



## Central Laborers' Welfare Fund

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/243-8521 • Fax 217/243-8619

<http://www.central-laborers.com>

### **WELCOME TO YOUR 2021 OPEN ENROLLMENT**

#### **Your Enrollment Period**

**Your enrollment period is the period indicated on a copy of a letter, like this one, which will be included in your Open Enrollment Packet.**

**DURING THE DESIGNATED TIME PERIOD PROVIDED ON YOUR INDIVIDUAL COPY OF THIS LETTER, YOU SHOULD EITHER COMPLETE YOUR ENROLLMENT ON LINE BY FOLLOWING THE LINKS PROVIDED AT [www.central-laborers.com](http://www.central-laborers.com) OR COMPLETE AND RETURN THE MULTI-PAGE OPEN ENROLLMENT APPLICATION.**

#### **The 2021 Plan Year**

Enclosed please find your Open Enrollment information for the 2021 Plan Year for the Central Laborers' Welfare Fund (hereinafter "Fund" or "Plan"). Also included in this packet are several forms and notifications that the Fund Office is required to distribute in order to comply with the terms of the Patient Protection and Affordable Care Act (PPACA) and other legislative mandates. It is very important that you read each of the notices and review the benefit grids carefully as there may be changes that will affect you and your dependents on or after January 1, 2021.

Should you find you need assistance understanding any of the enclosed information or you need help in determining how to complete any of the required forms, please do not hesitate to contact the Fund Office at 1-800-252-6571, option 5.

#### **THE 2021 OPEN ENROLLMENT PROCESS**

**PLEASE REMEMBER, EVEN IF YOU DO NOT HAVE ANY CHANGES TO REPORT, DEPENDENTS TO ADD OR A CHANGE IN THE NETWORK UNDER WHICH YOU PARTICIPATE, THE FUND REQUIRES YOU TO COMPLETE YOUR ENROLLMENT ONLINE OR RETURN A SIGNED OPEN ENROLLMENT FORM TO THE FUND OFFICE BEFORE ANY CLAIMS MAY BE PAID IN 2021.**

Before you complete your 2021 Open Enrollment, please consider the following:

1. Examine the network descriptions on the benefit grid documents enclosed in this enrollment packet. Please review the available benefits, deductibles, co-payments and co-insurance rates associated with each network.
2. **If you plan to enroll online and have not created a Member Access account, please reference the card enclosed titled, "Registering for Your Member Access and Online Open Enrollment Access". The card instructions can guide you through the registration process.**
3. Online enrollment allows you to electronically sign your 2021 form.
4. **If you plan to enroll via paper application, the Open Enrollment form has been enclosed in this packet. Please note, all areas of the form that pertain to you or your dependents must be completed.**

5. If you choose to complete the paper form, please mail your completed Open Enrollment information to the Fund Office in the enclosed envelope.
6. **If you or any of your dependents have other insurance or Medicare, please provide that information, either online or on the paper application. Then, please provide copies of any other insurance card(s) or Medicare card(s).**
7. If you are becoming eligible for the first time or are changing networks in 2021, you will be issued new medical identification cards. In most instances, new cards will not be mailed to you for approximately ten (10) days to two (2) weeks following your enrollment. If you require medical care prior to when you receive your cards, you may use the identification number listed on your dental card. (For newly eligible members, a dental card has been enclosed.)
  - **Please remember, if your spouse is employed full-time and insurance is offered through his or her employer, your spouse must enroll in the most comparable plan before benefits can be coordinated by the Fund.**
  - **If your adult dependent(s), age 19 until age 26, is employed full-time or part-time and has coverage offered through an employer and that adult dependent declines such coverage, this Plan will pay only 20% of otherwise allowable charges.**

### **Adult Dependent Eligibility**

Effective January 1, 2011, the PPACA extended coverage to adult dependents. Specifically, individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent child coverage ended before attainment of age 26 are eligible to enroll in the Plan. Individuals will be allowed to enroll such adult dependents annually during open enrollment and in special situations described elsewhere in your enrollment materials and in your Summary Plan Description. Eligibility of such dependents will be effective the later of the first day the Participant's eligibility is effective, on or after January 1, 2021 or the first day of the month following receipt of all documents needed to confirm a dependent's eligibility for benefits.

