



## Laborers Funds Administrative Office of Northern California, Inc.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 | Telephone: 707-864-2800 or 800-244-4530

**TO: All Eligible Active Participants and Their Dependents**  
**RE: Comparison of Dental Plans - Effective September 1, 2022**

The Laborers Health and Welfare Trust Fund for Northern California ("Fund") offers four (4) Dental Plans to Active Participants and their eligible dependents who have satisfied the eligibility requirements of either the Active Laborers Plan or the Special Plan for Active Employees ("Plan"). When you first become eligible, you are automatically enrolled in the Anthem Blue Cross Dental Complete Plan for dental coverage. You may elect to switch to one of the other four Dental Plans by submitting a Dental Plan Election form before you become eligible or **within 60 days** of first becoming eligible. You are then allowed to change Dental Plans during the annual open enrollment period for an effective date of March 1 which is the beginning of the Plan Year. The four Dental Plans offered by the Fund are:

- 1. Anthem Blue Cross (ABC) Dental Complete** - this is a traditional fee-for-service dental plan. You may select any dentist. Your out-of-pocket costs is greater if you use a non-ABC dentist. Emergency dental care outside USA are covered under International Emergency Dental Program. Any dentist within USA. ABC dentists located within California. Outside California, dentists participate in Anthem Blue Cross Blue Shield dental network.
- 2. Bright Now! Newport Dental** - a pre-paid HMO dental plan. All services and referrals must be provided by a Bright Now! or contracted dentist. No Non-Emergency benefits will be paid if dental services are performed by other than a Bright Now! or contracted dentist. 21 Dental offices within Northern California.
- 3. DeltaCare USA** - a pre-paid HMO dental plan. All services and referrals must be provided by a DeltaCare dentist. No benefits will be paid if dental services are performed by other than a DeltaCare dentist. Dental offices within Northern California.
- 5. UnitedHealthcare Dental** - a pre-paid HMO dental plan. All services and referrals must be provided by a contracted UnitedHealthcare dentist. No benefits will be paid if dental services are performed by other than a contracted UnitedHealthcare dentist. Dental offices within Northern California.

On the reverse side of this notice is a Comparison and Summary of Dental Plans that describes in summary the type of service, how much each Dental Plan covers and your out-of-pocket costs. The Comparison has been designed to help you understand the differences of the four Dental Plans so that you can decide which Dental Plan suits your entire family's dental care needs. We urge you to review the Comparison **before** selecting a Dental Plan. Again, you are allowed to switch Dental Plans during the open enrollment period only. To enroll or switch to another Dental Plan, request a Dental Plan Election form from the Fund Office, your Local Union or go to our website, [www.lfao.org](http://www.lfao.org), to print or order the form. The Dental Plan Election form must be mailed back directly to the Fund Office at the above address - **do not mail it back to the Dental Plan provider that you elected.**

It is important that you notify the Fund Office immediately if you want to delete an existing dependent or add a new dependent. An updated Enrollment Form is required to add or delete a dependent. You may obtain an Enrollment Form by either visiting the Fund Office or any Local Union office, call the Fund Office to request a form mailed to you or print a form by visiting the Trust Funds' website at [www.lfao.org](http://www.lfao.org).

If you need more information or have any questions, please do not hesitate to contact the Fund Office.

Sincerely,



BOARD OF TRUSTEES

Revised 9/1/2022

**DENTAL BENEFITS  
COMPARISON AND SUMMARY  
OF DENTAL PLANS**

September 1, 2022

Plan Features	Anthem Blue Cross Dental Complete	Bright Now! Newport Dental	DeltaCare USA	UnitedHealthcare Dental
<b>Annual Deductible</b>	\$100 per person \$300 per family maximum Diagnostic and Preventive Services are NOT subject to the Deductible	None	None	None
<b>Annual Benefit Maximum</b>	\$2,500 per person Diagnostic and Preventive Services are NOT applied to the Annual Benefit Maximum	General Care: No maximum Specialty Referrals: \$2,500	No maximum	No maximum
<b>Participant Coinsurance (Your portion)</b>	Diagnostic & Preventive Services: 0% Basic & Major Services: 30% Endodontics & Periodontics: 30% Prosthodontics & Oral Surgery: 30%	No copayments	Varying copayments	Minimal copayments
<b>Orthodontic Benefits</b>	50% member coinsurance. \$3,500 lifetime maximum for member, spouse, or child.	Participant Copayments: Start-Up Fee: \$540 Treatment Adult: \$2,800 Treatment Child: \$2,400	Participant Copayments: Start-Up Fee: \$350 Treatment Adult: \$1,800 Treatment Child: \$1,600	Participant Copayments: Treatment Adult: \$1,250* Treatment Child: \$1,250* *Start-Up Fee included

