

Monthly Hourly Schedule Chart

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Level 4</u>
Benefit Credits/Hours Needed	140	120	90	70
*Hours needed X hourly contribution (primary) rate of \$6.55	917	786	590	459
Maximum hour bank you could earn	4,585	3,930	2,950	2,295

*At the contribution rate of \$6.55, which became effective for most participants on January 1, 2012. After January 1, 2012, please call the Trust Fund Office for a current rate.

Steps to Become Eligible

Date Employee Becomes Eligible for Coverage

If you are a new employee or if you previously lost eligibility, you become eligible for Employee coverage on the first day of the fifth month of a period that begins with three continuous months during which you average the minimum hours for the coverage level that you have selected as long as you are credited with at least 25 hours in the first month.

- ▶ Select the level you want and are qualified for. (Multiply the hours you estimate you will work by your employer's contribution rate to determine the level you can reasonably expect to maintain throughout the calendar year.)
- ▶ Select the level coverage you want (Kaiser plan or Indemnity plan).
- ▶ Complete and sign the Enrollment/Change Form (EC-1)
- ▶ Submit the Enrollment/Change Form to the Trust Fund Office.

During the Open Enrollment Period, your enrollment/change form must be submitted to the Trust Fund Office no later than December 31, 2011 to have your changes become effective January 1, 2012.

HOW TO USE THE PLAN'S MANAGED CARE NETWORK

The Health Plan uses managed care providers to help control the costs of your health care coverage. **When you use the managed care programs, both you and the Plan will save money** because the network providers have agreed to accept a designated fee schedule for their services. Any amount over the contracted amount of your medical, vision, mental health, chemical dependency, prescription drug, chiropractic, physical therapy and acupuncture benefits may not be your responsibility. **If you use a non-contracted provider, any amount over the Plan's allowance will be your responsibility and that is an unnecessary out-of-pocket expense to you.**

For each new calendar year, the remaining charges are paid to the provider or reimbursed to you at a percentage after the annual deductible has been paid. The difference between eligible charges and the percentage you pay is called a copayment. The copayment would be your responsibility. *Please read the respective Summary of Benefits Charts* that apply to your coverage. Many of the benefits do limit the number of visits allowed in a calendar year. **Even if you do visit a contracted provider, visits over the limited number would be your responsibility.**

LOCATING A NETWORK PROVIDER

You may obtain a list of providers in your area by calling the Trust Fund Office at 1.877.572.7005 or 626.279.3080. If you have access to internet service, you may go on line at www.bluecrossca.com to obtain a list of providers.