

CENTRAL LABORERS' WELFARE FUND



OPEN ENROLLMENT 2019

201 N. MAIN ST
PO BOX 1267
JACKSONVILLE, IL 62651-1267
PHONE 1-800-252-6571
FAX 1-217-243-8619
email claims@central-laborers.com

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CENTRAL LABORERS' WELFARE FUND OPEN ENROLLMENT 2019

A MESSAGE FROM THE TRUSTEES

Welcome to your 2019 Open Enrollment. Each year at this time, you are given the opportunity to review your healthcare benefits and make a choice as to which network you would like to work with throughout the upcoming plan year. Whether you choose BlueCross/BlueShield or HealthLink is up to you. Regardless of your choice, the benefits provided to you are comprehensive and intended to help offset the cost of medical care for you and your family.

As healthcare costs continue to rise there is some comfort in knowing you have medical, dental, vision and prescription benefits available to help defray some of the expenses associated with receiving quality care. At Central Laborers' Welfare Fund, you and your family's well-being is our primary focus. Every effort is made to ensure you continue to receive the best benefits, have access to quality network providers, all at a reasonable cost.

We encourage you to take this Open Enrollment period to examine what benefits are offered to you. We urge you to ask questions, request more information and become more knowledgeable as a healthcare consumer.

Central Laborers' Welfare Fund staff are available to assist you every step of the way. Let them know how they can help make 2019 your healthiest, most well-informed and strongest year yet!

Sincerely,
The Central Laborers' Welfare Fund Trustees



YOUR BENEFITS

Central Laborers' Welfare Fund provides benefits to eligible actively employed participants and to retired participants who are not yet eligible for Medicare. Although most of the benefits offered to both groups are identical, there are some minor differences.

Below, the benefits provided to each group of participants have been listed. For more information regarding all the benefits for which you are eligible, please reference your Central Laborers' Welfare Fund's Summary Plan Description or contact the Fund office at 1-800-252-6571.

ACTIVE PARTICIPANT BENEFITS

- Medical Benefits
- Prescription Benefits
- Dental Benefits
- Vision Benefits
- Hearing Benefits
- Loss of Time Benefits
- Death & Accidental Death and Dismemberment Benefits
- In and Out-of-Network Benefits

RETIRED PARTICIPANT BENEFITS

- Medical Benefits
- Prescription Benefits
- Dental Benefits
- Vision Benefits
- Hearing Benefits
- In-Network Benefits under the HealthLink and BCBS Plans
- Out-of-Network Benefits under the HealthLink Plan only

THE NETWORKS



When choosing your network/plan, you will want to consider several things. First, will you or your family need to access providers across the United States or only close to home?

Second, are your current physicians and hospitals contracting with one or the other network? Finally, if you are a retiree, you will want to know that only the HealthLink network provides out-of-network benefits meaning a retiree has no out-of-network benefits available under the BlueCross/BlueShield plan.

- **BlueCross/BlueShield** network is a national network, meaning they have providers across the United States.
- **HealthLink's** network is more confined, meaning their providers are more limited to the Midwest Region.
- **BlueCross/BlueShield** plan provides benefits to actively employed participants on two levels. The PPO level and the out-of-network level. For retirees, this plan only provides PPO level of benefits and no out-of-network coverage.
- **HealthLink's** plan provides benefits on three levels. The HMO level, PPO level and out-of-network level for both actively employed and retired participants.
- Both **BlueCross/BlueShield** and **HealthLink** networks include physicians and facilities that offer general practice and specialty services.
- Both **BlueCross/BlueShield** and **HealthLink** have the same benefits and exclusions, which are detailed in the Central Laborers' Summary Plan Description. How payments are applied under each network are highlighted in the enclosed grids.
- To determine which network your providers participate with, you should call the network's customer service line. Contact information for each network is located on back cover of this booklet.
- To get clarification regarding your benefits, contact the Fund office at 1-800-252-6571.



IMPORTANT INFORMATION

Before you complete your enrollment, there are a few important items to keep in mind. Please carefully review each section below and contact the Fund office at 1-800-252-6571 if you need more information or you have any questions.

