

CONSTRUCTION INDUSTRY LABORERS HEALTH & WELFARE FUND

FREQUENTLY ASKED QUESTIONS & ANSWERS

Q. HOW DO I BECOME ELIGIBLE FOR HEALTH & WELFARE BENEFITS?

- A. You can become eligible and receive benefits by working a sufficient number of hours for a *Contributing Employer* who makes contributions to the Fund.

Q. HOW MANY HOURS DO I NEED TO WORK?

- A. You must work for a *Contributing Employer* a minimum of **275 hours** during a qualifying period; or a minimum of **1,100 hours** during four (4) consecutive qualifying periods; or *work for an employer who is accepted by the Trustees, and is obligated by written agreement to make contributions to the Fund on behalf of the Participant(s).*

Q. WHEN WILL MY COVERAGE BEGIN?

- A. You will be covered for benefits for 3 months beginning on the January 1, April 1, July 1 or October 1, following the Qualifying Period, provided contributions have been received by The Fund.

See the following chart for Qualifying Work Period and corresponding Coverage Period:

Qualifying Work Period	Coverage Period
September, October, November	January, February, March
December, January, February	April, May, June
March, April, May	July, August, September
June, July, August	October, November, December

Q. CAN I CONTINUE ELIGIBILITY DURING A DISABILITY?

- A. Yes, you may be able to continue eligibility during a disability with disability hours. A Covered Participant who is disabled because of an occupational or non-occupational illness or accident and is under the treatment of a legally licensed physician (covered treatment does **NOT** include chiropractic care) or treatment through a *Qualified Outpatient Alcohol and Drug Treatment Agency* will be allowed a credit of 40 hours per week for continuation of coverage, not to exceed 400 hours (10 weeks). There is no allowance for split weeks. You will remain eligible as long as your hours, including disability hours, meet the eligibility requirements described above.

Q. WHAT DO I DO IF I AM INJURED OR BECOME ILL AND AM UNABLE TO WORK?

- A. You must fill out a *Loss of Time Claim Form* (found in the FORMS section of this website) and have it completed by a licensed physician certifying the dates of your disability. A new *Loss of Time Claim Form* is required for each new period of disability. Disabled Participants receiving Workers' Compensation benefits must also submit proof of compensation and disability.

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Q. CAN I CONTINUE MY COVERAGE AFTER I RETIRE?

- A. Yes, provided you are eligible at the time of retirement and pay the required self-payment premiums and have had coverage under this Welfare Plan at least twelve (12) out of twenty (20) calendar quarters before effective date of benefits and have ten (10) or more pension credits.

Q. HOW LONG WILL MY DEPENDENT CHILDREN BE COVERED BY THIS PLAN?

- A. Dependent children are covered by the Construction Industry Laborers Welfare Fund through the age of 18. The Welfare Fund can extend coverage to your dependent children over the age of 19 in one of two ways:

- ❖ Coverage can be extended to dependent children aged 19-26, regardless of their marital status. To qualify, they must not have not have other employer sponsored health care coverage **available**, and must enroll either during the open enrollment period or immediately following the loss of coverage as a dependent or under another health care plan.
- ❖ Full-time Students aged 19 to 23 may still be eligible for coverage under the Plan even if they have employer sponsored health care available. To be eligible, Full-time Students must be unmarried, and must meet the requirements of the Plan and proof of enrollment must be submitted to the Fund Office.

Contact the Fund's Eligibility Department to find out more information on extending coverage to your over age dependent children.

Q. WHAT ARE THE HEALTH CARE BENEFITS?

- A. All covered medical expenses are subject to a deductible. The deductible is \$400 per individual, \$800 per family. This means that you must pay the first \$400 in medical expenses before the plan will begin to pay any benefits.

After your deductible has been met, the Fund will pay a percentage of your covered medical expenses; this percentage is called the "co-insurance". The co-insurance percentage paid for services provided by an in-network provider can range from 85% - 90%, depending on the provider's status in the network. Services from out-of-network providers are paid at 60%.

The Construction Industry Laborers Welfare Fund utilizes the *Blue Cross and Blue Shield of Kansas City (BCBSKC) Preferred Provider Organization (PPO)*. If you choose to go to a provider that is part of the Funds' PPO Network, the Fund will pay a higher percentage of your medical expenses. Also, there may be a discount applied which will further reduce the amount you will owe. However, you are free to use any licensed physician or hospital that you choose.

- ❖ *BCBSKC Preferred-Care Blue/BlueCard PPO Network* co-insurance coverage will be 90%;
- ❖ *BCBSKC Participating Providers/BlueCard Traditional Network* co-insurance coverage will be 85%;
- ❖ *Out-of-Network, Non-Participating Providers* co-insurance coverage will be 60%.

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The following chart shows the amounts that would be payable for some medical benefits, using an In-Network provider, as compared with Out-of-Network providers.

