# Wisconsin Laborers Health Fund

https://liunawisconsin.org/benefits

www.wilbenefits.com



WISCONSIN LABORERS' HEALTH & PENSION FUND

Feel the Power

## How does my Eligibility work?

- You are eligible for benefits on the first day of the month following any 12-consecutivemonth period during which the Fund receives or credits at least 600 hours of contributions on your behalf
- You continue to be eligible for subsequent benefit quarters if the Fund receives or credits at least 345 hours of contributions on your behalf in the corresponding contribution quarter

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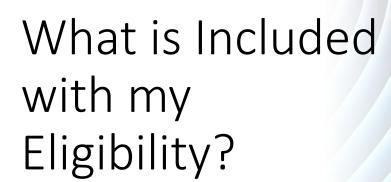
Contribution Quarter	Benefit Quarter
May 1 through July 31	October 1 through December 31
August 1 through October 31	January 1 through March 31
November 1 through January 31	April 1 through June 30
February 1 through April 30	July 1 through September 30



CONTRIBUTION QUARTER	BENEFIT QUARTER
If the Fund receives or credits:	You will be eligible for coverage in:
345 hours of contributions in February through April; 690 hours of contributions in November through April; 1,035 hours of contributions in August through April; or 1,380 hours of contributions in May through April.	July 1 through September 30
345 hours of contributions in May through July; 690 hours of contributions in February through July; 1,035 hours of contributions in November through July; or 1,380 hours of contributions in August through July.	October 1 through December 31
345 hours of contributions in August through October; 690 hours of contributions in May through October; 1,035 hours of contributions in February through October; or 1,380 hours of contributions in November through October.	January 1 through March 31
345 hours of contributions in November through January; 690 hours of contributions in August through January; 1,035 hours of contributions in May through January; or 1,380 hours of contributions in February through January.	April 1 through June 30

#### What if I don't meet the required hours?

- Did you work out of the area and fill out a reciprocity form?
- A Self-Payment will be due for the balance of hours needed
- A Notice will be sent in the last quarter you have eligibility to continue benefits you must pay by the due date.
- Payment can be made online via debit\credit\HRA card, call the Fund office, or mail in payment



Health Insurance, including Prescription Drug

**Dental Insurance** 

Vision Insurance

HRA Card

Disability, weekly payments

Death Benefits, including additional for Accidental

## What Documents do I need to Return for Eligibility? <a href="www.wilbenefits.com">www.wilbenefits.com</a> or <a href="https://liunawisconsin.org/benefits">https://liunawisconsin.org/benefits</a>

- Enrollment/Beneficiary Form
  - Include copy of Dependent's birth certificates
  - Include copy of Marriage Certificate
- You can find fillable forms on the website and can upload directly to the eligibility department

### Eligibility Forms

Newly Eligible Enrollment Form

2024 Dental Election Packet

Proof of Incapacitated Child

Beneficiary HEALTH Change Form

New Dependent Add/Change Form

Authorized Rep Form



Comprehensive Major Medical Benefit	What You Pay/Applicable Limitations (Coinsurance Amount Based On Allowable Charge)	
Calendar Year Deductible (January 1 – December 31)	You pay: \$300 per person; \$600 per family	
Emergency Room Deductible	You pay \$100 per person. Deductible waived if admitted into hospital as a bed patient for at least one day within three consecutive days after visiting the emergency room	
In-Network Physician/Specialist Office Visit Copayment	You pay \$15 (not applicable for out-of- network providers)	
Coinsurance In-Network Provider Out-of-Network Provider	You pay 10% You pay 40%	
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In certain instances, a different coinsurance or a copayment may apply, as further shown in this schedule.

Plan pays the in-network provider rate of covered Emergency Care services regardless of whether the facility and attending Physician are in the Anthem Blue Cross and Blue Shield PPO or POS network.

Between March 1, 2020 and the date on which the public health emergency for COVID-19 declared by the Secretary of Health and Human Services ends, virtual/telehealth visits can be used for all provider office visits. These visits will be covered according to this Schedule of Benefits, except that office visits in connection with diagnostic testing for COVID-19 will be covered with no cost-sharing.

