

## *Southern California Local Union 831 Employer Health Fund*

# Benefit Highlights...

### PHYSICIANS ASSISTANTS BENEFIT

Effective June 1, 2006, the Southern California Local 831 - Employer Health Plan will cover Physician Assistants while performing medically necessary services within the scope of their license.

### HEARING AID BENEFIT

Effective November 1, 2000, Hearing Aids are covered under all 4 levels. Below is the Schedule of Benefits set forth by the Trustees:

Audiologist visit (hearing test)	up to \$75.00 per visit
Ear Molds	up to \$50.00 per mold
Hearing Aid	up to \$800.00 per ear

These benefits are not subject to Plan Deductibles or co-insurance requirements.

The audiologist visit (hearing test) is limited to one per year. Ear molds and hearing aids are limited to one every four years for each ear except that ear molds are allowed up to twice a year, if needed, for each ear for an eligible child up to age 19 (eligible children over age 19 are subject to the four year limit).

If you are a Kaiser member, you must have your hearing examination performed at a Kaiser facility. You may then purchase your hearing aids from any dispenser and submit your bill to the Trust Office for reimbursement.

### CONTRACEPTIVE DEVICES BENEFIT

Effective January 1, 2006, the Plan's prescription coverage was extended to include most prescription contraceptive devices.

These include prescription oral, transdermal, injectable, and intravaginal contraceptive medications and contraceptive emergency kits (available only at retail).

Not included are over the counter contraceptives and prescription barrier contraceptives.

Except as noted above, prescriptions may be purchased at the retail pharmacy or through the mail order pharmacy.

### ELIGIBILITY REQUIREMENTS

The monthly work hours required to be eligible for Health Plan benefits under all Plan Levels is outlined below for the contribution rate of \$8.30.

	Schedule of Hours			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
Hours needed @\$8.30	140	120	100	80
Benefit Credits Required	1,162	996	830	664
Maximum "Bank"	5,810	4,980	4,150	3,320

You may accumulate up to a maximum of five (5) months of Benefit Credits/Hours in your Benefit Credit/Hour Bank. As you know, if you work more hours than are necessary to earn the Benefit Credits/Hours required for the level of coverage you have selected, you will accumulate reserve Benefit Credits/Hours in the Benefit Credit/Hour Bank. These Benefit Credits/Hours will be used if you don't otherwise have enough work hours to maintain eligibility, until there are insufficient Credits to use for a month's eligibility.

### INDEMNITY DENTAL PLAN (PLAN LEVELS 1, 2 AND 3)

Effective October 1, 2006, the Southern California Local 831 - Employer Health Plan will cover dental implants to replace teeth that were extracted while you were covered by the Plan.

Effective July 1, 2007, the Southern California Local 831 — Employer Health Plan lifetime orthodontia maximum increased to \$2,500. For participants who previously met the maximum benefit but are still in treatment, an additional \$700 will be payable toward continuing treatment. This benefit is available for eligible children only.

The Plan will cover sealants for first and second molars for eligible children up to age 15. This benefit, however, is limited to once every three years.

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### INDEMNITY PLAN PRESCRIPTION DRUG BENEFIT

Effective September 1, 2009, the Trust Fund is pleased to offer Optum Rx. All retail prescriptions must be purchased at Optum Rx Network Pharmacies. Most major pharmacies are on the Plan.

Prescription Drug Mail Order member co-payment is 10% per prescription through Optum Rx. Please note that all maintenance drugs must be supplied through the Mail Order Program.

Prescriptions will be paid as described below.

Plan pays: 80% of Allowable Charges-Retail (if purchased at the pharmacy) -Subject to no deductible

Plan pays: 90% of Allowable Charges-Mail Order - subject to no deductible

### SELECTING YOUR PLAN LEVEL

To ensure your eligibility for Health coverage, select a Plan Level with the monthly hour requirements that best matches your work hours.

*To request an enrollment form or to receive further assistance in selecting a Plan level, contact the Trust Fund Office at 1.877.572.7005.*

### HEALTH – BUY-UP OPTION

Effective January 1, 2010, the Health Buy-up Option is available to those members who qualify and is limited to a six (6) consecutive month period.

#### Buy-up Option qualifications:

If an eligible employee's work hours drop so that he or she would lose eligibility due to insufficient hours or you do not have enough bank hours, then you will be allowed to purchase up to 50% of your required hours to continue your eligibility. You must pay the highest Health & Welfare contribution rate stated in the collective bargaining agreement in effect at the time of your credit hour purchase.

Participant must have at least 50% of the hours required for the Level Option they are under to qualify for the Buy-Up Option.

Level 1	140 hours - must have 70 hours
Level 2	120 hours - must have 60 hours
Level 3	100 hours - must have 50 hours
Level 4	80 hours - must have 40 hours

*For Example purposes only:*

*An employee is covered under Plan Level 3 but his hours worked dropped to 50, The required number of hours for Plan Level 3 is 100 hours a month. The employee has no bank hours. The difference between the hours worked and hours required is 50 hours. You would multiply 50 hours @ \$8.30 = \$415.00*

*Required hours for Level 3 - 100 hours*

*Hours actually worked 50 hours*

*Difference 50 hours*

*50 hours x \$8.30 = \$415.00 Buy-Up*

### QUESTIONS?

Should you have any questions, please contact Trust Fund Office at 1.877.572.7005.

Sincerely,

BOARD OF TRUSTEES