

WEBC - Benefits - Microsoft Internet Explorer

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Benefits

Your personal benefits plan coverage information

Foremen Benefits Coverage

Longshore Benefits Coverage

Longshore Dental Plan

- Your coverage for the Longshore Dental Plan started on **15.09.2007**.
- Your coverage for the Longshore Dental Plan started on **04.08.1981** and ended on **01.12.2005**.

Longshore Extended Health Benefits Plan

- Your coverage for the Longshore Extended Health Benefits Plan started on **15.09.2007**.
- Your coverage for the Longshore Extended Health Benefits Plan started on **04.08.1981** and ended on **01.12.2005**.

Longshore Medical Services Plan

- Your coverage for the Longshore Medical Services Plan started on **01.10.2007**.
- Your coverage for the Longshore Medical Services Plan started on **04.08.1981** and ended on **31.12.2005**.

Longshore Vision Care Plan

- Your coverage for the Longshore Vision Care Plan started on **15.09.2007**.
- Your coverage for the Longshore Vision Care Plan started on **04.08.1981** and ended on **01.12.2005**.

Explanation:

Disclaimer:

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Benefits

Longshore Extended Health Benefits Plan - Lifetime Coverage Summary

Financial Limit - Lifetime: \$25000.00

This is the maximum amount that you will be reimbursed in a lifetime for all extended health benefit claims submitted by you and your dependents. [more...](#)

Total Amount Of Claims Reimbursed - Lifetime To Date: \$4098.68

Year	Reimbursed
• 2008	\$0.00
• 2007	\$72.35
• 2006 and Prior	\$4026.33

Please contact WEBC Employee Services Department for information on 2006 and prior years.

The above is the total amount that the plan has reimbursed you for all claims submitted - lifetime to date.

Total Amount Of Lifetime Limit Available For Future Claims: \$20901.32

This is the amount of future claims you can make against the plan before reaching the lifetime financial limit.

Financial Limits Prescription Drug - Annual limit and Deductible

The maximum annual amount of eligible expenses that can be claimed is \$1800, if the member is 64 years of age on January 1st of the year. An amount of \$666 is deducted from eligible prescription drug expenses each year.

The maximum annual amount of eligible expenses that can be claimed is \$1800, if the member is 65 years of age, or older on January 1st of the year. An amount of \$666 is deducted from eligible prescription drug expenses each year.

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Drill down to see your annual claim details

Link to the benefits coverage booklet to read about what you are eligible for

Track your total amount of lifetime limit

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Benefits

Longshore Extended Health Benefits Plan - Coverage Details by Year
(Current Status: Active)

View your coverage details by year

2007 EHB Details
Claim Details

2007 EHB Coverage Details:

2007 EHB Eligible Claimed Amount: \$190.44
The above amount reflects the total amount of eligible expenses that you have already claimed against your EHB plan for the year.

2007 EHB Reduction: \$118.09
The above amount represents the 20% of eligible expenses not reimbursed by the EHB plan plus the amount withheld to satisfy your prescription drug deductible for the year.

2007 EHB Total Paid Amount: \$72.35
The above amount reflects the actual dollars paid to you for all processed EHB claims.

2007 Claim Details:

R	On 02.11.2007 you claimed \$31.78 of eligible expenses for dependent (ANGELINA SMITH). This amount was reduced by \$6.36. Pacific Blue Cross paid \$25.42 for this claim on 27.11.2007.	\$25.42
R	On 02.11.2007 you claimed \$97.00 of eligible expenses for dependent (JOHNATHAN SMITH). This amount was reduced by \$50.07. Pacific Blue Cross paid \$46.93 for this claim on 27.11.2007.	\$46.93
R	On 02.11.2007 you claimed \$33.07 of eligible expenses for dependent (ANGELINA SMITH). This amount was reduced by \$33.07. Pacific Blue Cross paid \$0.00 for this claim on 27.11.2007.	\$0.00
R	On 22.10.2007 you claimed \$28.59 of eligible expenses for dependent (JOHNATHAN SMITH). This amount was reduced by \$28.59. Pacific Blue Cross paid \$0.00 for this claim on 27.11.2007.	\$0.00
2007 Total Claims Paid:		\$72.35

	Eligible Claims	Reduction	Paid
Prescription Drugs	\$190.44	\$118.09	\$72.35
Non Drug Items	\$0.00	\$0.00	\$0.00
Total	\$190.44	\$118.09	\$72.35

Primarily the reduction amount is the 20% of eligible claim cost that is not reimbursed by your plan plus the prescription drug deductible amount.

The Eligible Claim amount may differ from the total of claims you submitted because some of the items are ineligible expenses, or because frequency and financial limits have been applied to the item, or service provided.

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