

CENTRAL LABORERS' WELFARE FUND

MEMBER ACCESS PORTAL GUIDE



ELIGIBILITY STATUS
CURRENT BENEFIT PLAN
BENEFIT ACCUMULATORS
CLAIM STATUS
CLAIM STATEMENTS

Accessing your benefit information
just got a whole lot easier.
Register today!

www.central-laborers.com



REGISTERING FOR MEMBER ACCESS

STEP 1

Visit the Central Laborers' website at <https://www.central-laborers.com> and locate the link:

MEMBER ACCESS REGISTRATION

located along the left-hand side of the site page.

STEP 2

1. The link from the Central Laborers' website will land you on the registration page. Click on the "New Member/Dependent Registration" link. It will take you to the registration form. Complete the registration form.

PLEASE NOTE, YOUR FIRST NAME MUST BE ENTERED AS IT APPEARS AT CENTRAL LABORERS' FUNDS. YOU CAN CONFIRM YOUR FIRST NAME BY HOW IT APPEARS ON THE MAILING LABEL FOR THIS BOOKLET.

WHEN ENTERING YOUR ID, ENTER NUMBERS ONLY!

YOUR ID NUMBER CAN BE FOUND ON ONE OF YOUR BENEFIT CARDS.

2. Once you have entered all your information, click submit.
 - A. If you entered an email address in the online registration form, you will receive your system generated password via email.
 - B. If you did not enter an email address in the online registration form or if someone else in your family has used the same email when registering for access, you will receive a letter in the mail providing you with your system generated password.

Access to your medical benefit information has never been easier. With a few simple clicks, you will gain access to:

- Your eligibility
- Your current benefit plan
- Your benefit balances (accumulators)
- Claim status (if a claim is paid)
- Claim statements

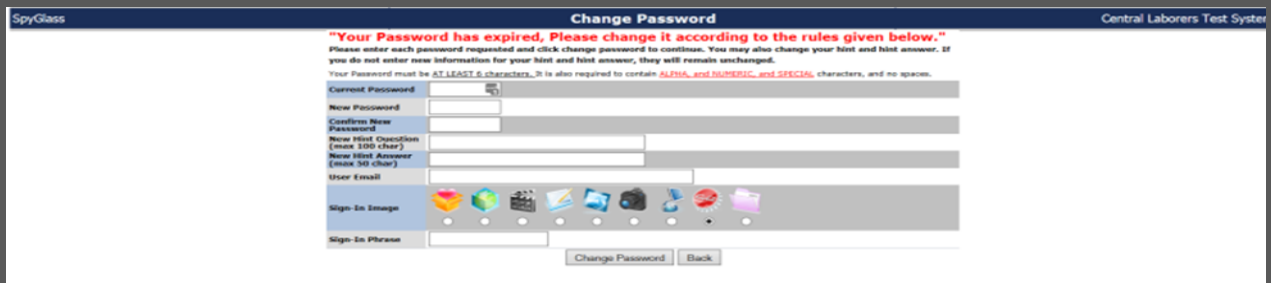
In addition, you will have access to child dependent claim information and, if your adult dependents or spouse provide their authorization, access to their claim information, as well.

Considering the ease with which you can enroll for member access, don't waste another minute.

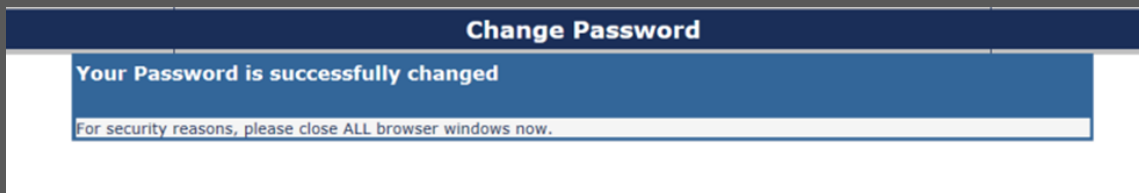
Enroll today!

STEP 3

- From the email you receive, you can click the link, which will take you back to the registration process.
- If you receive your system generated password in the mail, you may return to the registration process by going to www.central-laborers.com and locate the link: MEMBER PORTAL ACCESS along the left-hand side of the site page.



1. From the linked location you will be prompted to change your password.
2. Once you have changed your password you will see the following message. At that point, you will need to close your browser window.



Now you are ready to access your information via the Member Access Portal page.

STEP 4

1. Visit the Central Laborers' website at <https://www.central-laborers.com> and locate the link: **OPEN ENROLLMENT 2020** located in the middle of the site page, enter your user name, confirm your icon and enter your password (case sensitive).



YOU DID IT!

Now you can enjoy personal access to your
Central Laborers' Welfare Fund Benefit
information.