Please remember that any dependent(s)' eligibility may be subject to verification and may require you to complete a Proof of Adult Dependent Relationship Form(s) or provide additional documents such as a birth certificate(s), divorce decree(s), marriage license, death certificate(s) or other forms necessary to confirm a dependent's relationship and eligibility for benefits. Some of the documentation can be completed by you or your dependent. However, some forms must be completed by a spouse's or dependent's employer. Please note that if the required documentation is not received timely, eligibility may not be provided to your dependent(s) or their eligibility could be delayed. In addition, some documents may require updating **more than once per year**, please watch your mail and review all mailings to ensure compliance with those requirements.

### **Notice that Central Laborers' Welfare Fund is a Grandfathered Plan**

As a part of the PPACA legislation, the Fund is required to inform you that the Fund believes it is a "grandfathered health plan" under the PPACA. As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the PPACA was enacted. Being a grandfathered health plan means that the Fund may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventative health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, for example the elimination of lifetime limits on essential benefits.

The Fund will notify you when certain other consumer protections are adopted. In the interim, if you have questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status, these can be directed to the Welfare Fund Director, Cynthia Smith-Brannan, at 1-800-252-6571. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). The Web site has a table summarizing which protections do and do not apply to grandfathered health plans.



# Central Laborers' Welfare Fund

Open Enrollment 2021

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](mailto:claims@central-laborers.com)



# What is Open Enrollment?

Each year, Central Laborers' Welfare Fund ("Fund") presents eligible participants and their families with an opportunity to review their healthcare benefits and elect the network that will manage their medical costs by applying discounts on contracting provider claims. It is during that same election period that the Fund communicates with participants, providing key benefits that each will receive when eligible to participate. The election and communication period is called the "open enrollment period" and it occurs annually.

Since decision making is involved, the open enrollment period requires some time and thought on your part. Although most of the benefits provided through your Central Laborers' Welfare Fund's Benefit Plan are identical, regardless of which network you choose, the providers and accessibility to those providers may differ depending upon where you live, where your dependents live and where you may travel throughout the plan year. Therefore, during the open enrollment period, you are encouraged to review the materials provided, such as the benefit grids and go online or call each of the networks to confirm that your providers participate with the network you are considering. In addition, you can call the Fund to ask questions to ensure you have a solid understanding of the process and all the benefits you have available to you.

The Fund's staff is ready to assist you as you navigate through the open enrollment materials. Please call them at 1-800-252-6571, option 5 and allow them to help you by answering your questions, which can provide you greater ease with the open enrollment process and a better understanding of your 2021 benefit plan.

## If nothing in my circumstance has changed, do I still have to complete an open enrollment form?

Yes. As noted previously, open enrollment is the time when the Fund can explain your benefits and announce any changes that may affect your coverage in the upcoming plan year. It is also the occasion when the Fund collects and confirms information about you, your spouse and your dependents. Although nothing about you or your family may have changed since the last open enrollment, it is important that it is verified. The Fund wants to ensure that benefit payments can be substantiated, communications are directed to the correct address and the Fund is able to send you alerts about situations or changes that may affect you or your dependent's coverage.

It is understood that completing the open enrollment each year may impose on your time, so for that reason we would like to thank you, in advance, for your cooperation. Please know that the information requested is essential to the efficient administration of benefits. If there is anything the Fund staff can do to assist you as you participate in the enrollment process, please contact us at 1-800-252-6571, option 5.



## So where do I start?

Review the Benefit Grids

Compare the networks available

Confirm your doctors and hospitals participate in the network you are considering

Make sure the network you are considering has providers where you live or will travel in 2021

Make your network selection for 2021

- Choosing the best network for you will take a few moments of your time. First, you should compare the networks by reviewing the Benefit Grids. Although most of the benefits will pay identically, regardless of the network you choose, there are some minor differences that may affect your decision making.
- Second, before making your decision, you should confirm the doctors and hospitals you use most often participate in the network you are considering. You can verify your provider's network affiliation by calling the networks using the phone numbers listed on page 14.
- Finally, you should consider where you and your dependents live and work and if you or they plan to travel to other areas in 2021. You will want to make sure that the network you choose will offer accessibility to providers, wherever you or your dependents will be. This will ensure you receive the best benefit with payments being made at in-network levels.

