calendar year • \$6,000 per family per calendar year	• \$3,000 per individual per plan year • \$6,000 per family per plan year	• \$0	• After the Max OOP is met, the plan pays 100% of covered costs for the rest of the plan year	• \$1,500 per calendar year	• \$1,500 per calendar year
Disability Credit	• 8 hours per day; 110 hours per month; 660 hours per 12 month period. Only applies to Active Plan.		N/A				
Telehealth	• Visit Transarent at transarent.ai	• Visit 'My Doctor' area of kp.org	• Visit Transarent at transarent.ai	• Visit Livehealth at livehealthonline.com	• Visit Livehealth at livehealthonline.com	• Visit 'My Doctor' area of kp.org	

ONLINE MEMBER PORTAL

Features:

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

Visit lfao.org for the link.

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.

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 at lfao.org.

ANNUITY BENEFIT

Individual Account

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

Payment of Benefit

- 65 w/no employer contributions for 3 consecutive 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 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:

End of April - Only for Members enrolled in Direct Deposit
End of October - Direct Deposit & Paper Check

DEATH & DISMEMBERMENT

ACTIVE & SPECIAL PLANS

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

RETIRED PLAN

- 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

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 yrs of Credited Service after 1/1/1997
- 10 yrs of Credited Service before 1/1/1997

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 OR
 - 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
- Beginning 8/1/86, provided you work a minimum of 500 hours within the plan credit year, benefit amount is calculated by the following:
 - Work hours in plan credit year x \$2.16 x **percentage crediting factor** = total monthly benefit
 - Percentage Crediting Factor:**
 - 3.30% effective 8/1/1986 to 7/31/2003
 - 2.30% effective 8/1/2003 to 7/31/2019
 - 3.30% effective 8/1/2019 to 7/31/2019
 - 4.0% effective 8/1/2020
 - 4.25% effective 8/1/2022
 - Example for work hours in 2022 plan year: 1,700 x \$2.16 x 4.0% = \$146.88 per month
- May be eligible to include \$50 supplemental benefit

Suspension

- Pensioners under age 65 cannot work in the Building and Construction Industry
- Pensioners between ages 65-70% are prohibited from working 40 or more hours per month in the Building and Construction Industry

** Pension Benefits may vary for certain
 Hod Carriers participating prior to June 1, 2018*

VISION BENEFIT

Direct Payment Plan (PPO) Blue Vision

	Active/Special	Retired
	Benefits	Copayments/Allowances
Exam	every 12 months	\$10 copay / \$10 copay
Lenses	every 12 months	\$20 copay / \$10 copay
Frames	every 24 months	\$200 allowance / \$200 allowance
Contact Lenses	every 12 months	\$200 allowance / \$200 allowance

Kaiser Vision Essentials

	Active/Special	Retired
	Benefits	Copayments/Allowances
Exam	no limit	\$15 copay / \$10 copay
Lenses	every 12 months	Covered in full
Frames	every 24 months	\$145 allowance / \$145 allowance
Contact Lenses	every 12 months	\$120 allowance / \$120 allowance

DENTAL BENEFIT - ACTIVE & SPECIAL PLANS

Anthem Dental Complete

- \$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

DENTAL BENEFIT - RETIRED PLAN

Anthem Blue Cross Dental

- \$50/individual; \$150 family deductible
- No fee basic services (diagnostic/preventive)
- 30% of UCR for major services
- \$2,500 plan year max allowance/person
- Orthodontics - not covered

DeltaCare USA

- \$0 deductible
- Coinsurance: Varying copayments
- No maximum
- Orthodontics:
 - Start-up fee: \$350
 - Treatment for Adult: \$1,800
 - Treatment for Child: \$1,600

PRESCRIPTION DRUG BENEFIT

[Direct Payment Plan \(PPO\) - CarelonRx \(AnthemRx\) - \(Active, Special & Retired Plans\)](#)

Retail Pharmacy Copays (30-day supply)

- | | |
|--|---------------------------------------|
| 1st - 3rd fill: | 4th 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

Annual Out-of-Pocket Maximum

- \$3,000 per individual per plan year
- \$6,000 per family per plan year
- \$35,000 maximum payable per individual, **for retirees only** per calendar year

[Kaiser \(HMO\) - Active](#)

Kaiser Pharmacy (30-100 day supply)

- | | |
|-----------------------------|-----------------------------|
| Generic | Brand Name |
| • \$10 up to 30 day supply | • \$20 up to 30 day supply |
| • \$20 up to 100 day supply | • \$40 up to 100 day supply |

Kaiser Mail Order (100-day supply)

- | | |
|-----------------------------|-----------------------------|
| Generic | Brand Name |
| • \$20 up to 100 day supply | • \$60 up to 100 day supply |

[Kaiser - Retired Non-Medicare](#)

You pay the copayment per prescription below at Kaiser Permanente pharmacies; up to a 100 day supply of generic or medically necessary prescribed brand name drugs in accordance with Health Plan Formulary guidelines.

- | | |
|----------------|-------------------|
| Generic | Brand Name |
| • \$5 | • \$15 |

[Kaiser - \(KPSA\) with Medicare at a Kaiser Pharmacy](#)

- | | |
|------------------------------|------------------------------|
| Generic | Brand Name |
| • \$5 up to 30 day supply | • \$10 up to 30 day supply |
| • \$10 for 31-60 day supply | • \$20 for 31-60 day supply |
| • \$15 for 61-100 day supply | • \$30 for 61-100 day supply |

Mail Order

- | | |
|------------------------------|------------------------------|
| Generic | Brand Name |
| • \$5 up to 30 day supply | • \$10 up to 30 day supply |
| • \$10 for 31-100 day supply | • \$20 for 31-100 day supply |

**Prescriptions written by non-Kaiser physicians are not covered.*