 Telephone Numbers and  Website Address

Anthem Blue Cross Dental Complete: 1-877-567-1804 \* [www.anthem.com/ca/mydental](http://www.anthem.com/ca/mydental)

Bright Now! Newport Dental: 1-888-274-4486 \* [www.brightnow.com](http://www.brightnow.com)

DeltaCare USA: 1-800-422-4234 \* [www.deltadentalins.com](http://www.deltadentalins.com)

UnitedHealthcare Dental: 1-800-999-3367 \* [www.myuhc.com](http://www.myuhc.com)

**This Comparison and Summary of Dental Plans is intended only as a summary of the benefits provided by each Plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from Plan to Plan. The contents of this Comparison are not to be construed or accepted as a substitute for the provisions of the Anthem Blue Cross Dental Complete, Bright Now! Newport Dental, DeltaCare USA, or UnitedHealthcare Dental. contract.**





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## Laborers Funds Administrative Office of Northern California, Inc.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 | Telephone: 707-864-2800 or 800-244-4530

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**TO: All Eligible Active Participants and Their Dependents**  
**RE: Comparison of Vision Plans - Effective March 1, 2022**

The Laborers Health and Welfare Trust Fund for Northern California ("Fund") offers two (2) Vision Plans to Active Participants and their eligible dependents who have satisfied the eligibility requirements of either the Active Laborers Plan or the Special Plan for Active Employees ("Plan"). When you first become eligible, you are automatically enrolled in the Laborers Direct Payment Plan for medical-hospital and prescription drugs coverage (Medical Plan) and in the Anthem Blue Cross Blue View Vision Plan for vision coverage. If you want to make a change to your Vision Plan, you have to switch your Medical Plan first to Kaiser Permanente and enroll in their Vision Essentials Plan. You are then allowed to change Vision Plans, depending on your Medical Plan as explained below, during the annual open enrollment period for an effective date of March 1 which is the beginning of the Plan Year. The two Vision Plans offered by the Fund are:

- 1. Participants enrolled in the Direct Payment Plan Participants** - Vision coverage is provided through Anthem Blue Cross Blue View Vision Plan. The Fund **does not** offer other vision plans to Active Participants who are enrolled in the Direct Payment Plan. If you want to change to Kaiser Vision Essentials Plan, you have to switch your Medical Plan first to Kaiser Permanente.
- 2. Participants enrolled in the Kaiser Permanente Plan** - Vision coverage is provided through Kaiser Vision Essentials Plan, however, Active Participants who are enrolled in the Kaiser Permanente Plan are allowed to switch between Kaiser Vision Essentials Plan and Anthem Blue Cross Blue View Vision Plan every annual open enrollment period (December to February for a March 1 effective date).

On the reverse side of this notice is a Comparison and Summary of Vision Plans that describes in summary the type of service, how much each Vision Plan covers and your out-of-pocket costs. The Comparison has been designed to help you understand the difference of the two Vision Plans so that you can decide which Vision Plan suits your entire family's vision care needs. We urge you to review the Comparison **before** selecting a Vision Plan. Again, you are allowed to switch Vision Plans during the open enrollment period only and depending on your Medical Plan. To enroll or switch to another Vision Plan, request a Vision Plan Election form from the Fund Office, your Local Union or go to our website, [www.norcalaborers.org](http://www.norcalaborers.org), to print or order the form. The Vision Plan Election form must be mailed back directly to the Fund Office at the above address – **do not mail it back to the Vision Plan provider that you elected.**

It is important that you notify the Fund Office immediately if you want to delete an existing dependent or add a new dependent. An updated Enrollment Form is required to add or delete a dependent. You may obtain an Enrollment Form by either visiting the Fund Office or any Local Union office, call the Fund Office to request a form mailed to you or print a form by visiting the Trust Funds' website at [www.norcalaborers.org](http://www.norcalaborers.org).