Calendar Year Out-of-Pocket Maximum (January 1 – December 31)	
In-Network Provider     Out-of-Network Provider	You pay up to \$4,500 per family You pay up to \$10,000 per family

Premiums, copayments, deductibles, balance billing, and healthcare this Plan does not cover are not included in the out-of-pocket maximum.

Preventive Care	
<ul> <li>In-Network Provider</li> </ul>	You pay \$0
<ul> <li>Out-of-Network Provider</li> </ul>	You pay 40%, after calendar year deductible

# What is MemberXG & How do I sign up?

- MemberXG is an online portal that lets you:
  - Access Claims Submitted
  - View Hours Reported
  - Check Eligibility
  - Create Pension Projections
  - View HRA Balance
- Signing up for MemberXG
  - Go to https://liunawisconsin.org/benefits Download the Online Portal Instructions – MemberXG
    - Located under Select a File to download\General Information
  - Click on the MemberXG login (located on the far right side of the website)
  - Click on Create Account
  - Use Full Name and DOB must match

ACCESS YOUR WORK HOURS, PENSION BENEFITS, OR HEALTH CLAIMS



LOG IN

Create Account

# What can I find on the Dashboard?

Includes Single Sign on with:

EyeMed
Delta Dental
HRA Balance
MedExpert
Express Scripts
Wellness Portal\Marquee



Displays current address, dependents, birthdates, and more.



Eligibility status is based on contributions received and posted. This page displays current eligibility with the fund.



Looking for a yearly pension summary?
This page will show yearly summaries, vesting credits to date, and pension projections.

Look up health claim history here.



HIPPA Law: domestic partners,/spouses/child dependents over 18 will need to create their own account, or a waiver form will need to be filed with the fund. to see their claims.



Look at any Loss of Time or Short Term Disability Claims processed by the fund This page displays vacation fund information such as issued date, check number, and amount.



This page shows what contribution hours have been received and for what work month.



Check HRA balance, check status of HRA payments, and file an HRA daim.



## Health Reimbursement Account (HRA\WEX)

#### When can I use my Benefit Card?

- Pay Co-Pay at Doctors office or remaining balance after Health Fund has paid
- Pay Dental deductible & out of pocket
- Self-Payment
- Prescription Co-Pays
  - Keep on file at your local pharmacy "Easy Pay"

#### What other items are eligible under the HRA Benefit?

- Bandages, Band-Aids, First Aid supplies, braces for hand, knee, leg, and other medical supplies
- Medications Over the counter
  - Advil, Aleve, Tylenol, Tums, Allergy Tabs, Cold Medicine
- Pregnancy Tests, breastmilk storage bags, & feminine products



# Eligible Products, Cont..

- Stop Smoking Programs
- Blood Pressure Cuff
- Temperature probes
- TENS Units
- Icy Hot
- Foot inserts
- Sunblock

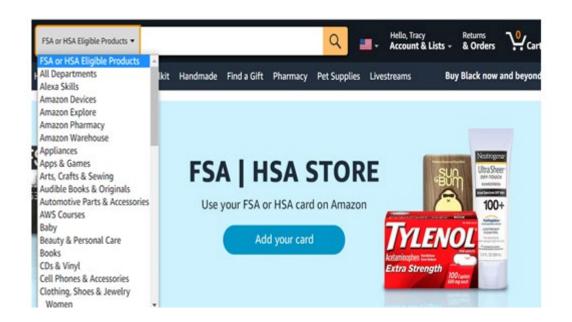
# How do I know if Product is Eligible?

- Look for Approved OTC (over the counter) on the label
- Run your HRA card prior to using other method of payment
- Items such as Vitamins are only reimbursed if a note\RX from your provider is on file and the receipt will need to be submitted to the Health Fund.
- Check the IRS website: https://www.irs.gov/publications/p502

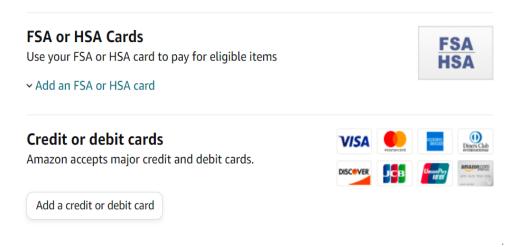
## HRA Expenses also available on Amazon!

