

BUILDING YOUR BENEFITS



FOX VALLEY & VICINITY LABORERS

HEALTH AND WELFARE AND PENSION FUNDS

Boone

Kane

Kendall

McHenry

Laborers Fund Running Efficiently To Service All Participants.

The Fox Valley & Vicinity Laborers Health, Welfare and Pension Funds office is up and running and fully staffed for your benefit at 2400 Big Timber Road in Elgin.

According to Administrative Manager Pat Shales, "We are here to provide all participants with the efficient service that they deserve."

Pat has extensive experience in the employee benefits field, and has worked with the Laborers through the Geneva-based Independent Employee Benefits Corporation (IEBC) for 18 years.

"Our staff is not new to the Laborers' Fund," says Pat. With a staff of six, four employees also were with IEBC. "The Fund staff has an average of over 10 years of experience in employee benefits," says Pat, adding that the medical claims processors average out at over 20 years of experience.

An Elgin resident, Pat is married with two children. Totally dedicated to the Fund, she sums up her goals as Administrative Manager stating, "Our office exists to provide top-of-the-line service....The best we can possibly give."

*Pat Shales, Fund
Administrative
Manager, brings
with her over 30
years of experience
in the employee
benefits field.*



Meet Your Office Staff!

Patricia M. Shales
Administrative Manager
Diane Chavis
Claims Processor
Kelly R. Dahlberg
Fund Representative
Colette Feliciano
Office Clerk

Holly Ferrarini
Receptionist/Accounting Clerk
Nancy Petkus
Benefits Processor
Nancy Wojtas
Claims Processor

Please Call Us...

So that we can provide efficient service,
we encourage you to make an appointment
before coming to the office for information and help.



Just call: 1-847-742-0900 Or, toll-free: 1-866-828-0900.

Understanding The Benefits Of Your Prescription Drug Plan.

The following Fox Valley Laborers' Prescription Drug Program meets your medication needs. The benefit is provided by the Prescription Service Division of Caremark, Inc.

Q. How can you obtain your prescription medicines?

A. 1. **Mail Service:** By mailing your prescription to the Caremark Mail Service, you will receive up to a 90-day supply of medication for only \$3 for each prescription.

2. **Network Pharmacy:** Go to any network pharmacy to receive a short-term supply of medication. The cost is \$15 for brand name, and \$8 for generic medications per prescription.

3. **Non-Network Pharmacy:** Pay full price to the pharmacy, and submit your original receipt and claim form to the Fund Office.

Long-Term Mail Service Prescription Program...

This service is a convenient and cost-effective way to order up to a

90-day supply of maintenance medications for direct delivery to your home.

Q. What Are Maintenance Medications?

A. These are drugs needed on a regular or long-term basis such as those for high blood pressure, arthritis, heart conditions and diabetes.

Your Prescription Drug Plan Is Easy And Cost-Effective.

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Q. What Are Generic Drugs?


A. Every prescription has two names: the trademark or brand name; and the chemical or generic name. By law, both must meet the same standards for purity, strength and quality. If available, generic drugs can save money for you and the Plan.

Q. Can The Co-Payment Be Submitted For Reimbursement?

A. The co-payment cannot be reimbursed through your Medical Benefits Plan. Also, it does not apply to your deductible, co-payments or maximums.

Q. What Are The Advantages Of The Caremark Long-Term Mail Service Prescription Program?

- You save money...A 90-day supply is only \$3 per prescription. 
- You save time...Medications are delivered to your home via UPS or First Class Mail. Since you can receive a 90-day supply, frequent reorders are eliminated. 

- You save paperwork...The Patient Profile/ Order Form is easy to fill out. There are no receipts to save and no waiting for reimbursement. 

Q. How Do You Participate in the Caremark Long-Term Mail Service Prescription Program?

A. Just follow this procedure:

1. Ask your doctor for a prescription for up to a 90-day supply of your medication, plus refills, if appropriate. Be sure it includes:

- your full first and last name
- doctor's name
- exact strength, quantity and dosage of medication.

By law, Caremark must require their pharmacies to dispense no more than the quantity prescribed. Please be sure that it is a 90-day supply, plus refills when appropriate, to ensure that you receive that quantity.

Unless otherwise noted by your doctor, you will receive the generic equivalent when available and permissible by law.

2. To order medication complete a Patient Profile/Order Form and enclose the original prescription(s) along with a check, money order, or Visa, Discover or MasterCard number for the required co-payment for each prescription.

In Memory Of Plan Participants Who Are Recently Deceased

We extend our sincere sympathy to their families.

Name	Deceased	Age	Local
Beart, Leonard C.	06/02	84	582
Brewer, John W.	03/02	67	149
Davis, Richard E.	01/02	63	149
Decker, Richard W.	12/02	50	582
Engelbrecht, Delores	08/02	74	582
Foltz, Robert V.	01/03	86	1035
Harmer, Dennis	11/02	41	1035
Hurd, Robert Sr.	12/02	67	582
Jacobsen, Herbert E.	01/02	82	582
Kelly, Barbara A.	09/02	41	149
McNutt, John R.	01/02	72	582
Mosher, Bernie M.	06/02	57	149
Navarro, Hipolito	05/02	46	149
Plum, Lincoln	03/02	84	149
Roewer, Donald W.	03/02	68	1035
Russel, George H.	02/02	61	582
Schuring, Wallace J.	04/02	76	582

Holidays!

