Laborers' Metropolitan Detroit Health Care Fund
Local #1076 and #1191

Laborers' International Union of North America

LiUNA!
Feel the Power

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FREQUENTLY ASKED QUESTIONS

How are my benefits funded?

The primary source of financing for the benefits provided under the Health Care Fund and for the expenses of Fund operations is employer contributions.

What are the Fund's eligibility requirements?

Initial eligibility requires 700 hours of contributions within six (6) months or less. Please allow one (1) extra calendar month for bookkeeping purposes. Continuing eligibility requires 350 hours of employer contributions within three (3) months or less. The participant is then eligible for the next two (2) months.

What do I do if my employer does not remit my fringes?

First, call your employer. There may be a very good reason that the fringes have not been remitted. If your employer cannot explain the reason to your satisfaction, you should contact the Local Union.

How can I add my dependents to the Plan?

Complete a "Yearly Coordination of Benefits and Dependent Status Statement Form" and submit copies of marriage or birth certificates.

What do I do when I get divorced?

You must send a complete copy of your divorce decree otherwise coverage will be maintained for your ex-spouse. If the Fund pays for benefits that should not be paid because your spouse no longer meet the definition of a dependent, you will be held responsible.

When does coverage stop for my dependent children?

The Affordable Cate Act requires the Fund to extend Adult Child coverage up to age 26 effective June 1, 2011. Therefore, if you are eligible for benefits and you have a child that was previously covered in the Plan, and their coverage was terminated, you should complete a "Request for Extension of Dependent Coverage" and return it to the Fund Office. Coverage may continue until the last day of the month in which that adult child turns 26 years old or earlier if you do not maintain your eligibility under the Fund. This requires annual verification.

Can I continue coverage when I retire?

Yes provided you meet the retiree requirements for maintaining coverage.

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What do I do if I am injured and cannot work?

The Fund provides disability credit which may continue your coverage for health care benefits. You should complete a disability form.

What are the self-payment rates?

Active participant and family (1st through 6th month) Active	$529.14 per month
participant and family (7th through 12th month) Active	$634.98 per month
participant and family (13th through the 18th month)	$740.81 per month

What is COBRA?

COBRA is the Consolidate Omnibus Budget Reconciliation Act of 1986. COBRA requires that the Fund provide coverage for participants and their dependents that may not otherwise be offered. COBRA is available for dependents who no longer meet the definition of a dependent as defined by the Plan. The rates are 102% of the actual cost of providing benefits. The rates are:

Participant and Family (No Dental)	$ 905.71 per month
Participant and Family (Includes Dental)	$1006.33 per month

What is Coordination of Benefits?

Coordination of Benefits or COB coordinates benefits with other health benefits you may have such as coverage through your spouse's employer.

What are the Health Care Benefits?

The Fund has contracted with BCBSM to provide participants and the Fund with discounts on medical services. If a BCBSM participating provider is utilized the participant is responsible for a 20% co-payment up to the maximum out of pocket of $1,000 per family, per year. For further details regarding the medical benefits available, please refer to the BCBSM Benefits at a Glance.

What Vision Benefits are available?

The Plan will pay $225 towards the vision exam, lenses and frames. If a VSP participating provider is utilized, participants will receive discounts on these services.

What Dental Benefits are available?

Dental Benefits are provided through BCBSM. The Fund will pay 100% for preventive services, 80% for basic restorative services (fillings, extractions & root canals), and 50% for regular restorative (crowns, bridges, dentures). The annual dental benefit maximum is $1,000 per person. Orthodontics (braces) are paid at 100% up to a lifetime maximum of $1,500 per person.

How frequently are dental cleanings covered?

Dental cleanings or Prophylaxis are covered once every six (6) months.