# What about my dependents? Are they automatically enrolled?

- Although you, your spouse and dependents may be eligible for coverage with the Plan, the Fund will need to confirm your spouse's and dependent's eligibility with certain documents. A full list of the required documents is on page 13 and a short list is provided here.
- Please note, there are certain prerequisites that must be met if your spouse or dependent is employed and insurance is offered by their employer. It is important that you understand this requirement and that the documents needed to confirm that other coverage are provided during the enrollment process.

<u>My Spouse</u>	<u>My Dependent under 19 years of age</u>	<u>My Adult Dependent 19 years of age to 26 years of age</u>
Marriage License	Birth Certificate or other legal document	Birth Certificate or other legal document
Employment status	Where your Dependent resides	Your Adult Dependent's employment status
Other insurance information	Other insurance information	Other insurance information



# So what are those prerequisites that may affect my spouse's and adult dependent's coverage?

## Regarding your spouse:

- If your spouse works full time and has medical coverage offered through his or her employer, he or she must enroll in that employer's comparable plan before any medical benefits can be paid under this plan.
- If your spouse does not enroll in his or her employer's medical benefits, the benefit payable by the Fund cannot be coordinated, since there would be no primary coverage information available to process a payment.
- Your spouse is only required to enroll in the medical plan offered through his or her employer unless the employer's offering includes dental and vision coverage at no extra cost.
- Typically, prescription benefits are integrated in the medical benefit coverage. Vision services, primarily routine, are also frequently included.

## Regarding your adult dependent:

- If your adult dependent or dependent child has employment-based health coverage offered through his or her employer and he or she declines such coverage, then this plan will only pay 20% of any otherwise allowable charges.
- This prerequisite to payable benefits exists, regardless of whether your dependent works full or part time for his or her employer.
- There are specific forms included in this packet that need to be completed by you, your dependent and your dependent's employer to confirm other coverage offered, the date your dependent became eligible for that employer's benefit and whether your dependent enrolled. Before the Fund can consider making benefit payments on your employed dependent in 2021, the enclosed Proof of Adult Dependent Relationship forms must be completed and submitted to the Fund.

# So what do I need to do to get started?

First, decide if you want to complete your enrollment online or if you prefer to complete the paper version. Either way, you will be providing the same information.

To prepare, we suggest you collect the following to help facilitate your ability to respond quickly with accurate information:

- If your marital status has changed, have a copy of your marriage license or divorce documents available so you can provide those if they are requested.
- Names and social security numbers of your spouse and your dependents.
- Your spouse's and your dependent's employer's name and contact information.
- Your spouse's and dependent's other insurance information, including the other insurance names, group numbers and policy numbers.
- If your dependent lives at an address other than your address, be prepared to provide their mailing address.
- The name and address of the individuals you have chosen as beneficiaries of your death benefit.

**If you will be completing your enrollment online, which is the easiest method, you will need to ensure you have registered and have access to the Member Access Portal.**

**If you are registered, login using your established user name and password. If you are new to the online process, you can set up your account by following these easy steps.**

1. Visit the Central Laborers' website at [www.central-laborers.com](http://www.central-laborers.com)
2. Locate and click on the link, "OPEN ENROLLMENT", in the middle of the home page, which will take you to a login page.
3. On the login page, locate the "New Member/Dependent Registration" link and click on it. Then, complete the registration form.
  - Please note, your member ID is the number that is on your benefit cards. That number begins with 803 and will be 9 digits long.
  - Please note, you must enter your name as it appears on your ID cards or on the mailing label from your Open Enrollment packet.
4. Once you have completed the form and submitted your information, access your email and retrieve your one-time system generated password. The email you receive will be from [HIPAAScheduler@BeaconSpyGlass.com](mailto:HIPAA Scheduler@BeaconSpyGlass.com)
5. Click on the link located in the email, login using your user name and one-time login password provided in the email and you will be prompted to change your password. Please create your new password. Please note that passwords are case sensitive, including the one in the email.
6. Close all your browsers.
7. Return to the Central Laborers' website at [www.central-laborers.com](http://www.central-laborers.com)
8. Click on the "OPEN ENROLLMENT" link, log into your newly set up account and complete the Open Enrollment online form.