#### Go to Amazon.com

- Select FSA or HSA Eligible Products
- Be sure to Add your HRA Card



#### Add a New Payment Method



## Do I need to save all receipts?

- If you are making your co-pay payment at Provider office, no you do not need a receipt
- If you are making a payment on a doctor bill, YES and please upload to the health fund (WEX portal) for substantiation
- You do not need to keep a receipt for prescription payments at the pharmacy
- If you are paying for approved items and your WEX card covers them at a WEX approved facility, you do not need your receipt. (Ie; Walgreens, CVS, Target, Walmart)
  - Note not covered at gas stations, Dollar General, Fleet Farm, etc (can turn in for reimbursement)
- If you are not sure, it is better to save it!

## Dental Choices – Yearly Election

#### Care Plus

Must use Network provider, no out of network benefits Midwest Dental\Dental Associates providers only – <a href="https://www.careplusdentalplans.com">www.careplusdentalplans.com</a>

- Limited network, some richer benefits
- No out of network benefits
- Annual Max \$2,500
- Deductible \$0
- Out of pocket for non-routine \$0
- Ortho \$3,000 lifetime, age 26

#### **Delta Dental**

Can go to any provider, most are in-network but does provide out of network benefits

www.deltadental.com

- Broader network
- Provides in and out of network benefits
- Annual Max \$2,000
- Deductible \$25\\$75 family
- Out of pocket for non-routine 15%
- Ortho unlimited to age 19 \$3,000 from 19-26

# How do I get the most out of my Vision Benefit?

- Utilize EyeMed Provider
  - www.eyemed.com
  - Click on "Find an eye doctor" upper right
     Find an eye doctor
  - Choose *Insight* Network from the dropdown
  - Give Provider your EyeMed ID card or SSN and your WI Laborers Health Fund ID card
  - If you have a balance after EyeMed payment, ask your provider if they will bill the Fund. You have \$250 per person per year.
    - If provider will not bill, you need to pay and submit the receipt to the Fund office for reimbursement.
  - If the balance is over the \$250 you can use your HRA card for anything over the \$250.
    - If submitting a receipt to the Health Fund, note you want the balance paid out of our HRA.
- If you go to an out of network provider, you MUST fill out the EyeMed form
  - Submit to EyeMed
  - Submit any balance to the Fund up to \$250
  - Can use your HRA after the \$250 Fund benefit
- Active Members are eligible for the Safety Glasses benefit, once per year

#### SUMMARY OF BENEFITS

SOMMAKT OF BENEFITS		
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Co-pay	Up to \$45
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay, \$130 Allowance, 20% off balance over \$130	Up to \$65
Standard Plastic Lenses		
Single Vision	\$0 Co-pay	Up to \$25
Bifocal	\$0 Co-pay	Up to \$40
Trifocal	\$0 Co-pay	Up to \$55
Lenticular	\$0 Co-pay	Up to \$55
Standard Progressive Lens	\$55 Co-pay	Up to \$40
Premium Progressive Lens <sup>∆</sup>	\$85 Co-pay - \$175 Co-pay	
Tier 1	\$85 Co-pay	Up to \$40
Tier 2	\$95 Co-pay	Up to \$40
Tier 3	\$110 Co-pay	Up to \$40
Tier 4	\$175 Co-pay	Up to \$40
Lens Options		
UV Treatment	\$0 Co-pay	Up to \$9
Tint (Solid and Gradient)	\$0 Co-pay	Up to \$9
Standard Plastic Scratch Coating	\$0 Co-pay	Up to \$9
Standard Polycarbonate—Adults	\$0 Co-pay	Up to \$24
Standard Polycarbonate—Kids under 19	\$0 Co-pay	Up to \$24
Standard Anti-Reflective Coating	\$0 Co-pay	Up to \$5
Premium Anti-Reflective Coating <sup>∆</sup>	\$12 Co-pay- \$85 Co-pay	Up to \$5
Tier 1	\$12 Co-pay	Up to \$5
Tier 2	\$23 Co-pay	Up to \$5
Tier 3	\$85 Co-pay	Up to \$5
Photochromic (Plastic)	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A