If you need more information or have any questions, please do not hesitate to contact the Fund Office.



Sincerely,

BOARD OF TRUSTEES

Revised 4/1/2022

<b>Anthem Blue Cross Blue View Vision</b>			
<b>Covered Benefit and Frequency Limitation</b>	<b>IN-NETWORK PROVIDER</b>		<b>NON-NETWORK PROVIDER</b>
	<b>Plan Allowance</b>	<b>Your Copayment</b>	
Routine Eye Exam <i>Every 12 months</i>	Covered in full	\$10	\$37 allowance only
Eyeglass Frame <i>Every 24 months</i>	\$145	You pay the balance after \$145 allowance less 20% discount	\$40 allowance only
Eyeglass Standard Lenses <i>Every 12 months</i> 1 pair only of Single, Bifocal, Trifocal or Lenticular lenses	Covered in full	\$20 (1 pair limit)	\$34 to \$68 allowance only depending on type of lenses
Contact Lenses (Conventional) <i>Every 12 months</i>	\$120	You pay the balance after \$120 allowance less 15% discount	\$100 allowance only

<b>Kaiser Vision Essentials</b>			
<b>Covered Benefit and Frequency Limitation</b>	<b>AT KAISER PERMANENTE OPTICAL CENTERS</b>		
	<b>Plan Allowance</b>	<b>Your Copayment</b>	<b>Notes</b>
Routine Eye Exam <i>No limit</i>	Covered in full	\$15	No copayment for preventive screenings
Eyeglass Frame <i>Every 24 months</i>	\$145	You pay the balance after \$145 allowance	Fashionable frames priced between \$40 to \$99
Eyeglass Standard Lenses <i>Every 12 months</i>	Covered in full		1 pair only of clear plastic, single, flat-top multifocal or lenticular lenses
Contact Lenses (Conventional) <i>Every 12 months</i>	\$120	You pay the balance after \$120 allowance	Order refills online at <a href="http://www.kp2020.org/noca">www.kp2020.org/noca</a>

 Telephone Numbers and  Website Address

Anthem Blue Cross Blue View Vision: 1-866-723-0515 \* [www.anthem.com/ca](http://www.anthem.com/ca)

Kaiser Vision Essentials: 1-800-464-4000 \* [www.kaiserpermanente.org](http://www.kaiserpermanente.org)

**This Comparison and Summary of Vision Plans is intended only as a summary of the benefits provided by each Plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from Plan to Plan. The contents of this Comparison are not to be construed or accepted as a substitute for the provisions of the Anthem Blue Cross Blue View Vision or Kaiser Vision Essentials contract.**





## Laborers Funds Administrative Office of Northern California, Inc.

5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 | Telephone: 707-864-2800 or 800-244-4530

**TO: All Eligible Active Participants and Their Dependents in the Active and Special Active Plans**  
**RE: Comparison of Medical-Hospital Plans - Effective March 1, 2022**

The Laborers Health and Welfare Trust Fund for Northern California ("Fund") offers two (2) Medical-Hospital Plans ("Medical Plan") to Active Participants and their eligible dependents who have satisfied the eligibility requirements of either the Active Laborers Plan or the Special Plan for Active Employees ("Plan").

As an Active Participant, you are allowed to: (1) initially enroll in one of the two Medical Plans listed below, and (2) change between the two Medical Plans up to a maximum of two times per calendar year.

1. **Laborers Direct Payment Plan (provides medical and prescription drug coverage)** - this is a traditional fee-for-service benefits. You are allowed to use any provider but using participating hospitals and providers (PPO) may lower your out-of-pocket costs.
2. **Kaiser Permanente Plan (provides medical and prescription drug coverage)** - this is a Health Maintenance Organization (HMO) plan. Kaiser provides benefits at no cost or with limited copayments to you, however, your choice is limited to Kaiser approved physicians and facilities only.

When you first become eligible, you are automatically enrolled in the Laborers Direct Payment Plan for medical-hospital coverage including prescription drugs. If you live or work within Kaiser's Service Area in Northern California, you may switch to the Kaiser Permanente Plan before or after you become eligible by submitting a Medical Plan Election form. **Whichever Medical Plan you choose, your dependents must be enrolled also in the same Medical Plan.** If you would like more information about the Kaiser Permanente Plan **before** you consider a Medical Plan change, call the Fund Office and request a Kaiser Permanente Plan booklet, otherwise a booklet will be automatically mailed to you after you submit a Medical Plan Election form to the Fund Office.