Member Portal Map

MEMBER PORTAL ACCESS

Central Laborers Health Claims Online 7.6.18
Member000 Test - EMP (Member)
September 12, 2018 16:00:49 Central Daylight Time
English

Member Information

| Member | Detail | Print ID Card | Find Provider | Fund | Division | Class | Location | Member ID | HSCN/MBI | Alternate ID | Most Recent Plan |
|---------------------|-----------------|---------------|---------------|--------|----------|-------|----------------|--------------------|----------|--------------|----------------------|
| CL-Central Laborers | | | | ACTIVE | | | | 803581635 | | | HL OPEN ACCESS - ACT |
| Name | Employment Date | Status | Date of Birth | Gender | Language | State | Marital Status | Additional Options | | | |
| Member000 Test | | Active | 01/01/1960 | Female | English | IL | UN | Show Options | | | |

Client

| Name | Dependent ID | HSCN/MBI | Relationship | Relation Category | Date of Birth | Gender | Status | Status Date | Additional Options |
|------------|--------------|----------|--------------|-------------------|---------------|--------|--------|-------------|--------------------|
| Child Test | 0000000002 | | Child | Child | 04/14/2017 | Male | Active | 05/01/2008 | Show Options |
| Sally Test | 000004 | | Spouse | Spouse | 09/09/1970 | Male | Active | 05/01/2008 | Show Options |
| Kid Test | 000004 | | Child | Child | 03/03/2017 | Male | Active | 05/01/2008 | Show Options |
| Fred Test | 000005 | | Child | Child | 06/11/1984 | Male | Active | 05/01/2008 | Show Options |

Claims Search

| Status | Claim # | Status Date | Name | Relationship | Claim type | Service From Date | Service To | Submitted Amount | Eligible Amount | Paid Amount | Check Number |
|--------------|----------------|-------------|----------------|--------------|------------|-------------------|------------|------------------|-----------------|-------------|--------------|
| Check Mailed | 20180912-00002 | 09/12/2018 | Member000 Test | Insured | Dental | 09/01/2018 | 09/01/2018 | \$713.00 | \$408.34 | \$328.67 | 5731537 |
| Check Mailed | 20180912-00003 | 09/12/2018 | Member000 Test | Insured | Health | 07/06/2017 | 07/17/2017 | \$990.00 | \$340.00 | \$332.00 | 5731539 |
| Deny/Paid | 20140826-00184 | 09/02/2014 | Member000 Test | Insured | Disability | | | \$0.00 | \$0.00 | \$0.00 | 0 |
| Check Mailed | 20170214-00002 | 09/12/2018 | Child Test | Child | Health | 01/20/2017 | 01/21/2017 | \$100.00 | \$0.00 | \$0.00 | 0 |
| Check Mailed | 20170214-00003 | 09/12/2018 | Child Test | Child | Health | 01/20/2017 | 01/20/2017 | \$100.00 | \$100.00 | \$0.00 | 0 |
| Check Mailed | 20170213-00015 | 09/12/2018 | Child Test | Child | Health | 01/15/2017 | 01/17/2017 | \$100.00 | \$100.00 | \$75.00 | 5731538 |
| Check Mailed | 20170213-00002 | 09/12/2018 | Child Test | Child | Health | 01/15/2017 | 01/16/2017 | \$100.00 | \$100.00 | \$75.00 | 5731538 |
| Check Mailed | 20170213-00006 | 09/12/2018 | Child Test | Child | Health | 01/15/2017 | 01/15/2017 | \$100.00 | \$100.00 | \$75.00 | 5731538 |

Print Grant/Revoke Acc

ELIGIBILITY STATUS

CURRENT BENEFIT PLAN

BENEFIT ACCUMULATORS

CLAIM INFORMATION

DESIGNATE WHO ON YOUR PLAN CAN VIEW
YOUR CLAIMS

Member Portal Map (cont.)

BENEFIT ACCUMULATORS

Member000 Test - EMP (Member)

September 13, 2018 09:50:53 Central Daylight Time

English

7.6.19

Open Enrollment Users

SpyGlass

Benefit Details

Central Laborers Test System

Benefit summary for Member000 Test For Year 2018

*Benefits are not guaranteed. All policy provisions apply, including Covered Expenses, Exclusions and Limitations, Pre-existing Conditions, and Incontestability.
All claimants must meet eligibility requirements. Coverage must be in force at the time expenses are incurred.*


Some benefits may vary by state, depending on applicable laws.

