



FAQ'S ABOUT YOUR HEALTH & WELFARE BENEFITS

LABORERS' SELF-INSURED PLANS ONLY

1. WHY IS IT IMPORTANT TO GO TO A PARTICIPATING PROVIDER?

You save a lot of out-of-pocket money when you go to a participating provider. Typically, if you go to a non-participating provider for services, the plan will not pay out benefits until an annual deductible (\$100 for active construction; \$200 for active non-construction; \$200 for all retirees) is met and even after the deductible has been met, the Trust Fund will only pay 80% of the Eligible amount.

*** Example: You go to a non-participating provider and he charges \$200 for the service. If the Eligible amount for this service is \$150, what will be your out-of-pocket expense?**

	Deductible Applied	Trust Fund Pays	You Pay
Non-participating	\$ 100	80% of Eligible = \$120 \$120 - \$100 deductible = \$20	\$ 180
Participating	\$ 0	90% of Eligible = \$135	\$ 15

* See benefit booklet for exceptions to this example.

2. WHERE CAN I GET THE MOST CURRENT LISTING OF PARTICIPATING PROVIDERS?

Contact the Provider Services Department at the Trust Fund Office and ask for a Provider Directory.
Provider Services Department (808) 441-8730
(888) 520-8078 – toll free

Visit our website for an updated provider listing at: www.pacadmin.com

3. WHY WAS MY EMERGENCY ROOM VISIT DENIED PAYMENT?

Your benefits do **NOT** cover E.R. visits that are not considered to be an emergency. An emergency is the sudden onset of an acute condition requiring immediate treatment. Some examples include heart attack, poisoning, loss of consciousness, and convulsions. For symptoms not considered to be an emergency, please contact your family doctor or PCP. For toothaches and related dental concerns, please contact your family dentist.

4. WHY IS IT IMPORTANT TO HAVE A FAMILY DOCTOR OR PRIMARY CARE PHYSICIAN (PCP)

When you go to a doctor regularly for annual check-ups and regular screenings, your PCP establishes a history file for you. This allows your PCP to better diagnose you when you are ill. Also, going to your PCP regularly will help detect early signs of potential diseases that can be treated and sometimes cured when detected early. Having an established PCP also eliminates the need to go to the E.R. for non-emergent situations, which will ultimately save you money.

5. HOW OFTEN CAN I GET AN EYE EXAM AND VISION SUPPLIES?

Routine Eye Exam: (1) every 12 months
Supplies: (1) pair of lenses and frame, or (1) pair of contact lenses every 24 months

* see exceptions in benefit booklet

6. WHO DO I CONTACT FOR MORE INFORMATION ABOUT MY HEALTH & WELFARE BENEFITS?

Trust Fund Office
Customer Service Department: (808) 441-8700
(888) 520-8078 – toll free