SPOUSE INSURANCE REQUIREMENT

- If your spouse is employed full-time and has medical coverage offered through his or her employer, he or she must enroll in the employer's comparable plan before any medical benefits can be paid under the Central Laborers' Welfare Fund Plan of Benefits.

ADULT DEPENDENTS AGE 19-26

- Adult dependents who are employed full-time or part-time and who have medical coverage offered through their employer, must enroll in the employer's plan of benefits.
- If an adult dependent fails to enroll in his or her employer's medical plan, all eligible benefits will be reduced to 20% of the allowable expense.
- Adult dependents must complete the "Proof of Adult Dependent Relationship Form" and have his/her employer complete and return the "Adult Dependent Insurance Coverage Information" form annually and when he/she takes a new job.
- If you are having difficulty returning the required Adult Dependent forms timely, please notify the Fund office by calling 1-800-252-6571, option 5.

OTHER INSURANCE INFORMATION

- If you, your spouse or any of your dependents has other primary insurance, please provide the other carrier's name, group number, policy number and phone number or submit copies of the front and back of all primary insurance cards.

IMPORTANT INFORMATION



IF YOU MOVE

- If you or any of your dependents change address during the plan year, please update your address by completing a “Change of Address” form that can be downloaded from the Forms Gallery located on the Funds’ website – www.central-laborers.com – or by asking that a form be mailed to the new address by calling the Funds at 1-800-252-6571.
- If there is not a current address on file, there may be delays in claims being paid, receiving important mailings/statements and having tax documents delivered to you. Avoid any interruptions by keeping your address and contact information current.

ANY SPOUSE OR DEPENDENT AGE 18 OR OLDER

- Central Laborers’ Welfare Fund cannot release protected health information pertaining to a person who is age 18 years of age or older if that person or his or her legal representative has not authorized, in writing, the release of such information.
- Regardless of whether you are the participant whose benefit plan is covering a spouse or dependent age 18 or older, HIPAA regulations prohibit the Fund from disclosing protected health information without a valid, signed, HIPAA compliant authorization giving permission for the Fund to release information to you.
- If information regarding mental health treatment is to be released to someone other than the patient, a separate and specific authorization is required.
- To obtain an authorization to release protected health information, please visit the Forms Gallery on the Funds’ website – www.central-laborers.com – or call the Fund office and an authorization form can be mailed to you.

NEW MEMBER ACCESS PORTAL



The new member access portal is your source for staying informed about your Central Laborers' Welfare Fund benefit activities. This new information portal will provide you with:

- YOUR CURRENT ELIGIBILITY STATUS
- THE COVERAGE NETWORK YOU HAVE SELECTED FOR A GIVEN PLAN YEAR
- YOUR DEDUCTIBLE STATUS, OUT-OF-POCKET ACCUMULATOR AND HOW CLOSE YOU ARE TO REACHING A BENEFIT MAXIMUM
- WHO IS COVERED UNDER YOUR PLAN
- CURRENT CLAIM STATUS (PROCESSED OR PENDING) FOR YOU AND YOUR UNDERAGED DEPENDENTS
- DOWNLOADABLE AND PRINTABLE CLAIM STATEMENTS (EXPLANATION OF BENEFITS OR EOB'S)
- ACCESS TO THE ANNUAL ONLINE OPEN ENROLLMENT PROCESS

Signing up is free and is easy to do. On the next page you will find a quick access guide, highlighting the steps you will need to take to register so you can view your information.

A more detailed guide was mailed out previously giving in-depth instructions on the registration process. That guide is available online under the Forms Gallery at www.central-laborers.com. If you need assistance with the registration process, please call the Fund office at 1-800-252-6571, option 5.

Stay informed by Registering today!



MEMBER ACCESS PORTAL QUICK GUIDE

STEP 1

- Visit the Central Laborers' website at www.central-laborers.com and click on the link called, "MEMBER ACCESS REGISTRATION", located along the left-hand side of the page. This will take you to the main registration page.

STEP 2

- On the registration page, click on the link located under the User ID/Password boxes titled, "New Member/Dependent Registration"

STEP 3

- Enter all the information requested. You will need the number from one of your Central Laborers' Welfare Fund benefit ID cards. Then, enter your first name as it appears on the label of this mailing or as it appears on NETime Benefits at www.central-laborers.com.