Enclosed is a Comparison and Summary of Medical Plans, see pages 2 - 6, that describes in summary the type of service, how much each Medical Plan covers and your out-of-pocket cost. The Comparison has been designed to help you understand the difference between the two Medical Plans so that you can decide which Medical Plan suits your entire family's health care needs. We urge you to review the Comparison **before** selecting a Medical Plan. Again, you are allowed to switch Medical Plans no more than twice per calendar year. To switch between Medical Plans, request a Medical Plan Election form from the Fund Office, your Local Union or go to our website, [www.norcalaborers.org](http://www.norcalaborers.org), to print or order the form. For information about Dental and Vision Plans, please refer to the Comparison for Dental and for Vision Plans.

Regardless of what Medical Plan you choose, **you are required to complete a Medical Plan Election form.** A completed Medical Plan Election form must be mailed back directly to the Fund Office at the above address – **do not mail the form directly to Kaiser Permanente.**

It is important that you notify the Fund Office immediately if you want to delete an existing dependent or add a new dependent. An Enrollment Form is required to add or delete a dependent. You may obtain an Enrollment Form by either visiting the Fund Office or any Local Union office, call the Fund Office to request a form mailed to you or print a form by visiting the Trust Funds' website at [www.norcalaborers.org](http://www.norcalaborers.org).

If you need more information or have any questions, please do not hesitate to contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES

Revised 4/1/2022



**MEDICAL-HOSPITAL-PRESCRIPTION DRUGS BENEFITS  
COMPARISON AND SUMMARY OF MEDICAL PLANS**

March 1, 2022

General Information	LABORERS Direct Payment Plan	Kaiser Permanente
<b>MEDICAL-HOSPITAL BENEFITS</b>		
Type of Plan	The Direct Payment Plan provides traditional, fee-for-service medical benefits and offers higher coverage when you use Anthem Blue Cross participating hospitals and providers (PPO).	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.
Geographical Area Covered	Expenses incurred outside the United States and its Territories are covered if due to Emergency Services. If the expense is covered, normal benefits will apply.	You must either live or reside within Kaiser Service Area, usually within California. If you have any question whether your residence address is a Kaiser Service Area, contact the Trust Fund Office.
Choice of Physicians	Unlimited. Use of Anthem Blue Cross participating physicians result in lower out-of-pocket expenses.	Each member may use any Kaiser Permanente Physician.
Specialized Care: In-Network	You select any specialist.	Self-referral to specialists such as optometry, chemical dependency, psychiatry, and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.
Outside Network	You select any specialist.	An outside specialist requires specific referral from your Plan Physician. Cost Sharing is consistent with Plan coverage required for services if provided by a Plan Provider or referred by a Kaiser Permanente Physician.
Out-of-Area Care	Out of network benefits apply to treatment anywhere in the United States, its territories and possessions. Services outside United States may be covered if due to emergency.	Cost Sharing for Emergency Care, Post-Stabilization Care, and Out-of-Area Urgent Care from a Non-Plan Provider is the Cost Sharing for a plan provider and subject to authorization.
Claim Forms	None.	Required from non-Kaiser Permanente providers for emergency, out-of-area urgent care and post stabilization care.
Annual Deductible	\$150 per individual, maximum of \$450 per family per Plan Year (March 1 – February 28).  Does not apply to Inpatient Hospital, Physical Exam, Preventive Services, Urgent Care Services and Prescription Drug benefits. Deductible amount applied in December, January and February will be carried forward to following Plan Year.	\$150 per individual, maximum of \$450 per family per Calendar Year (January 1 – December 31).
Lifetime Benefit Maximum	None, some restrictions apply.	None. Some restrictions apply.
Out-of-Pocket Annual Maximum Medical & Hospital Expenses Only	\$3,000 per individual, maximum of \$6,000 per family per Plan Year. Includes your deductible, coinsurance and copayments for charges by <b>PPO providers only</b> . Does not include your coinsurance to Non-PPO providers, penalties for not using a PPO hospital or not obtaining a pre-admission review for admission to a Non-PPO hospital, Plan exclusions and limitations.	\$3,000 per individual, maximum of \$6,000 per family per Calendar Year.





