**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.

**MEDICAL BENEFIT COMPARISON**

<table>
<thead>
<tr>
<th>ACTIVE &amp; SPECIAL PLANS</th>
<th>RETIRED PLAN</th>
<th>RETIRED PLAN</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Direct Payment Plan (PPO)</td>
<td>Direct Payment Plan (PPO) with Non-Medicare</td>
<td>Direct Payment Plan (PPO) with Medicare</td>
<td>Anthem Medicare Advantage</td>
<td>Kaiser Plan (HMO) Non-Medicare</td>
</tr>
<tr>
<td>Kaiser Plan (HMO)</td>
<td>Medicare covers 80% and this plan covers the other 20% at 100%</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Kaiser Senior Advantage (KPSA)</td>
</tr>
</tbody>
</table>

**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 receiving 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 2a.(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.

**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

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.
PENSION BENEFIT*

**Credited Service**
- Plan credit year is 8/1 - 7/31
- 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 \times 2.16 \times \text{percentage crediting factor} = \text{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 \times 2.16 \times 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
- Hod Carriers participating prior to June 1, 2018

* Pension Benefits may vary for certain

VISON BENEFIT

**Direct Payment Plan (PPO) - Blue Vision**

<table>
<thead>
<tr>
<th></th>
<th>Active/Special</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam every 12 months</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Lenses every 12 months</td>
<td>$20 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Frames every 24 months</td>
<td>$200 allowance</td>
<td>$200 allowance</td>
</tr>
<tr>
<td>Contact Lenses every 12 months</td>
<td>$200 allowance</td>
<td>$200 allowance</td>
</tr>
</tbody>
</table>

Kaiser Vision Essentials

<table>
<thead>
<tr>
<th></th>
<th>Active/Special</th>
<th>Retired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam no limit</td>
<td>$15 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Lenses every 12 months</td>
<td>Covered in full</td>
<td></td>
</tr>
<tr>
<td>Frames every 24 months</td>
<td>$145 allowance</td>
<td>$145 allowance</td>
</tr>
<tr>
<td>Contact Lenses every 12 months</td>
<td>$120 allowance</td>
<td>$120 allowance</td>
</tr>
</tbody>
</table>

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

**Kaiser Mail Order (100-day supply)**
- $20 to 100 day supply

**UnitedHealthcare Dental**
- $2,500 plan year maximum allowance/person for certain services

**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.

**Kaiser - (KPSA) with Medicare at a Kaiser Pharmacy**
- $15

**Kaiser Mail Order**
- $5

**Kaiser Pharmacy (30-100 day supply)**
- Generic: $10 up to 30 day supply

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

**DeltaCare USA**
- No deductible
- Minimal copayments on certain procedures

**Kaiser Mail Order**
- $60 up to 100 day supply

**Kaiser (HMO) - Active**
- $10 up to 300 day supply

**Kaiser Mail Order**
- $40 up to 100 day supply

**Kaiser Blue (HMO)**
- $20 up to 100 day supply

**Kaiser Mail Order**
- $60 up to 100 day supply

**Kaiser - (KPSA) with Medicare at a Kaiser Pharmacy**
- No prescription copays are covered.