### Your EAP is here for ALL of you! You, Your Spouse, and your Children

#### **Some Topics Include:**

- Balancing Personal and Work Life
- Anxiety and Depression
- Addiction
- Mental Illness Support Through myStrength
- Elder and Child Care
- Legal and Financial Resources
- Health Support for Men and Women
- Grief and Loss Support
- Relationship Issues
- Parenting Support
- Ways to Cope with Stress
- Visit <u>www.anthem.com</u> LiveCONNECT (to chat live with a qualified provider)

## Your Express-Scripts Benefit

30 day supply – retail pharmacy (including Walgreens)	You pay:
Generic Prescription	\$8
<ul> <li>Formulary Brand Name Prescription*</li> </ul>	\$25
<ul> <li>Non-formulary Brand Name Prescription*</li> </ul>	\$40
31-90 day supply – mail order or Walgreens	
Generic Prescription	\$16
Formulary Brand Name Prescription*	\$50
Non-formulary Brand Name Prescription*	\$80

<sup>\*</sup> If you request a brand name drug when a generic is available, you must pay the brand name copayment plus the difference in cost between the brand name drug and the generic drug.

#### Register now so you can experience:

#### More savings.

Compare prices of medicines at multiple pharmacies. Get free standard shipping<sup>1</sup> from the Express Scripts Pharmacy<sup>SM</sup>.

#### More convenience.

Get up to 90-day supplies of your long-term medicine sent to your home. Order refills check order status, and track shipments. Print forms and ID cards, if needed.

#### More confidence.

Talk with a pharmacist from the privacy of your home any time, from anywhere. Find the latest information on your medicine, including possible side effects and interactions.

#### More flexibility.

Download the Express Scripts mobile app to manage your medicines, find nearby pharmacies and get directions, and use your virtual ID card while on the go.

#### **Get Started Today!**

Registering is safe and simple. Your information is secure and confidential. Please have your member ID number or SSN available.

- Go to <u>express-scripts.com</u> and select Register, or download the Express Scripts mobile app for free from your mobile device's app store and select Register.
- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password, along with security information in case you ever forget your password.
- Click Register now and you're registered.
- To set preferences,<sup>2</sup> select Communication Preferences from the menu under Account, then scroll to Communication and Viewing Preferences. Click Edit preferences. Preferences can only be selected via the member website.



## Biometric\Wellness Screenings & Events

- All <u>Active & Early Retiree Participants and their Spouses</u> may participate in a Biometric Screening each year (January 1, December 31)
- Upon participation in an event, if you MET the acceptable ranges, you would receive a \$300 gift card. If you DID NOT meet the acceptable ranges, you would receive a \$150 gift card. If you DID NOT meet the Fund's acceptable biometric ranges, you may participate in health coaching, and you would receive the additional incentive.
- Once you participate and complete health coaching, you would be entitled to an
  additional \$150 incentive in the form of a check and a one-time \$100 Health
  Reimbursement Account (HRA) credit. The HRA is posted after completion of counseling.

## Wellness Incentive and Screenings

- Only once in a calendar year are you entitled to the Benefit
- For available screening dates, login to the Funds website at <a href="https://liunawisconsin.org/benefits">https://liunawisconsin.org/benefits</a> and click MemberXG
- Login and click on Wellness\Marquee
- Click on Biometric Screening
- Click on Schedule an Event

You will Receive a \$300 gift card if you pass, \$150 if you do not and an additional \$150 after completing counseling as well as \$100 into your HRA.

You can also go to your Primary Care Physician – forms are online but you must register through the portal.