General Information	LABORERS Direct Payment Plan	Kaiser Permanente
Inpatient Hospital Medical/Surgery Mental Health	Not subject to Deductible. PPO Hospital - 90% of 1st \$10,000 and 100% thereafter of negotiated rates. Non-PPO Hospital - 70% (90% if emergency or patient resides outside California) of 1st \$10,000 and 100% thereafter of allowed charges.	Subject to Deductible. 10% Coinsurance for all covered benefits and services at Kaiser Permanente medical facilities.
Total Hip or Knee Replacement Surgery	Same as Medical/Surgery above but not to exceed \$30,000 <b>Maximum Plan Allowance</b> . Higher out-of-pocket costs if you do not use a <b>Value-Based Site</b> hospital approved by the Plan.	Same as Medical/Surgery above.
Skilled Nursing Facility/ECF	Same as Medical/Surgery above.	10% Coinsurance (up to 100 days per <b>benefit period</b> when authorized by a Plan physician).
Alcohol and Substance Abuse	Same as Medical/Surgery above.	10% Coinsurance for Inpatient Detoxification when authorized by a Plan physician.
Utilization Review	Automatic part of Plan procedures. Required for most hospital stay. Up to \$2,000 penalty for non-compliance if Non-PPO Hospital is used.	Automatic part of Plan procedures.
Emergency Room Outpatient Hospital	Subject to Deductible. \$25 copayment each for visits 1, 2 and 3, \$50 each visit thereafter per calendar year whether PPO or Non-PPO Hospital is used. PPO Hospital - 90% of negotiated rates after copayment. Non-PPO Hospital - 70% of allowed charges after copayment. Copayment waived under certain circumstances.	Subject to Deductible. 10% Coinsurance. Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospital Services" for inpatient Cost Share).
Medical Care Outpatient Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Subject to Deductible. Outpatient Surgery and certain other outpatient procedures: 10% Coinsurance.
Mental Health Care Outpatient Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Subject to Deductible. Inpatient psychiatric hospitalization: 10% Coinsurance. Individual outpatient mental health evaluation and treatment: \$15 per visit.
Substance Abuse Outpatient Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Subject to Deductible. Inpatient detoxification: 10% Coinsurance. Individual outpatient substance use disorder evaluation and treatment: \$15 per visit.
Urgent Care Facility Services	Not subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Urgent care consultations, evaluations and treatment: \$15 per visit.
Arthroscopic, Cataract or Colonoscopy Procedure Facility Charges	Subject to Deductible. PPO Hospital - 90%* of negotiated rates. Non-PPO Hospital - 70%* of allowed charges. * - <b>Subject to Maximum Plan Allowance (MPA)</b> : Arthroscopy \$6,000 * Cataract \$2,000 * Colonoscopy \$1,500 Exception: <b>MPA</b> does not apply if a <b>Value-Based Site facility</b> is used.	See Outpatient surgery and certain other outpatient procedures from KP's Benefit Summary.