STEP 4

- An email will be sent to the address you entered during registration. Retrieve the confirmation email sent to you. Please note, if another family member has used the same email address when registering, your confirmation will be mailed to you versus being sent via email.

STEP 5

- Use the link in the email or mailing and, when prompted, change your password.

STEP 6


- Close your browser, re-visit www.central-laborers.com, click on the link, "MEMBER PORTAL ACCESS", login and EXPLORE!



NEW ONLINE OPEN ENROLLMENT

Once you have registered for your account on the Member Access Portal (see pages 7&8), you will be able to access the new user-friendly, quick and easy online Open Enrollment process that will save you time, effort and will eliminate the inconvenience of filling out that lengthy paper enrollment form. With just a few easy clicks, you will be able to complete your annual enrollment and even submit required documents that need to accompany the enrollment process.

Some of the new features you will find on the new online Open Enrollment site are:

- **A SLEEK NEW LOOK**
- **AN EASY TO FOLLOW FOOTPRINT THAT ALLOWS YOU TO SEE WHERE YOU ARE, WHERE YOU HAVE BEEN AND LETS YOU RETURN TO SECTIONS YOU WANT TO EDIT OR UPDATE**
- **A FORM DOWNLOAD FEATURE THAT GIVES YOU ACCESS TO THE OPEN ENROLLMENT GUIDE AND ENROLLMENT DOCUMENTS**
- **A DOCUMENT UPLOAD FEATURE  WHERE YOU ATTACH FORMS YOU HAVE COMPLETED AND PAPERS THAT YOU HAVE SCANNED INTO YOUR COMPUTER OR SAVED AS A PICTURE ON YOUR TABLET**

If you are ready to get started, reference the quick guide provided for you on the following page. As with the Member Access Portal, a more detailed guide is available online under the Forms Gallery at www.central-laborers.com. You may contact the Fund Office, 1-800-252-6571, option 5 to get help as you complete your online Open Enrollment.

OPEN ENROLLMENT QUICK GUIDE



STEP 1

- Visit the Central Laborers' website at www.central-laborers.com and click on the link called, "OPEN ENROLLMENT 2019".

STEP 2

- Login to the Member Access Portal using your User ID and Password.

STEP 3

- Locate the Open Enrollment dropdown located on the taskbar, left upper portion of the portal page.

STEP 4

- Choose Open Enrollment Online prompt and then click, "Launch Open Enrollment Process".

STEP 5

- Confirm pre-populated information, update entries and input responses in all required fields. (Note, if you have left a required area blank and then try to save and continue, required fields will appear in **RED**. Provide the required information and then click, "Save and Continue").

STEP 6

- Work through the screens where you will confirm, add or terminate dependents from your plan. Then choose a coverage for the 2019 plan year. Update your or your dependent's other insurance information. Choose beneficiaries if you are eligible for a Death & Dismemberment Benefit (not available to retirees). Then, upload completed forms, confirm your enrollment entries, acknowledge your acceptance of the terms for enrollment and electronically sign and submit. **PLEASE READ THE TERMS FOR ENROLLMENT CAREFULLY!!!**

CONGRATULATIONS! THE PROCESS IS COMPLETE!



PAPER OPEN ENROLLMENT

Although you are encouraged to register for an account on the new Member Access Portal and complete your Open Enrollment online, computers are not for everyone. That is why a paper enrollment is still available.

To begin, locate the paper enrollment form you received in the enrollment mailing. Gather all the information necessary for filling out the form. Some items you will need are:

- **DEMOGRAPHIC INFORMATION FOR YOUR SPOUSE AND DEPENDENTS INCLUDING DATE OF BIRTH, SOCIAL SECURITY NUMBERS, ADDRESS, OTHER INSURANCE INFORMATION AND EMPLOYER(S).**

You will start at the top of the enrollment form, filling in all sections that pertain to you and to those you will be covering on your plan. You should not leave an area blank. Omitting a required section of the form will delay processing your 2019 Open Enrollment. Obtain the information requested to ensure the Fund office has everything necessary to complete your enrollment.