If you have any difficulty or need assistance, please contact the Fund Office at 1-800-252-6571 option 5 or view the Member Access Portal Guide (PDF) or Online Open Enrollment Guide (PDF) located on the Central Laborers' website.

**If you will be completing your enrollment via the paper version** you will need to pull out the form enclosed and provide the information requested. All required documents can be copied and those copies can be submitted to the Fund with your enrollment form using the enclosed self-addressed envelope.

Each section of the paper enrollment form will list required documents that will need to be completed or copied and submitted with your paper enrollment form. Please remember to select your network choice by checking the box at the top of the back page and sign and date confirming your understanding of the information provided on the form and in the enrollment documents.

**The time it takes to complete the paper form is approximately 15 to 30 minutes.**

**If you will be completing your enrollment via the online process** you will be prompted for various documents, which can be uploaded when your online enrollment form is submitted. You will have the opportunity to select your network on one of the screens and will then be asked to review and confirm your understanding of the information provided on the form and in the enrollment documents by signing your enrollment submission electronically.

**The time it takes to complete the online form is approximately 5 to 10 minutes.**

# So tell me about the networks.

## BlueCross/BlueShield

- The BlueCross/BlueShield network with nationwide access, meaning they have providers across the United States.
- Both in-network and out-of-network benefits are available to eligible Active plan participants and their eligible dependents.
- Only in-network benefits are available to eligible Retiree participants and their eligible dependents.
- The BlueCross/BlueShield network includes general practitioners, specialty physicians, hospitals and surgical facilities.
- The BlueCross/BlueShield network has two benefit payment tiers. Both tiers require an annual deductible be met before the benefit payments are made.
- Healthcare expenses are processed using the benefits and exclusions, which are outlined in the Central Laborers' Welfare Fund Summary Plan Description.

## HealthLink. HealthLink

- The HealthLink network is primarily confined to Illinois, Missouri and a few of the surrounding states.
- Both in-network and out-of-network benefits are available to eligible Active and Retiree participants and their eligible dependents.
- The HealthLink network includes general practitioners, specialty physicians, hospitals and surgical facilities.
- The HealthLink network has three benefit payment tiers. Access to a particular payment tier will depend on the provider's contractual arrangement with HealthLink. The highest tier is reserved for HMO providers. Payments at that tier waives the deductible that is required at the PPO and out of network tiers.
- Healthcare expenses are processed using the benefits and exclusions, which are outlined in the Central Laborers' Welfare Fund Summary Plan Description.

# What benefits am I getting?

## Active Participant Benefits

- Medical benefits
- Prescription benefits
- Dental benefits (including orthodontic benefits)
- Vision benefits
- Hearing benefits
- Loss of time benefits
- Death & accidental death and dismemberment benefits

## Retiree Participant Benefits

- Medical benefits
- Prescription benefits
- Dental benefits (including orthodontic benefits)
- Vision benefits
- Hearing benefits



# What do I do if I have specific questions regarding my benefits?

You have several resources where you can get more detailed answers to your specific benefit questions.

- The first is your summary plan description, a copy of which can be accessed online at <http://www.central-laborers.com> or by calling the Fund at 1-800-252-6571, option 6, then option 4 and requesting a paper copy.
- The second is to go to the Fund's website and read various questions asked by other participants, which are answered by the Fund administrators.
- The third is to call the Fund and ask one of our customer service representatives to help you understand a particular benefit, explain how a claim is paid or walk you through the processes for setting up a procedure or making a medical equipment purchase.
- Finally, you can get important information about benefit changes that occur throughout a plan year which will be sent to you by mail. Those include Summary of Material Modifications notices, flyers that introduce new benefits and news articles that address topics that may be confusing.

No question or concern you have is ever considered trivial. Use the above resources to educate yourself, which will allow you to get the most from your benefit plan.