General Information	LABORERS Direct Payment Plan	Kaiser Permanente
Ambulatory Surgery Center	Subject to Deductible. PPO Facility - 90% of negotiated rates. Non-PPO Facility - \$500 <b>Maximum Plan Allowance</b> per day.	See Outpatient surgery and certain other outpatient procedures from KP's Benefit Summary.
Physician Fees: Office Visits	Subject to Deductible and \$15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	Subject to Deductible. \$15 copayment.
Electronic/On-line Telehealth	Including medical, mental health and substance abuse exams. 100% of allowed charge, no Deductible and Copayment. You must use a physician through LiveHealth Online Service.	No Charge - Provided under certain circumstances to be determined during telephonic appointment intake.
Surgery	Subject to Deductible. PPO Physician - 90% of negotiated rate. Non-PPO Physician - 70% of allowed charge.	Outpatient surgery and certain other outpatient procedures: 10% Coinsurance.
Emergency Room Physician	Subject to Deductible. PPO Physician - 90% of negotiated rate. Non-PPO Physician - 90% of allowed charge.	Emergency Department visits: 10% Coinsurance.
Mental Health Visits Outpatient	Subject to Deductible and \$15 copayment per visit. PPO Physician - 100% of negotiated rate. Non-PPO Physician - 70% allowed charge.	Subject to Deductible. Individual outpatient mental health evaluation and treatment: \$15 per visit. Group outpatient mental health treatment: \$7 per visit.
Substance Abuse Visits Outpatient	Subject to Deductible and \$15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	Subject to Deductible. Individual outpatient substance use disorder evaluation and treatment: \$15 per visit. Group outpatient substance use disorder treatment: \$5 per visit.
Smoking Cessation	Subject to Deductible and \$15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	Individual counseling during an office visit related to smoking cessation. No Charge.
Physical Exam and Well Baby	Not subject to Deductible and Physician Office Visit copayment. <b>Maximum Plan Allowance:</b> Participant or Spouse - \$300 per exam. Child age 2+ - \$200 per exam. Well Baby charges for dependent children up to age 2 are payable as routine office visit and not subject to \$200 maximum per exam.	Not subject to Deductible. Adult - \$0 copayment per visit. Children through age 23 months - \$0 copayment per visit.
Preventive Services	Preventive Services or procedures as identified by Patient Protection and Affordable Care Act of 2010. PPO Providers only - No cost sharing (Deductible, Copayment and Coinsurance) by the Participant, 100% payable. Preventive Services such as Physical Exam, Well Baby, Laboratory or Radiology by Non-PPO Providers will be paid at normal Plan benefits level with cost sharing by the Participant.	Not subject to Deductible. Preventive care/screening/immunization. Preventive X-rays, screenings, and laboratory tests as described in the Evidence of Coverage: \$10 per encounter.
Immunizations, Injections and Inoculations	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Not subject to Deductible. Most immunizations (including the vaccine): No Charge.



General Information	LABORERS Direct Payment Plan	Kaiser Permanente
Laboratory and Pathology Tests	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. Outpatient Services – Most X-rays and Laboratory tests: \$10 per encounter.
Radiology: X-Rays, MRI, CT Scans	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. Outpatient Services – Most X-rays and Laboratory tests: \$10 per encounter. Outpatient Services – MRI, most CT, and PET scans: 10% Coinsurance up to a maximum of \$50 per procedure.
Physical and Occupational Therapy	Subject to Deductible. Subject to medical review for therapy in excess of 30 visits. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. \$15 copayment per visit.
Chiropractic Care Benefits	Subject to Deductible. <b>Maximum Plan Allowance:</b> Up to 20 visits per Plan Year. PPO Provider - 100% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Not subject to Deductible. Services provided by American Specialty Health (ASH) Participating Providers: Chiropractic office visits (up to a total of 20 visits per 12-month period - \$5 per visit X-rays and laboratory tests that are covered Chiropractic Services – No charge. Chiropractic supports and appliances – Amounts in excess of the \$50 Allowance.
Acupuncture	Subject to Deductible. Subject to medical review and number of visits per condition. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. Acupuncture Services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain: Non-Physician Specialist Visits – a \$15 Copayment per visit. Physician Specialist Visits – a \$15 Copayment per visit.
Nutritional Health Dietary Counseling	Subject to Deductible. Subject to \$15 Physician Office Visit copayment if billed as office visit. PPO Provider - 90% of negotiated rate. 100% for office visit. Non-PPO Provider - 70% of allowed charge.	Covered health education programs, which may include programs provided online and counseling over the phone: No Charge.
Ambulance	Subject to Deductible. Air ambulance covered if due to a life threatening condition. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge or 90% if due to a life threatening condition.	Subject to Deductible. 10% Coinsurance.
Durable Medical Equipment	Subject to Deductible. Prescription from attending doctor is required. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Not subject to Deductible. DME items as described in the Evidence of Coverage: 10% Coinsurance.
Hearing Aids Device	Subject to Deductible. Prescription from a physician is required. <b>Maximum Plan Allowance:</b> \$1,200 per ear/device per 36 months.	Not subject to Deductible. \$1,000 maximum allowance per aid/device per 36 months.
Home Health Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	Not subject to Deductible. Home health care (up to 100 visits per Accumulation Period): No charge.
Hospice Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	Not subject to Deductible. No charge.

