

**CEMENT MASONS HEALTH AND WELFARE TRUST FUND**  
**220 CAMPUS LANE**  
**FAIRFIELD, CALIFORNIA 94534-1499**  
**TELEPHONE: (707) 864-3300 OR TOLL-FREE (888) 245-5005**

**Important Changes to Your Health Care Benefits**

In October, you should have received a notice describing changes to the health and welfare plan. **These changes were effective December 1, 2004**, and we thought it would be helpful to remind you of the costs you might anticipate when you seek care going forward. This document provides only a summary of your benefits. For a more detailed description of all changes effective December 1, 2004, refer to the notice sent to you in October. You can also access this notice on our Web site at [www.norcalcementmasons.org](http://www.norcalcementmasons.org).

**Blue Cross Prudent Buyer Plan**

You will notice these changes:

**TO KEEP MONEY IN YOUR WALLET...**

Plan feature	Your share... what the plan pays...
<i>Annual Deductible</i>	You pay \$150 per person, up to \$450 per family
<i>Physician Office Visit Copayment</i>	You pay \$20 per visit
<i>Emergency Room Copayment</i>	You pay \$100 per visit
<i>Comprehensive Medical Benefits</i>	<ul style="list-style-type: none"> <li>▪ You pay 20% and the plan pays 80% for Prudent Buyer Plan provider services</li> <li>▪ You pay 40% and the plan pays 60%* for out-of-network provider services</li> </ul>
<i>Hospital Benefits</i>	<ul style="list-style-type: none"> <li>▪ You pay 20% and the plan pays 80% of the first \$15,000 of covered Prudent Plan Buyer provider service charges, and the plan pays 100% thereafter</li> <li>▪ You pay 40% and the plan pays 60%* of the first \$15,000 of covered out-of-network service charges, and the plan pays 100% thereafter</li> </ul>
<i>Annual Out-of-Pocket Maximum</i>	\$3,000 per person, up to \$6,000 per family (Includes your deductible and co-insurance for in-network services only)
<i>Prescription Drugs</i>	<ul style="list-style-type: none"> <li>▪ <u>30-day supply at the pharmacy</u>: You pay \$10 for generic drugs and at least \$25 for brand-name</li> <li>▪ <u>90-day supply through mail-order</u>: You pay \$20 for generic drugs and at least \$50 for brand-name</li> </ul>

- Visit a Blue Cross Prudent Buyer Plan network provider when you need care of any kind.
- Visit the emergency room **ONLY** in a true emergency; schedule a regular doctor's visit to take care of your preventive care needs and minor illnesses and injuries.
- If you or your doctor requests a brand-name drug when a generic is available, you'll pay the copayment **PLUS** the difference in cost between the generic and brand-name drug.

\*You are responsible for costs above Blue Cross' usual, reasonable and customary charges for out-of-network services.

**Kaiser Permanente**

You will notice these changes:

Plan feature	Your share...
<i>Physician Office Visit Copayment</i>	You pay \$20 per visit
<i>Emergency Room Copayment</i>	<ul style="list-style-type: none"> <li>▪ <u>Active and Non-Medicare Plan Retirees</u>: You pay \$100 per visit</li> <li>▪ <u>Senior Advantage Retirees</u>: You pay \$50 per visit</li> </ul>
<i>Prescription Drugs</i>	<ul style="list-style-type: none"> <li>▪ <u>Active and Non-Medicare Plan Retirees</u>: You pay \$10 for generic drugs and \$25 for brand-name</li> <li>▪ <u>Senior Advantage Retirees</u>: You pay \$10 for generic drugs and \$20 for brand-name</li> </ul>

**Dental and Vision**

You will notice these changes:

Dental	Vision
<ul style="list-style-type: none"> <li>▪ <i>Plan Year Deductible</i>: You pay \$100 per person, up to \$300 per family</li> <li>▪ <i>Plan Year Maximum Benefit</i>: Plan pays up to \$2,000 per person for Active Cement Masons, \$1,000 for Retired Cement Masons</li> </ul>	<ul style="list-style-type: none"> <li>▪ <i>Exam Copayment</i>: You pay \$20</li> <li>▪ <i>Materials Copayment</i>: You pay \$20</li> </ul>