Description of Covered Benefit	In- Network	Out-of-Network
Major Medical Benefit (<i>Hospital, ER, Doctor etc.</i>)	85% - 90%	60%
Routine Care Benefit (<i>See Benefit Description for Specific Limitations</i>)	\$500 calendar year maximum; Coverage for Participant and Participant's spouse only.	
Emergency Room Co-Payment	\$50 per visit (limit is waived if the patient is admitted)	
Mental Health Benefit (<i>See Benefit Description for Specific Limitations</i>)	50%	N/A
Alcohol and Drug Treatment Benefit (<i>See Benefit Description for Specific Limitations</i>)	Out Patient 50% In Patient 90%	N/A
Chiropractic Expense Benefit – Participant only (<i>See Benefit Description for Specific Limitations</i>)	90%	N/A
Maternity Benefit	90%	N/A

**ALL BENEFITS ARE SUBJECT TO LIMITATIONS AND EXCLUSIONS.
PLEASE REFER TO YOUR SPD FOR FULL PLAN INFORMATION.**

Q. HOW DO I FIND A NETWORK PROVIDER FOR HEALTH CARE BENEFITS?

- A. You can find a network provider by visiting BCBS's website, or calling their toll-free provider hotline:
- ❖ You can go directly to the *Blue National Doctor and Hospital Finder Website* at www.bluekc.com.
 - ❖ You may contact Blue Cross Blue Shield of Kansas City at **(800) 340-0109** or you can call the national provider finder number at **(800) 810-BLUE**.

Q. DO I NEED AN ID CARD?

- A. Yes. You should carry your Health Care ID Card with you at all times, and provide it to your medical care provider at each visit. The card has information on it so your providers know where to bill for their services, and who to call for benefit and eligibility verification.

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Q. HOW DO I GET MY HEALTH CARE ID CARD?

- A. Once you become eligible for benefits with the Welfare Fund, you will receive your Health Care ID Cards directly from Blue Cross Blue Shield of KC. Or you may call the Fund Office to order your ID Card, or to order a replacement card. Please allow 7-10 business days to receive your ID Card.

Q. DOES THE PLAN OFFER PRESCRIPTION DRUG COVERAGE TOO?

- A. Yes. For Active Members and their dependents, prescription medications are covered under the Welfare Fund. Prescription drug charges **DO NOT APPLY** to the annual deductible or the out-of-pocket maximum. To use your prescription benefit, present your *Prescription Drug Card*, not your Welfare Health Care ID Card, and prescription to your pharmacist.

Please Note: Retired Members on Medicare are NOT eligible for Prescription Drug Coverage.

Q. WHAT PRESCRIPTIONS ARE COVERED?

- A. The medication must have been prescribed by your physician. There are no benefits for certain prescriptions, including fertility or infertility drugs, investigational or experimental drugs, genetically engineered drugs, and others; however, certain classes of drugs not covered by the CIL Welfare Fund are now eligible to receive a discount from the Fund's Prescription Benefit Manager.

The cost of the following classes of drugs are **NOT COVERED (will not be paid)** by the Fund. But if you choose to buy these drugs, you can present your Prescription Card, and get them at a discounted price. The classes of drugs offered for this discount are as follows:

- ❖ Weight Control
- ❖ Cosmetic Drugs (example: skin pigmentation)
- ❖ Sexual Dysfunction
- ❖ Smoking Deterrents
- ❖ Diaphragms

Q. HOW DO I GET MY PRESCRIPTION ID CARD?

- A. LDI Pharmacy Services is the Pharmacy Benefit Manager for the CIL Welfare Fund. LDI will send you a *Prescription Drug Card* when you become qualified for benefits. Or you may call the Fund Office to order your ID Card, or to order a replacement card. Please allow 7-10 business days to receive your ID Card.

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Q. HOW DO I FIND A QUALIFIED PHARMACY PROVIDER?

- A. To find qualifying pharmacies, visit LDI's website at: www.ldirx.com or call them toll-free at (866) 516-3121.

Q. HOW MUCH WILL MY PRESCRIPTIONS COST?

- A. Your co-payment will be 20% of the covered prescription purchased at a participating pharmacist. If you do not use a participating pharmacy, you will be responsible for 100% of the cost of the prescription purchased and will have to request a reimbursement from the LDI. If you obtain your prescription from a non-participating pharmacy, you will only be reimbursed the **discounted** prescription amount, so you may receive less than 80% of what you actually paid for your medication. PLEASE NOTE: Wal-Mart pharmacies are NOT participating pharmacies. Most other major chains and many independent pharmacies are in network.

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Q. WHAT VISION BENEFITS ARE AVAILABLE?

- A. The Plan provides vision benefits for the Covered Active Participant and their Dependents only. Some of the vision benefits are as follows:

- ❖ Examination Coverage: \$50 once per calendar year;
- ❖ Single Vision Lenses: \$60 per pair per calendar year;
- ❖ Bi-Focals: \$100 per pair per calendar year
- ❖ Contact Lenses: \$100 per calendar year; and
- ❖ Frames: \$90 on one set every two (2) calendar years.

Coverage is for either lenses or contacts, **NOT BOTH**. Benefits are allowed only when provided by a licensed optometrist or ophthalmologist.

- ❖ Lasik vision correction surgery is NOT covered.

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Q. HOW DO I FIND A NETWORK PROVIDER FOR VISION BENEFITS?

