



# Hod Carriers Local 166 Benefits Administration

West Bay Pension Plan | East Bay Pension Plan

220 Campus Lane, Fairfield, CA 94534-1498 • Telephone: 707-864-2800 or 800-244-4530

## Important Plan Benefit Change

April 7, 2017

To: All Hod Carriers Pension Plan Participants

Re: Hod Carriers Pension Plan Merger Effective July 1, 2017

Dear Participant,

Please be advised that effective July 1, 2017 the Hod Carriers Local 166 West Bay Pension Plan will be merging into the Hod Carriers Local 166 Pension Plan ("East Bay Pension Plan"). This merger allows for the remaining two Northern California Hod Carrier Pension trust funds to be administered as one Northern California Hod Carrier pension trust.

Any West Bay or East Bay Pension Plan benefits accrued before July 1, 2017 will not be affected by the Pension Plan merger.

### HOW DOES THE JULY 1, 2017 PENSION PLAN MERGER AFFECT ME?

#### EAST BAY PENSION PLAN PARTICIPANTS

Your plan benefits will remain the same except for the following two changes:

- **VESTING CREDIT—POSITIVE CHANGE TO ELIGIBILITY REQUIREMENT**  
Vesting Credit eligibility will require a minimum of 300 hours (.3 Vesting Credit) instead of the current 1,000-hour minimum.
- **OPTIONAL FORMS OF BENEFIT—ONE CHANGE**  
The current 66-2/3% Joint-and-Survivor Annuity option will no longer exist (but the 50%, 75% and 100% Joint-and-Survivor Annuity options remain).

#### WEST BAY PENSION PLAN PARTICIPANTS

- **PAYMENT AND ELIGIBILITY**  
All payment and eligibility for benefits earned after the July 1, 2017 merger will be under the East Bay Pension Plan rules, including the changes mentioned for **EAST BAY PENSION PLAN PARTICIPANTS** above.
- **NORMAL RETIREMENT—POSITIVE CHANGE (AGE 62 WITH 5 YEARS OF CREDITED SERVICE)**  
The requirements for a Normal Retirement will be 62 with 5 years of credited service instead of 65 with 10 years of credited service or fifth anniversary of participation.

**HOD CARRIERS BENEFITS MEETING**

A meeting will be held for all Hod Carriers Plan participants to address any questions or concerns about the recent and upcoming Plan mergers:

**WHEN:**      **Saturday, April 15, 2017**  
                 **9:00 AM – 12:00 PM**

**WHERE:**    **Local Union #304 Alameda County**  
                 29475 Mission Blvd.  
                 Hayward, CA 94544  
                 (510) 581-9600

**SUMMARY OF BENEFITS**

Enclosed is a summary of your Plan benefits:

- Effective July 1, 2017
  - Pension Plan
- Effective February 1, 2017
  - Annuity Plan
  - Vacation-Holiday Plan
- Effective October 1, 2016
  - Health and Welfare Plan

**SUMMARY PLAN DESCRIPTION**

An updated East Bay Pension Plan Summary Plan Description (SPD) will be distributed shortly after the July 1, 2017 Pension Plan merger.

If you have any questions regarding your Plan benefits or would like a translated version of this announcement or the Summary of Benefits, please contact the Trust Fund Office Monday through Friday, from 8:00 AM to 5:00 PM.

Sincerely,

*Board of Trustees*

## 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)

- |                        |                            |
|------------------------|----------------------------|
| <b>1st - 3rd fill:</b> | <b>4th fill and after:</b> |
| • \$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.

# Hod Carriers Local 166 Benefits Administration

## SUMMARY OF BENEFITS FOR ACTIVE MEMBERS

Updated April 2017

### MEDICAL BENEFIT (effective 10/1/16)

#### 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](http://www.livehealthonline.com)

##### Disability Credit

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

#### 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)

- \$10 - \$30 generic / \$20 - \$60 formulary

##### 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](http://www.kp.org)

You can switch between the Direct Payment Plan (PPO) and the Kaiser Permanente pPlan (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.

[www.norcalaborers.org](http://www.norcalaborers.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 / \$145 for frames pay balance after \$120 lenses allowance

## 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

## ANNUITY BENEFIT (effective 2/1/17)

### 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 last 24 consecutive months
- **Receipt of pension from:** Hod Carriers Pension Plans, 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 (eff 2/1/17)

### Statement of Account

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

### Statements mailed:

- **April** (for hours worked 8/1 - 1/31)
- **October** (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](http://www.norcalaborers.org) for the link.

## PENSION BENEFIT (effective 7/1/17)

### Monthly Benefit Formula

- \$75 for each 1,250-hour year with additional credit up to 2,000 hours

### Plan Eligibility

- 300 contributory hours

### Vesting Credit

- 300-399 = 0.3 year, plus 0.1 for each additional 100 hours, maximum of 1 year

### Vesting

- 5 years of vesting credit

### One-Year/Permanent Break in Service

- Less than 300 hours in a plan year
- 5 consecutive 1-year breaks

### Payment Options

- 50%, 75%, 100% Joint-and-Survivor Annuity
- 5-Year Certain & Life and 10-Year Certain & Life Annuity

### Normal Pension

- Age: 62
- Service: Vested

### Early Pension

- Age: 55
- Service: Vested
- Reduction: 0.5% for each month before normal retirement age

### Disability Pension

- Age: Any
- Service: 10 years
- Must be in receipt of Social Security benefits & unable to engage in any occupation

### Disability Benefit

- 2/3 of accrued benefit increasing to full accrued benefit at age 62

### Pre-Retirement Death Benefit

- Eligibility: Vested
- Married: 50% Joint-and-Survivor Annuity
- Single: \$1,000 times number of future service credits, OR 60 monthly payments of the accrued benefit, if greater

## 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](mailto: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 in the respective Summary Plan Description booklets, which are available by request and by visiting our website:

[www.norcalaborers.org](http://www.norcalaborers.org)