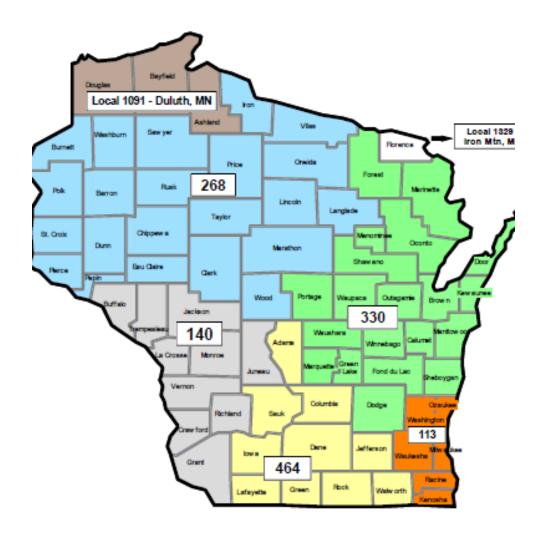
#### Wellness Forms

Wellness consent to waive 2024 wellness year, 2025 deductible Wellness & Teladoc Updates 2025

2025 Wellness Packet
Wellness Dates 2025

# Where are my hours? Why did I lose eligibility? What about my pension?

- Did you work in another state?
- Did you work in Local 113 Jurisdiction (orange), Pension Only?
- Did you fill out a reciprocity form?
  - Reciprocity forms are located on the <u>https://liunawisconsin.org/benefits</u> website and at <u>https://liunawisconsin.org/reciprocity</u>
- Why don't my hours match what I worked?
  - Reciprocity is typically "money follows the member"
  - If you worked 100 hrs @ \$9.00/hr = \$900 the fund would convert to \$900\\$8.60 = 104.65 hours



# Can I continue my insurance after retirement?

- Do you have at least 10 credits under the health fund?
  - For every 1,400 hours you get 1 credit. The Fund takes total hours and divides by 1400. Example: 32,000 hours in your career 32,000/1400=22.85, rounded to 23 credits.
  - Current plan amounts (2022)
    - \$42.50 per credit, non-Medicare
    - \$13.50 per credit, Medicare
- There is a one time opt out provision. You can opt out of the Plan, but you must have proof of health insurance coverage to opt back in. (ie; go under spouse's plan)
- There is an early reduction amount of .125% for each month prior to age 62 (normal retirement age)
- At age 65, or when on Medicare, members move to a Supplement Plan with Labor First.

### Retirement Health Monthly Cost Examples:

 \*note, the self-payment rate can change yearly

#### **EXAMPLE 1**

Jake retires at age 62 with 30 service credits. Jake's monthly contribution allowance is \$1,275.00 (30 service credits x \$42.50) until he is eligible for Medicare at age 65. After becoming eligible for Medicare, Jake's monthly contribution allowance will be \$405.00 (30 service credits x \$13.50). Here is what Jake will pay:

	Pre-Medicare Eligibility	Post-Medicare Eligibility
Monthly Self-Payment Rate	\$1,826.10	\$372.68
Monthly Contribution Allowance	-1,275.00	-405.00
Jake's Monthly Self-Payment Amount	\$551.10	\$0

#### **EXAMPLE 2**

Luke retires at age 62 with 15 service credits. Luke's monthly contribution allowance is \$637.50 (15 service credits x \$42.50) until he is eligible for Medicare at age 65. After becoming eligible for Medicare, Luke's monthly contribution allowance will be \$202.50 (15 service credits x \$13.50). Here is what Luke will pay:

	Pre-Medicare Eligibility	Post-Medicare Eligibility
Monthly Self-Payment Rate	\$1,826.10	\$372.68
Monthly Contribution Allowance	-637.50	-202.50
Luke's Monthly Self-Payment Amount	\$1,188.60	\$170.18