After you enter the information required, go to the top of the back page and choose your network/plan for 2019. Then, carefully read the acknowledgement, sign and date the form and place the Open Enrollment form and all other required papers in the self-addressed envelope, add a stamp and mail to the Fund office.

Paper forms will usually take up to 30 days to process. Please allow the Fund office time to process your form before calling to confirm its receipt. If you have difficulty getting certain forms completed, do not delay mailing your form. Call and let the Fund office know if a particular document will be provided.

For assistance, please call 1-800-252-6571, option 5.



REQUIRED DOCUMENTS

SITUATION	REQUIRED DOCUMENTS
BIOLOGICAL DEPENDENT (PARENTS MARRIED) (ANY AGE)	COPY OF THE DEPENDENT'S BIRTH CERTIFICATE
BIOLOGICAL DEPENDENT(PARENTS NEVER MARRIED) (ANY AGE)	COPY OF THE DEPENDENT'S BIRTH CERTIFICATE AND A VOLUNTARY ACKNOWLEDGMENT OF PATERNITY OR LEGAL DOCUMENT SHOWING PARTICIPANT'S RESPONSIBILITY TO COVER
LEGALLY ADOPTED OR PENDING ADOPTION (ANY AGE)	COPY OF ADOPTION PAPERS OR SWORN STATEMENT WITH DATE OF PLACEMENT
STEP-CHILD (ANY AGE) OR BIOLOGICAL CHILD (PARENTS NOW DIVORCED)	COPY OF NATURAL PARENT'S DIVORCE DECREE. MUST BE A FILED COPY AND INCLUDE INFORMATION REGARDING HEALTHCARE BENEFIT RESPONSIBILITY.
DEPENDENT PLACED UNDER FOSTER CARE OR UNDER LEGAL GUARDIANSHIP (ANY AGE)	COPY OF DOCUMENT PLACING THE DEPENDENT IN THE PARTICIPANT'S HOME FOR FOSTER CARE OR LEGAL GUARDIANSHIP DOCUMENTS.
ADULT DEPENDENT (AGE 19-26) (NOT HANDICAPPED) (THIS DOCUMENTATION IS REQUIRED ANNUALLY.)	ADULT DEPENDENT RELATIONSHIP FORMS (IF EMPLOYED, THE EMPLOYER MUST COMPLETE THEIR PORTION).
ADULT DEPENDENT (HANDICAPPED)	A DEPENDENT CONFIRMATION FORM AND A STATEMENT, FROM A LICENSED PHYSICIAN OR A COURT CONFIRMING THE DEPENDENT'S INCAPACITY
SPOUSE	COPY OF THE MARRIAGE CERTIFICATE AND YOUR SPOUSE'S OTHER INSURANCE CARDS (IF YOUR SPOUSE IS EMPLOYED FULL TIME AND INSURANCE IS OFFERED THROUGH THAT EMPLOYMENT, YOUR SPOUSE IS REQUIRED TO ENROLL IN THE EMPLOYER'S COMPARABLE PLAN).
REMOVING SPOUSE, DEPENDENT/STEP-CHILDREN DUE TO DIVORCE OR LEGAL SEPARATION	FILED COPY OF THE DIVORCE DECREE OR LEGAL SEPARATION PAPERS
TERMINATING SPOUSE OR DEPENDENT COVERAGE DUE TO DEATH	COPY OF THE DEATH CERTIFICATE



LEARN THE LINGO

The best place to start to understand your healthcare benefits is by knowing the terms used and the meaning of each. Below are some basic definitions to words frequently used when talking about your coverage and the related costs:

1. **Deductible** – the dollar amount that you and your eligible dependents are responsible for paying before the medical expense benefit is payable. Only covered charges may be used to satisfy the deductible.
2. **Co-payment** – an amount typically payable at the time services are rendered. This amount is usually associated with a physician office appointment, an urgent care visit or an emergency room physician's exam.
3. **Co-insurance** – the percentage of a healthcare expense that is paid by your plan and the percentage of that expense for which you are responsible. For example, if your plan pays 80% of the cost, you are liable for 20%.
4. **Exclusion** – a specific condition, situation or expense that is not payable by your plan of benefits.
5. **Covered charge** – a benefit payable for an allowable service incurred for medically necessary treatment, services and supplies, which has been ordered by a medical practitioner.
6. **Maximum benefit** – the maximum amount payable with respect to a specific benefit. For example, \$300 is the maximum amount payable toward routine vision covered charges per calendar year.
7. **Explanation of benefits (EOB)** – a document created by the Fund explaining what was paid toward a particular healthcare expense, the amount a provider must write-off and your out-of-pocket expense. If information is needed in order to pay a claim, the EOB will identify what is needed and who must provide that information.

To get more information regarding other terms used to describe your healthcare benefits, refer to the definition sections of your Summary Plan Description.

FREQUENTLY ASKED QUESTIONS



Below, please find answers to some frequently asked questions. If you have other questions, call the Fund office at 1-800-252-6571. A customer service representative will be happy to assist you.

Q. Do I have a network for my dental claims?

A. No, your dental claims should be mailed to Central Laborers' Welfare Fund where they are processed and payments issued.

Q. Do I have to stay in-network when purchasing my prescriptions?

A. Yes, prescriptions must be purchased through a participating pharmacy for your prescription benefits to be applied.

Q. What if I go to a medical provider who is not in my network?

A. If you choose to go to an out-of-network medical provider you will pay a higher deductible and the Fund will pay less for the services rendered. Retirees who choose the BlueCross/BlueShield network have no benefits if rendered by an out-of-network provider.

Q. Do I have to obtain pre-authorization on all the services I receive?

A. No, pre-authorization is not required on all services. Some of the services that do require pre-authorization are surgical procedures, specialty testing (MRI, CT scans), specialty services (chemotherapy, home health), durable medical equipment and in-patient care. If you are scheduled to have tests or a procedure performed, call the Fund office to determine if pre-authorization is needed.

Q. Why do I have to complete an Open Enrollment application even if my circumstances have not changed?

A. The Fund office is not familiar with your circumstances or those of your spouse or your dependents. Instead of requesting an annual claim form for everyone on your plan, the Fund asks you to complete one form, one time. This provides the Fund with important information without requiring a form from everyone on your plan.

CONTACT INFORMATION



CENTRAL LABORERS' WELFARE FUND
PO BOX 1267
JACKSONVILLE, IL 62651-1267
PH – 1-800-252-6571
EMAIL – claims@central-laborers.com
WEB – www.central-laborers.com



BLUECROSS/BLUESHIELD
PH – 1-800-810-2583
WEB – www.bcbsil.com



HEALTHLINK
PH – 1-800-624-2680
WEB – www.healthlink.com



CVS/CAREMARK
PH – 1-866-818-6911
WEB – www.caremark.com

CENTRAL LABORERS' WELFARE FUND



BENEFIT GRIDS 2019

201 N. MAIN ST
PO BOX 1267
JACKSONVILLE, IL 62651-1267
PHONE 1-800-252-6571
FAX 1-217-243-8619
email claims@central-laborers.com

BlueCross/BlueShield PPO Plan for Active Participants Only (Not offered to Retired Participants)