LABORERS Direct Payment Plan	Kaiser Permanente
<b>PRESCRIPTION DRUG BENEFITS</b>	
<p>OptumRx benefits provided through Fund whether you use a Contracting or Non-Contracting Pharmacy.</p> <p><b>CONTRACTING PHARMACY:</b> You pay the copayment per prescription below.</p> <p><u>Retail</u> 30 day supply maximum per prescription. Generic - \$10 Formulary Brand Name - \$20 Non-Formulary Brand Name - \$30</p> <p><u>Mail Order</u> 90 day supply maximum per prescription. Generic - \$20 Formulary Brand Name - \$40 Non-Formulary Brand Name - \$60 Mail Order is mandatory for maintenance drugs after 3 fills.</p> <p>If a generic equivalent is available but you prefer brand name, you will pay for the difference in cost between the generic and brand name drug.</p> <p><b>Out-of-Pocket Maximum for Contracting Pharmacy only</b> \$3,000 per person up to \$6,000 per family, per calendar year. Out-of-pocket maximum does not apply to prescription drugs that are excluded by the Plan and penalties for non-compliance with the Plan's Utilization Review Program.</p> <p><b>NON-CONTRACTING PHARMACY:</b> You pay the full cost and submit a Reimbursement Form to OptumRx. You will be reimbursed based upon the contract rate for a Contracting Pharmacy less the applicable copayment and other costs described above. NO OUT-OF-POCKET MAXIMUM.</p>	<p>You pay the copayment per prescription below for covered drugs in accordance with Health Plan Formulary guidelines. 30 day supply maximum for certain drugs.</p> <p>Prescriptions written by non-Kaiser physicians are not covered.</p> <p><b>At a Kaiser Pharmacy</b> Generic: \$10 for up to 30 day supply. \$20 for up to 100 day supply.</p> <p>Brand Name: \$20 for up to 30 day supply. \$40 for up to 100 day supply.</p> <p><b>Mail Order</b> Generic: \$20 for up to 100 day supply.</p> <p>Brand Name: \$40 for up to 100 day supply.</p>

 Telephone Numbers and  Website Address

**Laborers Direct Payment Plan** (Laborers Fund Administrative Office): 1-800-244-4530 or 1-707-864-2800 \* [www.norcalaborers.org](http://www.norcalaborers.org)

**Kaiser Permanente:** 1-800-464-4000 (English) or 1-800-788-0616 (Spanish) \* [www.kaiserpermanente.org](http://www.kaiserpermanente.org)  
When calling, refer to Group Number 603306 for Active Plan or Group Number 603308 for Special Plan

**This Comparison and Summary of Medical Plans is intended only as a summary of the benefits provided by each Plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from Plan to Plan. The contents of this Comparison are not to be construed or accepted as a substitute for the provisions of the Active and Special Active Laborers Direct Payment Plans' Rules and Regulations or Kaiser Permanente's contract.**



**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

	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)
<b>Annual Deductible</b>	• \$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
<b>Copayments</b>	• \$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
<b>Coinsurance (Outpatient/Professional)</b>	• 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
<b>Inpatient Hospital</b>	• 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%	• \$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.
<b>Annual Out-of-Pocket Maximum</b>	• \$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
<b>Disability Credit</b>	• 8 hours per day; 110 hours per month; 660 hours per 12 month period. <i>Only applies to Active Plan.</i>		N/A				
<b>Telehealth</b>	• Visit Transcarent at <a href="https://transcarent.ai">transcarent.ai</a>	• Visit 'My Doctor' area of <a href="https://kp.org">kp.org</a>	• Visit Transcarent at <a href="https://transcarent.ai">transcarent.ai</a>	• Visit Livehealth at <a href="https://livehealthonline.com">livehealthonline.com</a>	• Visit Livehealth at <a href="https://livehealthonline.com">livehealthonline.com</a>	• Visit 'My Doctor' area of <a href="https://kp.org">kp.org</a>	

**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](https://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](https://lfao.org).



### ANNUITY BENEFIT

#### Individual Account

- Account established 1<sup>st</sup> 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 65-70½ are prohibited from working 40 or more hours per month in the Building and Construction Industry

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

### VISION BENEFIT

#### Direct Payment Plan (PPO) Blue Vision

Benefits	Active/Special		Retired
	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

Benefits	Active/Special		Retired
	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) -

CarlonRx (AnthemRx) - (Active, Special & Retired Plans)

#### Retail Pharmacy Copays (30-day supply)

- |   |                                 |
|---|---------------------------------|
| 1 <sup>st</sup> - 3 <sup>rd</sup> fill: | 4 <sup>th</sup> 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.