The Fund Office will be closed:

Memorial Day
Independence Day (July 4)
Labor Day
Thanksgiving Day
Day after Thanksgiving
Day before Christmas
Christmas Day
One-half day before New Years
New Years Day

Send your order to:

Caremark
625 Barclay Boulevard
Lincolnshire, IL 60069-4310

Be sure to include the following on your Patient Profile/ Order Form:

- name
- Social Security Number
- company name on the outside envelope.


Forms are available at The Fund or at www.fvlab.com

An incomplete Patient Profile/ Order Form will be returned, resulting in a processing delay.

Q. How Do You Get A Refill?

A. Complete the following process at least three weeks before needing the medication. Here are two options:

1. Call 1-800-344-8075.

Caremark's Refill-By-Phone Center is open 24 hours a day. Have available your Social Security number, prescription number, credit card for required co-payment, and your daytime phone number. 

2. Or...attach the refill label from your previous order to the back of your Patient Profile/Order Form and mail it to Caremark with a check, money order or credit card number. You will receive a new preaddressed order form each time you receive medication.


Q. How Long Will It Take To Process And Receive Your Prescription?

A. Between 10 to 14 days after Caremark receives your order. Reordering information will be enclosed with each shipment.

Q. How Do You Check The Status?

A. Call Caremark toll-free at 1-800-344-8075. Follow instructions.

Q. What If Medication Is Needed Immediately?

A. Have your doctor complete two prescriptions, one to be filled at your pharmacy immediately for short-term use; the other to be submitted to Caremark for up to a 90-day supply. 

Learn About The Requirements For Filing A Claim.

www.fvlab.com

Log on...all forms are available.

Claim forms for medical, dental or vision care coverage are available from your Local Union, the Fund Office or on our web site at www.fvlab.com. These forms should be completed by you and your physician. Please sign and submit the claim for consideration to:

**Fox Valley Laborers Health
and Welfare Fund
2400 Big Timber Road
Bldg B, Suite 206
Elgin, IL 60123**

If you wish the Fund to pay the hospital or doctor directly, please sign an assignment of benefit form when establishing your claim.

To complete your claim payment, the Fund Office *requires*:

- a completed claim form
- an itemized statement from the hospital
- at itemized physician's bill
- completed assignment form to allow benefits to be paid directly to hospital or service provider
- all other medical bills
- the name of medication, prescription number and prescribing

physician for prescription drug bills not reimbursed through the Contract Pharmacy Network

- a copy of your spouse's Explanation of Benefits (EOB) form if the spouse is employed and covered through group insurance
- and, any provider medical records deemed necessary by the Fund Office.

No claims will be paid unless an enrollment form is on file at the Fund Office. These forms are available from your Local Union, the Fund Office or at www.fvlab.com

When To File Your Claim

Medical, Dental, Vision: Your claim for medical benefits should be submitted to the Fund Office within *one year* of the date charges were incurred. However, failure to submit on a timely basis will not invalidate any claim if proof is provided that the claim was furnished as soon as reasonably possible.

Death or Accidental Dismemberment: Your beneficiary should apply for death benefits by submitting a death certificate and beneficiary form.

You need to apply for dismemberment benefits by submitting a claim form signed by you and your doctor.

All claims should be submitted to the Fund Office within 90 days following death or injury, or as soon as reasonably possible.

Enrollment Forms

You must notify the Fund Office by completing a new Enrollment Form or any change in your home address, Local Union membership, beneficiary, marital status or dependents.

Enrollment forms are available from your Local Union, Fund Office or at www.fvlab.com

You *must* provide a marriage certificate for verification of your spouse, and birth certificates for verification of dependent children.

You may be required to provide additional claim information.

It is *extremely* important to keep the Fund Office informed of any changes in address, marital status, or desired beneficiary changes. This is *your* obligation, and *failure* to do so could jeopardize your eligibility for benefits.

Here's Insight Into A Supplemental Lump Sum Retirement Benefit.

The Supplemental Lump Sum Requirement Benefit is an *additional* benefit payable to eligible participants at retirement. To be eligible for this *one-time* benefit you must:

- retire with an Early, Normal, 30 and Out, or Disability Pension on or after June 1, 1999,
- be working in Covered Employment at the time of retirement,
- have 20 or more years of service,
- and, have worked a *minimum* of five years during which contributions were made on your behalf to the Fox Valley and Vicinity Laborers Pension Fund.

To meet the 20-year service requirement, you may be credited with

eligibility for work under other pension plans. However, only service with this Plan will be counted in calculating the benefit amount.

This *one-time* payment is calculated at \$1000 per year for each year of service with the Fox Valley and Vicinity Laborers Pension Fund.

- For years of service *prior* to June 1, 2001, the Supplemental Lump Sum Retirement Benefit is calculated at \$1,000 per year for each year you earned at least *100 hours* of service in covered employment with this Fund.



- For years of service *on or after* June 1, 2001, this Supplemental Lump Sum benefit is calculated at the rate of \$1000 per year for each year you earned at least *500 hours* of service in covered employment with this Fund.

There is no cap on the amount of payment.

This benefit is eligible for rollover into an Individual Retirement Account (IRA) or other qualified retirement plan. Also, you can delay payment for up to 12 months after retirement.

The pension application form is available from the Fund Office or at www.fvlab.com