Medical Benefits	Network	Out-of-Network
	Care is received from a Blue Cross/Blue Shield of Illinois PPO Physician or Hospital	Care is received from any qualified health care provider
Deductible Individual Family	\$125 \$375	\$1,900 \$5,700
Out-of-Pocket Maximum Individual Family	\$9,500 \$28,500	No Limit No Limit
Maximum Calendar Year Benefit	NONE	
Hospital Benefits Inpatient Outpatient	Plan pays 80%; You pay 20% Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50% Plan pays 50%; You pay 50%
Physician's Office Visits	\$25 co-payment (No Deductible)	Plan pays 50%; You pay 50%
Physician Supervised Weight Loss (Criteria must be met.) Diet Assessment/Behavioral Counseling	\$25 co-payment (No Deductible) physician visit Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50% - applicable to all services
X-rays and Labs	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Preventive Care Services Physical Exam Benefit Well Child Benefit	\$400 at 100%; Then 80% thereafter; or Health Dynamics Physical Exam at 100% \$200 at 100%; Then 80% thereafter	\$400 at 100%; Then 80% thereafter; or Health Dynamics Physical Exam at 100% No coverage except at a Public Health Dept
Emergency Room	\$155 co-payment on Physician Services (waived if admitted inpatient, not observation) If not Medically Necessary, you pay 100%	Plan pays 50%; You pay 50%
Rehabilitation Services Inpatient Outpatient - Up to 60 visits per year	Not covered Plan pays 80%; You pay 20%	Not covered Plan pays 50%; You pay 50%
Mental Health Treatment Inpatient Outpatient	Plan pays 80%; You pay 20% \$25 co-payment on physician exams Plan pays 80%; You pay 20% on all other services	Plan pays 50%; You pay 50% Plan pays 40%; You pay 60%
Substance Abuse Services	\$25 co-payment on physician exams Plan pays 80%; You pay 20% on all other services.	Plan pays 50%; You pay 50%
Additional Surgical Option	Up to \$100 per 2 nd & 3 rd consultation	Plan pays 50%; You pay 50%
Durable Medical Equipment	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Prosthetic Devices \$25,000 MAXIMUM/YEAR	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Spinal Manipulation Calendar Year Maximum - \$1,000 Up to 60 treatments per calendar year for related therapy	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Home Health Care Up to 40 visits per calendar year	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Podiatry Services Orthotics Calendar Year Maximum - \$500	\$25 co-payment on physician exams 80% on all other services	Plan pays 50%; You pay 50%
TMJ Treatment Calendar Year Maximum - \$500	\$25 co-payment on physician exams 80% on all other services	Plan pays 50%; You pay 50%
FOR MORE DETAILS	Refer to your Summary Plan Description	

HealthLink Open Access Plan for Active and Retired Participants

Medical Benefits	Network (HMO Provider)	PPO	Out-of-Network
Deductible Individual Family	None None	\$125 \$375	\$1,900 \$5,700
Out-of-Pocket Maximum Individual Family	\$9,500 \$28,500	\$9,500 \$28,500	No Limit No Limit
Maximum Calendar Year Benefit	None		
Hospital Benefits Inpatient Outpatient	Plan pays 80%; You pay 20% Plan pays 80%; You pay 20%	Plan pays 80%; You pay 20% Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50% Plan pays 50%; You pay 50%
Physician's Office Visits	\$25 co-payment (No Deductible)	\$25 co-payment (No Deductible)	Plan pays 50%; You pay 50%
Physician Supervised Weight Loss (Criteria must be met.) Diet Assessment/Behavioral Counseling	\$25 co-payment (No Deductible) Plan pays 80%; You pay 20%	\$25 co-payment (No Deductible) Plan pays 80%; You pay 20%	Plan pays 50%; You Pay 50% Plan pays 50%; You pay 50%
X-rays and Labs	Plan pays 80%; You pay 20%	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Preventive Care Services Physical Exam Benefit	\$400 at 100%; Then 80% thereafter; or Health Dynamics Physical Exam at 100%		\$400 at 100%; Then 80% thereafter; or Health Dynamics Physical Exam at 100%
Well Child Benefit	\$200 at 100%; Then 80% thereafter		No Coverage except at a Public Health Department
Emergency Room (If not Medically Necessary, you pay 100%)	\$155 co-payment on Physician Services (waived if admitted inpatient, but not observation)	\$155 co-payment on Physician Services (waived if admitted inpatient, but not observation)	Plan pays 50%; You pay 50%
Rehabilitation Services Inpatient Outpatient – Up to 60 visits per/yr	Not covered Plan pays 80%; You pay 20%	Not covered Plan pays 80%; You pay 20%	Not covered Plan pays 50%; You pay 50%
Mental Health Treatment Inpatient Outpatient	Plan pays 80%; You pay 20% MD Visits 1-3: 100%; then \$25 co-payment thereafter Plan pays 80%; You pay 20% on all other services	Plan pays 80%; You pay 20% \$25 co-payment on physician exams Plan pays 80%; You pay 20% on all other services	Plan pays 50%; You pay 50% Plan pays 40%; You pay 60%
Substance Abuse Treatment	\$25 co-payment on physician exams Plan pays 80%; You pay 20% on all other services	\$25 co-payment on physician exams Plan pays 80%; You pay 20% on all other services	Plan pays 50%; You pay 50%
Additional Surgical Option	Plan pays up to \$100 per consultation for 2 nd & 3 rd surgical opinions	Plan pays up to \$100 per consultation for 2 nd & 3 rd surgical opinions	Plan pays 50%; You pay 50%
Durable Medical Equipment	Plan pays 80%; You pay 20%	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Prosthetic Devices \$25,000 MAXIMUM/YEAR	Plan pays 80%; You pay 20%	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Spinal Manipulation Calendar Year Maximum - \$1,000	\$25 co-payment on Physician visit or manipulation services. All other services Plan pays 80%; You pay 20%	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Up to 60 treatments per year for related therapy	Plan pays 80%; You pay 20%	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Home Health Care Up to 40 visits per calendar year	Plan pays 100%	Plan pays 80%; You pay 20%	Plan pays 50%; You pay 50%
Podiatry Services Orthotics Calendar Year Maximum - \$500	\$25 co-payment on physician exams 80% on all other services	\$25 co-payment on physician exams 80% on all other services	Plan pays 50%; You pay 50%
TMJ Treatment Calendar Year Maximum - \$500	\$25 co-payment on physician exams 80% on all other services	\$25 co-payment on physician exams 80% on all other services	Plan pays 50%; You pay 50%
FOR MORE DETAILS	Refer to your Summary Plan Description		