| Employee | Patient | Name | Coverage Type | Accumulator Year |
|------------|------------|----------------|---------------|-------------------------|
| 0603581635 | 0603581635 | Member000 Test | | 01/01/2018 - 12/31/2018 |

| | Accumulator Type | Max Value | Current Value | Remaining |
|--|------------------|-------------|---------------|-------------|
| Dental | | | | |
| Annual Indiv Max - DENTAL - DENT ANNUAL MAX | | \$2,500.00 | \$28.87 | \$2,172.33 |
| Coinurance - DENTAL - DENTAL CIR | | 80% | | |
| Indiv Life Time Maximum - DENTAL - ORTHOD LIFE MAX | | \$1,500.00 | \$0.00 | \$1,500.00 |
| Coinurance - DENTAL - ORTHODOONTIC CIR | | 50% | | |
| Health | | | | |
| Copayment - MEDICAL HL OPEN - ACT - ER PHYSICIAN L15 | | \$155.00 | | |
| Family Deductible - MEDICAL HL OPEN -ACT - MED FAM DED | | \$375.00 | \$0.00 | \$375.00 |
| Fam Deductible - Out of Network - MEDICAL HL OPEN -ACT - MED FAM DED | | \$5,700.00 | \$0.00 | \$5,700.00 |
| MaxFamOOP - MEDICAL HL OPEN -ACT - MED FAM OOP | | \$28,300.00 | \$0.00 | \$28,300.00 |
| Individual Deductible - MEDICAL HL OPEN -ACT - MED IND DED | | \$125.00 | \$0.00 | \$125.00 |
| Indiv Deductible - Out of Network - MEDICAL HL OPEN -ACT - MED IND DED | | \$1,900.00 | \$0.00 | \$1,900.00 |
| MaxIndivOOP - MEDICAL HL OPEN -ACT - MED IND OOP | | \$9,300.00 | \$0.00 | \$9,300.00 |
| Coinurance - MEDICAL HL OPEN -ACT - MED RET PPO CIR | | 80% | | |
| Coinurance - MEDICAL HL OPEN -ACT - MEDICAL CIR | | 60% | | |
| Coinurance - Out of Network - MEDICAL HL OPEN -ACT - MEDICAL CIR | | 50% | | |
| Coinurance - MEDICAL HL OPEN -ACT - MENTAL CIR | | 80% | | |
| Copayment - MEDICAL HL OPEN -ACT - OFFICE PHYSICIAN | | \$25.00 | | |
| Coinurance - Out of Network - MEDICAL HL OPEN -ACT - SCH NEGO CIR | | 50% | | |
| Copayment - MEDICAL HL OPEN -ACT - URGENT PHYSICIAN | | \$40.00 | | |
| Chain-CL WELL CHILD | | \$200.00 | \$0.00 | \$200.00 |
| Chain-CL ADULT WELL | | \$400.00 | \$0.00 | \$400.00 |

Dynamic Accumulators

CLAIM INFORMATION SCREEN




Central Laborers
 Health Claims Online

7.6.19

Member000 Test -- EMP (Member)
 September 15, 2018 09:33:11 Central Daylight Time

English



Open Enrollment - Users

SpyGlass

Employee Explanation of Benefits

Central Laborers Test System

Employee

| Name | Fund | Division | Alternate ID | Claim Status | Status Date | Patient Name |
|----------------|------|----------|--------------|--------------|-------------|----------------|
| Member000 Test | CL | | 0803581635 | Check Mailed | 09/12/2018 | Member000 Test |

Calculation of Benefits

| Service from | Service To | Submitted Amount | Not Covered | Eligible Amount | Co-Pay | Deductible | Co-Insurance Amount | Excluded | Benefit Amount | Comment Code |
|--------------|------------|------------------|-----------------|-----------------|--------|------------|---------------------|----------|-----------------|-------------------|
| 09/01/2018 | 09/01/2018 | \$120.00 | \$26.24 | \$93.76 | | | \$18.75 | | \$75.01 | CL EVERY 6 MO UCR |
| 09/01/2018 | 09/01/2018 | \$90.00 | \$41.32 | \$48.68 | | | \$9.74 | | \$38.94 | CL EVERY 6 MO UCR |
| 09/01/2018 | 09/01/2018 | \$103.00 | \$74.29 | \$28.71 | | | \$5.74 | | \$22.97 | UCR |
| 09/01/2018 | 09/01/2018 | \$400.00 | \$162.81 | \$237.19 | | | \$47.44 | | \$189.75 | UCR |
| Total | | \$713.00 | \$304.66 | \$408.34 | | | \$81.67 | | \$326.67 | |

Comments

| | |
|--|---|
| <div> Patient Number Payee </div> | CANTER FAMILY DENTAL 507 WASHINGTON ST BEARDSTOWN IL 62618-1558 |
| <div>Message</div> | CL EVERY 6 MO - BENEFIT FOR THIS SERVICE IS PAYABLE ONCE EVERY 6 MONTHS. UCR - |

Available Images: Member COB Copy

THIS LINK ALLOWS YOU TO VIEW AND PRINT A PDF COPY OF THE MAILED EXPLANATION OF BENEFITS

QUESTIONS?

CALL US

1-800-252-6571

Option 5

CENTRAL LABORERS' WELFARE FUND

PO BOX 1267

JACKSONVILLE, IL 62651-1267

PHONE: 1-800-252-6571

CONFIDENTIAL FAX: 1-217-243-8619