## NCL – National Coalition of Labor





Exclusive Benefits for the Brothers and Sisters of



https://coalitionoflabor.org/union/wisconsin-laborers-district-council/

https://liunawisconsin.org/api/media/view/fid/369/file.pdf

## Pension Credits & Vesting

## How many hours are needed for a pension credit?

- To get 1 pension credit, you need 870 hours in the Plan Year
- You cannot earn more than 1 credit in a Plan Year
- A tenth of a credit is earned every 87 hours worked up to 870

## What is the Plan Year?

Plan Year is August1 – July 31

## How many credit are needed to be fully vested?

- 5 credits are needed to retire at 65
- 10 credits are needed to retire at 55

## Can I withdraw money from my account?

No, the WI Laborers
 Pension Fund is a
 Defined Benefit
 Fund and does not
 offer loans or
 withdrawals for
 hardship.

## Pension Benefit Improvement

- 1.75% of total contributions used for accrual purposes and required to be made on your behalf for work in Covered Employment on or after August 1, 2022.
  - Note that, for the contributions for Covered Service on and after August 1, 2022, \$0.25 of contributions made by your Employer on your behalf, which were formerly counted as "Supplemental Contributions" (contributions which were not in the determination of your benefit), will be included as contributions for work in Covered Employment and included in the determination of your benefit.
- For the 2021 Plan Year, the member earned Pension Credit totaling \$64.88 (\$5,190 x 1.25%).
- For the 2022 Plan year, contributions for work in Covered Employment made on behalf of Pat are expected to be \$5,440 (\$5.44 [\$5.19 + \$0.25] per hour times 1,000 hours). Pat is expected to earn Pension Credit totaling \$95.20 (\$5,440 x 1.75%).
- As of September 1, 2024, an additional \$2.01 will now go to accrual.
  - For the 2024 Plan Year, accruing contributions for work in Covered Employment made on behalf of Colin are expected to be \$7,750 (\$7.75 [\$5.74 + \$2.01] per hour times 1,000 hours) plus Supplemental Employer Contributions totaling \$1,000 (\$1.00 [\$3.01 \$2.01] per hour). Colin is expected to earn Pension Credit totaling \$135.62 (\$7,750 x 1.75%).

# Pension Examples – Early at age 55 with level income option

- Early Pension age 55
  - Life only \$4202.00
  - 50% Joint & Survivor \$3647.50 Spouse \$1823.75
  - 75% Joint & Survivor \$3416.00 Spouse \$2562.00
  - 100% Joint & Survivor \$3227.00 Spouse \$3227.00
  - Level income (Social Security @ 62 amt of \$1493.00)
    - \$1493.00 x's 0.6688 = \$998.51
    - \$4202.00 (pension) + \$998.51 = \$5200.51 (pension until age 62)
    - Once age 62 decreases FULL amount of SS (\$1493.00)
      - \$5200.51-\$1493.00= \$3707.50 monthly (plus SS kicks in)

# Pension Examples – Early at age 58 with level income option

- Early Pension age 58
  - Life only \$4413.00
  - 50% Joint & Survivor \$3830.50 Spouse \$1915.25
  - 75% Joint & Survivor \$3588.00 Spouse \$2691.00
  - 100% Joint & Survivor \$3389.50 Spouse \$3389.50
  - Level income (Social Security @ 67 amt of \$2120.00)
    - \$2120.00 x's 0.5667 = \$1201.40
    - \$4413.00 (pension) + \$1201.40 = \$5614.40 (pension until age 67)
    - Once age 67 decreases FULL amount of SS (\$2120.00)
      - \$5614.40-\$2120.00= \$3494.40 monthly (plus SS kicks in)

### Pension Examples – Normal at age 62

- Normal Pension age 62
  - Life only \$4695.00
  - 50% Joint & Survivor \$4075.00
  - 75% Joint & Survivor \$3817.00
  - 100% Joint & Survivor \$3605.50

Spouse \$2037.50

Spouse \$2862.75

Spouse \$3605.50

## Reminders:

- Update your Address with your local Union Office
- Update your Phone number with your local Union Office
- If any of the following occur, contact the Fund Office to update your file and\or your Beneficiaries:
  - Marriage
  - Divorce
  - Birth of Children
  - Death