BlueCross/BlueShield PPO Plan for Retired Participants

Medical Benefits	Network	Out-of-Network
	Care is received from a Blue Cross/Blue Shield of Illinois PPO Physician or Hospital	Care is received from any qualified health care provider
Deductible Individual Family	\$125 \$375	N/A
Out-of-Pocket Maximum Individual Family	\$9,500 \$28,500	N/A
Maximum Calendar Year Benefit	NONE	
Hospital Benefits Inpatient Outpatient	Plan pays 80%; You pay 20% Plan pays 80%; You pay 20%	No Benefits
Physician's Office Visits	\$25 co-payment (No Deductible)	No Benefits
Physician Supervised Weight Loss (Criteria must be met.)	\$25 co-payment (No Deductible) physician visit	No Benefits
Diet Assessment/Behavioral Counseling	Plan pays 80%; You pay 20%	
X-rays and Labs	Plan pays 80%; You pay 20%	No Benefits
Preventive Care Services Physical Exam Benefit Well Child Benefit	\$400 at 100%; Then 80% thereafter; or Health Dynamics Physical Exam at 100% \$200 at 100%; Then 80% thereafter	\$400 at 100%; Then 80% thereafter; or Health Dynamics Physical Exam at 100% No Benefits
Emergency Room	\$155 co-payment on Physician Services (waived if admitted inpatient, not observation) If not Medically Necessary, you pay 100%	No Benefits
Rehabilitation Services Inpatient Outpatient - Up to 60 visits per year	Not covered Plan pays 80%; You pay 20%	No Benefits
Mental Health Treatment Inpatient Outpatient	Plan pays 80%; You pay 20% \$25 co-payment on physician exams Plan pays 80%; You pay 20% on all other services	No Benefits
Substance Abuse Services	\$25 co-payment on physician exams Plan pays 80%; You pay 20% on all other services.	No Benefits
Additional Surgical Option	Up to \$100 per 2 nd & 3 rd consultation	No Benefits
Durable Medical Equipment	Plan pays 80%; You pay 20%	No Benefits
Prosthetic Devices \$25,000 MAXIMUM/YEAR	Plan pays 80%; You pay 20%	No Benefits
Spinal Manipulation Calendar Year Maximum - \$1,000 Up to 60 treatments per calendar year for related therapy	Plan pays 80%; You pay 20%	No Benefits
Home Health Care Up to 40 visits per calendar year	Plan pays 80%; You pay 20%	No Benefits
Podiatry Services Orthotics Calendar Year Maximum - \$500	\$25 co-payment on physician exams 80% on all other services	No Benefits
TMJ Treatment Calendar Year Maximum - \$500	\$25 co-payment on physician exams 80% on all other services	No Benefits
FOR MORE DETAILS	Refer to your Summary Plan Description	

