

**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 NOTICE- NEW MONTHLY SELF-PAYMENT RATES EFFECTIVE SEPTEMBER 1, 2004
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**TO: ALL RETIRED CEMENT MASONS ELIGIBLE FOR
HEALTH AND WELFARE COVERAGE**

As you know, monthly self-payment rates for health and welfare coverage are revised periodically based on the cost of providing benefits. This past year, the Direct Payment Plan experienced another dramatic increase in health care costs. Over the past 2 years, the cost of medical benefits has increased 80% and it is expected that costs will continue to rise in the future. In addition, Kaiser Permanente increased its premiums for the Senior Advantage Plan by 40%.

After reviewing the claims experience and other factors that contribute to the Fund's escalating health care costs, we find it necessary to increase your monthly self-payment rates effective September 1, 2004. Though we are reluctant to pass these costs on to you and your family, we are forced to do so in order to maintain the financial solvency of the Trust Fund.

The table below shows the medical plan costs effective September 1, 2004 for Participants who pay 100% of the premium. For Retired Cement Masons whose years of service allow the Fund to subsidize some of the cost, the chart on the following page shows the percentage of the premium for which you are responsible.

Dental and/or Vision coverage is in addition to the monthly self-payment rates shown below and appear on the next page.

TYPE OF COVERAGE	CEMENT MASONS DIRECT PAYMENT PLAN (MANAGED CARE)	KAISER PERMANENTE (Non-Medicare Eligible)	KAISER PERMANENTE SENIOR ADVANTAGE ("Medicare-Risk")
Medicare Retiree Only	\$302	<i>NOT AVAILABLE</i>	\$292
Non-Medicare Retiree Only	\$485	\$293	<i>NOT AVAILABLE</i>
Medicare Retiree Plus Medicare Spouse	\$542	<i>NOT AVAILABLE</i>	\$584
Medicare Retiree Plus Non-Medicare Spouse	\$708	<i>NOT AVAILABLE</i>	\$585
Non-Medicare Retiree Plus Medicare Spouse	\$725	\$585	<i>NOT AVAILABLE</i>
Non-Medicare Retiree Plus Non-Medicare Spouse	\$890	\$586	<i>NOT AVAILABLE</i>
Medicare Retiree Plus Non-Medicare Family	\$967	<i>NOT AVAILABLE</i>	\$829
Medicare Family	\$740	<i>NOT AVAILABLE</i>	\$827
Non-Medicare Family	\$1,216	\$829	<i>NOT AVAILABLE</i>

Rates are subject to change.

If your family mix is different from that shown in the table or if your type of coverage does not appear, contact the Fund Office for the specific self-payment rate.

The chart below shows the percent of monthly self-payment for which you are responsible based on your Years of Credited Service. To calculate your monthly self-payment amount, multiply the percent that corresponds to your Years of Credited Service by the amount show in the table.

Years of Service	Percent of Monthly Self-Payment Amount
Under 10 years	100%
10-19 years	80%
20-24 years	70%
25 or more years	60%

If dental and/or vision coverage is elected, the additional monthly cost is shown below. You are responsible for 100% of the cost of this coverage; there are no Fund subsidies for dental or vision benefit costs.

Coverage	Monthly Self-Payment Amount Effective 9/1/2004
Dental only	\$ 48
Vision only	\$ 13
Dental and Vision	\$ 61

If you have any questions regarding this notice, please contact the staff at the Fund Office at 707-864-3300 or toll-free at 888-245-5005 between the hours of 8:30 AM and 4:00 PM, Monday through Friday.

Sincerely,

BOARD OF TRUSTEES

This notice is only intended to be a brief summary of selected Plan provisions. As such, it cannot address all aspects governing the payment of benefits under the Plan. In order to more fully understand your entitlement to benefits, rights and obligations, you should refer to your Summary Plan Description booklet and Plan Rules and Regulations.

- PLEASE PLACE THIS NOTICE IN YOUR HEALTH AND WELFARE PLAN BOOKLET -

07/04