## So here is that list of required documents

Situation	Required Document	Situation	Required Document
BIOLOGICAL DEPENDENT (PARENTS MARRIED) (ANY AGE)	COPY OF THE DEPENDENT'S BIRTH CERTIFICATE	ADULT DEPENDENT (AGE 19-26) (NOT DISABLED) (THIS DOCUMENTATION IS REQUIRED ANNUALLY.)	ADULT DEPENDENT RELATIONSHIP FORMS (IF EMPLOYED, THE EMPLOYER MUST COMPLETE THEIR PORTION.)
BIOLOGICAL DEPENDENT (PARENTS NEVER MARRIED) (ANY AGE)	COPY OF THE DEPENDENT'S BIRTH CERTIFICATE AND A VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY OR LEGAL DOCUMENT SHOWING PARTICIPANT'S RESPONSIBILITY TO COVER	ADULT DEPENDENT (DISABLED)	A DEPENDENT CONFIRMATION FORM AND A STATEMENT, FROM A LICENSED PHYSICIAN OR A COURT CONFIRMING THE DEPENDENT'S INCAPACITY
LEGAL ADOPTION OR PENDING ADOPTION (ANY AGE)	COPY OF ADOPTION PAPERS OR SWORN STATEMENT WITH DATE OF PLACEMENT	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.)
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	REMOVING SPOUSE, DEPENDENT/STEP-CHILDREN DUE TO DIVORCE OR LEGAL SEPARATION	FILED COPY OF THE DIVORCE DECREE OR LEGAL SEPARATION PAPERS
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	TERMINATING SPOUSE OR DEPENDENT COVERAGE DUE TO DEATH	COPY OF THE DEATH CERTIFICATE

And here is that list of contact numbers.

	Contact Phone Number	Contact Website/email
CENTRAL LABORERS' WELFARE FUND  <b>YOUR CONTACT FOR:</b> ELIGIBILITY OPEN ENROLLMENT MEDICAL BENEFITS MEDICAL CLAIM PAYMENTS DENTAL BENEFITS DENTAL CLAIM PAYMENTS VISION BENEFITS VISION CLAIM PAYMENTS	1-800-252-6571  OPTION 6, THEN OPTION 4 OPTION 5 OPTION 6, THEN OPTION 2 OPTION 6, THEN OPTION 2 OPTION 6, THEN OPTION 5 OPTION 6, THEN OPTION 5 OPTION 6, THEN OPTION 2 OPTION 6, THEN OPTION 2	<a href="http://www.central-laborers.com">www.central-laborers.com</a> <a href="mailto:claims@central-laborers.com">claims@central-laborers.com</a>
BLUECROSS/BLUESHIELD	1-800-810-2583	<a href="http://www.bcbsil.com">www.bcbsil.com</a>
HEALTHLINK	1-800-624-2680	<a href="http://www.healthlink.com">www.healthlink.com</a>
CVS/CAREMARK	1-866-818-6911	<a href="http://www.caremark.com">www.caremark.com</a>



CENTRAL LABORERS' WELFARE FUND

PO BOX 1267

JACKSONVILLE, IL 62651-1267

PH – 1-800-252-6571

FAX – 1-217-243-8619

EMAIL – [claims@central-laborers.com](mailto:claims@central-laborers.com)

WEB – [www.central-laborers.com](http://www.central-laborers.com)



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## BENEFIT GRIDS 2021

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



## **BlueCross/BlueShield PPO Plan for Retired Participants**

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

## HealthLink Open Access Plan for Active and Retired Participants

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

Prescription, Vision, Hearing & Dental Benefits for All Active and Retired Participants Regardless of the Network Chosen	
Prescription Drug Benefits	Network
<b>Retail Pharmacy CVS/Caremark</b> Generic Drugs Brand Name: No generic/formulary available Generic/formulary available  <b>90-day supply may be purchased for the same co-payments as mail order if the purchase is made at a CVS pharmacy.</b>	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
<b>Mail Order Service</b> 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 - 18 years of age	
Vision Exam	Paid under the well child benefit of the comprehensive benefit plan with no charge and no deductible up to \$200 and a 20% co-insurance on allowable charges thereafter.
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 -18 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 the 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 <sup>st</sup> day after accidental Injury; 8 <sup>th</sup> 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



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