

CENTRAL LABORERS' WELFARE FUND

MEMBER ACCESS PORTAL GUIDE



ELIGIBILITY STATUS
CURRENT BENEFIT PLAN
BENEFIT ACCUMULATORS
CLAIM STATUS
CLAIM STATEMENTS

Accessing your benefit information
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Member Portal Map (cont.)

BENEFIT ACCUMULATORS (YOUR DEDUCTIBLES, BENEFIT MAXIMUMS AND YOUR OUT OF POCKET STATUS)

Central Laborers Health Claims Online | Member000 Test - EMP (Member) | September 13, 2018 09:50:53 Central Daylight Time | English

Open Enrollment - Users

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		
0803581635	0803581635	Member000 Test		01/01/2018 - 12/31/2018		
Accumulator Type						
Max Value						
Current Value						
Remaining						
Dental						
AnnualIndivMax - DENTAL - DENT ANNUAL MAX				\$2,500.00	\$326.92	\$2,173.33
Coinsurance - DENTAL - DENTAL CIR				80%		
Indiv. Life Time Maximum - DENTAL - ORTHOD LIFE MAX				\$1,300.00	\$0.00	\$1,300.00
Coinsurance - DENTAL - ORTHODONTIC CIR				50%		
Health						
Copayment - MEDICAL HL OPEN -ACT - ER PHYSICIAN15				\$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
Coinsurance - MEDICAL HL OPEN -ACT - MED RET PPO CIR				80%		
Coinsurance - MEDICAL HL OPEN -ACT - MEDICAL CIR				80%		
Coinsurance - Out of Network - MEDICAL HL OPEN -ACT - MEDICAL CIR				50%		
Coinsurance - MEDICAL HL OPEN -ACT - MENTAL CIR				80%		
Copayment - MEDICAL HL OPEN -ACT - OFFICE PHYSICIAN				\$25.00		
Coinsurance - 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 | Member000 Test - EMP (Member) | September 15, 2018 09:31:11 Central Daylight Time | English

Open Enrollment - Users

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

Patient Number: [Redacted]
 Payee: CANTER FAMILY DENTAL
 507 WASHINGTON ST
 BEADSTOWN, IL 62618-1558

Message: CL EVERY 6 MO - BENEFIT FOR THIS SERVICE IS PAYABLE ONCE EVERY 6 MONTHS.
 UCR *

Available Images: [Member EOB 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

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CONFIDENTIAL FAX: 1-217-243-8619