- A. Use of a Network Provider is not required for Vision Benefits. Benefits should be sought from a licensed optometrist or ophthalmologist, and payment for services will be subject to plan provisions and limitations. All bills for service should be sent to the Fund Office at the following address:

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Construction Industry Laborers Welfare Fund
6405 Metcalf Avenue, Suite 200
Overland Park, KS 66202-4084

Q. WHAT DENTAL BENEFITS ARE AVAILABLE?

A. The Plan provides dental benefits for the Covered Active Participant and their Dependents only. There is no deductible for this coverage, and the benefits are as follows:

- ❖ 80% paid of reasonable and customary services;
- ❖ Benefits are limited to \$2,000 per calendar year per person;
- ❖ Routine Oral Examination Benefit – These services must be separated by at least 6 months (182 days) from the last date of service;
- ❖ Dentures – There is 5-year replacement coverage for full and partial dentures. There is NO coverage for loss as a result of theft, breakage or loss of previous dentures. There must have been continuous coverage with no break in coverage for replacement coverage to apply.
- ❖ Orthodontics – This coverage is provided for active members and their dependents only. There is no deductible, and benefits are paid at 80% of reasonable and customary charges. There is a lifetime maximum benefit of \$1,500, and there is no age limit for coverage.

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Q. HOW DO I FIND A NETWORK PROVIDER FOR DENTAL BENEFITS?

A. The Fund uses CONNECTION Dental as the Welfare Fund Dental Network. Using an in-network dentist can save both you and the Fund money, with savings averaging 25% for the states of Kansas, Missouri, Iowa and Nebraska, and a national average of 27%.

If you are currently utilizing a dentist that is not participating in the PPO, CONNECTION Dental encourages the nomination of new dentists to the network, and will do their best to add the dentist when requested.

To find providers in the CONNECTION Dental Network, call Customer Service at (877) 277-6872 or visit www.ppousa.com/patients/dental.html.

All bills for service should be sent to the Preferred Health Professionals (PHP) at the following address:

Connection Dental
PO Box 25938
Shawnee Mission, KS 66225

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Q. HOW DO I ADD MY NEWBORN; SPOUSE; STEP-CHILD, ETC.?

- A. Contact the Fund Office at (913) 236-5490 and request a new *Enrollment Card*. You will need to provide a birth certificate; marriage certificate; divorce decree; or some other legal documentation, whichever applies to your situation:

Q. HOW DO I REMOVE MY SPOUSE FROM MY COVERAGE PLANS?

- A. Before a spouse could be terminated from the Plan, the Fund Office would need a copy of the *Divorce Decree* or the court document showing you are legally separated. Contact The Fund Office at (913) 236-5490 with this documentation and your coverage plan can be changed.

Q. WHAT HAPPENS IF I LOSE MY ELIGIBILITY BECAUSE OF A REDUCTION IN HOURS, TERMINATION OF EMPLOYMENT, OR CERTAIN OTHER EVENTS?

- A. You will be notified by the Fund Office that your Health Care Coverage has terminated and you will be given the opportunity to continue coverage by electing COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) continuation coverage.

Q. WHAT IS COBRA CONTINUATION COVERAGE?

- A. Federal law requires that sponsors of group health plans offer Covered Participants and their families a temporary extension of their health care coverage under the Plan in exchange for self-contribution payments to the Plan. (Find detailed information regarding COBRA in the *Summary Plan Description* on page 18 (K), Section Two)

Q. WHAT IS THE EMPLOYEE ASSISTANCE PROGRAM?

- A. The Trustees are aware that personal problems including alcohol or drug abuse and dependency, depression and many others can create difficulties on the job as well as problems at home. These problems can be successfully treated if they are identified early and referred to an appropriate source for professional help. For this reason, the Construction Industry Laborers Welfare Fund is participating in an **Employee Assistance Program (EAP)** to help eligible participants and their eligible dependents with such problems with up to three counseling sessions and/or referrals, as necessary. The goal is to help you with such problems before they adversely affect your ability to perform your job effectively.

The EAP is provided through **NEW DIRECTIONS** which has a continuous 24 hour-a-day telephone service available for participants and their dependents to seek help during a crisis, obtain information about the program or to just discuss a problem.

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This EAP is designed to assist you in getting objective, professional assistance on a **CONFIDENTIAL** basis. New Directions complies with HIPAA, the federal mandate to protect your privacy. The program is entirely voluntary and is offered to you and your immediate family at **NO COST**.

Q. HOW DO I UTILIZE THE SERVICES PROVIDED BY NEW DIRECTIONS EAP?

A. NEW DIRECTIONS' TELEPHONE NUMBER in the Kansas City area is (913) 982-8400 or 1-800-528-5763 outside the Kansas City area. Evaluation and counseling sessions will be held at times convenient for you and/or your family and are **FREE** to all eligible participants and eligible dependents. If referrals are necessary, the Welfare Fund will pay only for those covered services as defined in the *Summary Plan Description*. Any services which are not provided for by the Plan are the responsibility of the participant.

If you have any additional questions about your benefits or the Welfare Fund, please contact The Fund Office at (913) 236-5490.