



# Los Angeles Machinist Benefit Trust

1325 N. GRAND AVE • STE 200 • COVINA, CA 91724

**TO : ALL ACTIVE CALIFORNIA EMPLOYEES COVERED  
UNDER THE LOS ANGELES MACHINIST BENEFIT TRUST**

**RE: OPEN ENROLLMENT PERIOD  
Effective January 1, 2013**

During Open Enrollment, you have the opportunity to change your medical and/or dental benefits options. **Please read the comparisons and choices carefully!**

**IF YOU DO NOT WISH TO MAKE ANY CHANGES TO YOUR CHOICE OF  
MEDICAL OR DENTAL PLANS, NO ACTION IS REQUIRED**

## **WHAT ARE MY BENEFITS?**

In this packet, you will find:

- A Schedule of Benefits which describes the benefits you are entitled to in accordance with your collective bargaining agreement.
- A "Glossary of Health Coverage" and a "Summary of Benefits and Coverage" for each medical plan choice available to you.
- A Comparison of Benefits showing the medical choices you have for receiving care. If you also have dental benefits, there will be another comparison of your choices under those plans.

## **WHAT DO I DO IF I HAVE QUESTIONS ON THE PLANS OR MY CHOICES?**

Many of your questions may be answered by visiting the Los Angeles Machinist Benefit Trust website at [www.lambt.org](http://www.lambt.org). Here you can download enrollment forms and obtain important information about your benefit plans.

If you have additional questions about your coverage, contact the Trust Fund Administrative Office. At the top of your Schedule of Benefits Sheet is a plan number. Tell the Administrative Office what that number is. Remember, all employees of the same employer who are covered under this Trust will have the same benefits, but the benefits of another employer may be different. The Plan Number tells the Administrative Office what your benefits are.

## **WHAT ARE THE DIFFERENCES BETWEEN THE FEE-FOR-SERVICE AND PREPAID (HMO) PLANS?**

If you enroll in a Fee-For-Service (or Indemnity) plan, you may use the doctors or dentists of your choice. Both the Fee-For-Service medical and dental plan contains a special Preferred Provider Option (PPO) that reduces your out-of-pocket expenses if you use those providers. You decide when to use a PPO provider.

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If you enroll in a prepaid (HMO) hospital/medical, or dental plan, you will be required to use the doctors, hospitals, or dentists under contract with those prepaid plans. If you obtain services outside of the network, you will be responsible for the charges incurred except in emergency situations which are approved by the prepaid plan. Use of a prepaid plan eliminates the need to file claims and, in most cases, your co-payments are limited. You must also reside within the service area of the prepaid plan to enroll in this option.

**WHAT DO I DO NOW?**

Carefully review the Benefits Comparison Sheets. Discuss the coverages with your family and decide which plans best suit your needs.

**IF YOU DO NOT WISH TO MAKE ANY CHANGES TO YOUR CHOICE OF  
MEDICAL OR DENTAL PLANS, NO ACTION IS REQUIRED**

If you'd like to make changes to your medical or dental plan coverage, please indicate your preference on the attached enrollment form and return it in the enclosed return envelope. If you wish to enroll in any of the prepaid (HMO) plans, please contact the administrative office immediately and request an enrollment packet.

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**ALL PLAN CHANGES MUST BE RECEIVED BY DECEMBER 15, 2012.**

Please contact the Administrative Office at (800) 499-8121 if you have questions about your choices or the enrollment procedures.

Sincerely,

BOARD OF TRUSTEES