Prescription, Vision, Hearing & Dental Benefits for Active and Retired Participants	
Prescription Drug Benefits	Network
Retail Pharmacy CVS/Caremark Generic Drugs Brand Name: No generic/formulary available Generic/formulary available 90-day supply may be purchased for the same co-payments as mail order if the purchase is made at a CVS pharmacy.	For a 30-day supply, you pay: \$15 co-payment \$50 co-payment \$125 co-payment <i>plus</i> the difference in cost between the generic/formulary and brand name drug
Mail Order Service Generic Drugs Brand Name: No generic/formulary available Generic/formulary available	For up to a 90-day supply, you pay: \$25 co-payment \$100 co-payment \$250 co-payment <i>plus</i> the difference in cost between the generic/formulary and brand name drug
* Patient expenses do not apply to out-of-pocket maximums.	
Vision Care Benefits – for individuals 0 up to 19 years of age	
Vision Exam	PAID UNDER THE WELL CHILD BENEFIT OF THE COMPREHENSIVE BENEFIT PLAN
Glasses or Contacts	\$300 per purchase maximum on eye glasses (lenses and frames) and/or contacts
Vision Care Benefits – for individuals 19 years old and older	
Covered Services	\$300 per person per Plan Year
Hearing Care Benefits	
Hearing Exam	Up to \$100 per person once every 12-consecutive month period
Hearing Aid	Up to \$750 per person once every 60-consecutive month period
Dental Benefits - for individuals 0 up to 19 years of age	
Dental Exam	Plan pays 80%; You pay 20% (does not apply to the \$2,500 Annual Dental Maximum)
All other Covered Services	Plan pays 80%; You pay 20% (does apply to the \$2,500 per person Annual Dental Maximum, including orthodontic service charges [See Orthodontic Benefit information below])
Dental Benefits – for individuals 19 years old and older	
Covered Services	Plan pays 80%; You pay 20% (including examinations)
Calendar Year Maximum Benefit	\$2,500 per person, including orthodontic service charges
Orthodontic Services—(No Coverage for Invisalign® or similar forms of orthodontic treatment)	Plan pays 50%; You pay 50%
Orthodontic Lifetime Maximum	\$1,500
BENEFITS LISTED BELOW ARE OFFERED TO ACTIVE PARTICIPANTS ONLY (NOT AVAILABLE TO PLAN SPOUSES, DEPENDENTS, RETIREES OR COBRA PARTICIPANTS)	
Loss of Time Benefit (Active Participants Only) (NOT AVAILABLE TO PLAN SPOUSES, DEPENDENTS, RETIREES OR COBRA PARTICIPANTS)	
Weekly Benefit Amount	\$250
Maximum Benefit Period	13 weeks
Payment Starts	1 st day after accidental Injury; 8 th day of disability due to Illness
Death Benefit (Active Participants Only) (NOT AVAILABLE TO PLAN SPOUSES, DEPENDENTS, RETIREES OR COBRA PARTICIPANTS)	
Benefit Amount	\$10,000
AD&D Benefit (Active Participants Only) (NOT AVAILABLE TO PLAN SPOUSES, DEPENDENTS, RETIREES OR COBRA PARTICIPANTS)	
Death or Dismemberment	\$10,000
Partial Dismemberment	\$5,000

CONTACT INFORMATION



CENTRAL LABORERS' WELFARE FUND
PO BOX 1267
JACKSONVILLE, IL 62651-1267
PH – 1-800-252-6571
EMAIL – claims@central-laborers.com
WEB – www.central-laborers.com



BLUECROSS/BLUESHIELD
PH – 1-800-810-2583
WEB – www.bcbsil.com



HEALTHLINK
PH – 1-800-624-2680
WEB – www.healthlink.com



CVS/CAREMARK
PH – 1-866-818-6911
WEB – www.caremark.com