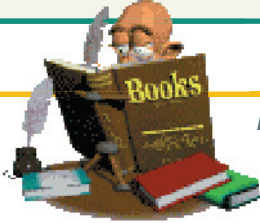


Cement Masons

Benefit Bulletin

Assisting you in understanding your benefits



Plan Definitions

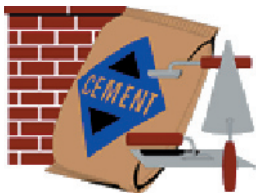
Pre-Admission Review is required of all elective, non-emergency hospital confinements. The Professional Review Organization (PRO) determines the medical necessity of an Eligible Individual's confinement in a Hospital.

Concurrent Review is performed by the PRO, and authorizes the number of days for the confinement once an Eligible Individual is admitted in a Hospital.

Retrospective or Post Review is performed by the PRO to determine the number of authorized days considered medically necessary after the Eligible Individual has been discharged from the Hospital.

Protected Health Information

Authorization for Use or Disclosure Form



Health information that is maintained at the Trust Fund office is kept strictly confidential. Due to a Federal Protected Health Information Privacy Law, Trust Fund employees are prevented from discussing details of any claim or eligibility issue with your Local Union office or any other individual, without your written consent.

If you want your Local Union act as your representative, call the Trust Fund office and request an Authorization for Use or Disclosure Form. Complete, sign and date the form and return it to the Trust Fund office.

When your Local Union calls the Trust Fund office on your behalf, personnel will then be able to discuss your claim or eligibility issue with your Local Union representative.

If you have questions regarding a benefit related issue, call the Trust Fund office for assistance, or schedule an appointment with the Fund's Benefit representative who visits your Local Union office.

DIRECT PAY PARTICIPANTS:



NEED A PROFESSIONAL REVIEW FOR A MEDICAL PROCEDURE?

CALL

BLUE CROSS OF CALIFORNIA

1-800-274-7767

HOSPITAL ADMISSION



When you plan to be admitted to a hospital with an overnight stay, your physician must request a *Pre Authorization Review* before being admitted.

If you do not obtain a *Pre Authorization Review* before you are admitted, your share of out-of-pocket costs will increase.

For a Pre Authorization Review, call 1-800-274-7767.

- **Doctor Visit**
- co-payment: \$20
- **Emergency Room**
- co-payment: \$100
- **Co-Insurance** percentage:
 - 20% (PPO) or
 - 40% (non-PPO)
- ***Plan Year** Deductible:
 - \$150 per person, up to \$450 per family



(*Plan year is September 1 through August 31)

MEDICARE PRESCRIPTION DRUG COVERAGE (PART D)

Direct Pay Plan

- Medicare Prescription Drug coverage available to all Medicare individuals January 1, 2006.
- Medicare Part D is not mandatory. In most cases, you do NOT need to enroll in a Medicare Prescription Drug plan.
- Prescription drug coverage offered by the Fund's Direct Payment Plan is "creditable," which means the Direct Payment Plan's prescription drug benefits are as good as or better than Medicare Part D benefits.
- If you enroll in an individual Medicare Prescription Drug Part D Plan, you will still be required to pay for prescription drug coverage as part of your medical coverage with the Fund's Direct Pay Plan. This will result in duplicate coverage and additional costs for you.

MEDICARE PRESCRIPTION DRUG COVERAGE (PART D)

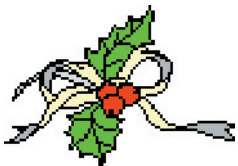
HMO Plan

If you enroll in an Individual Medicare Prescription Drug Plan, you will be disenrolled from:

Kaiser Senior Advantage
800-464-4000

Enrolling in an Individual Medicare Prescription Drug Plan, will put your current medical plan coverage in jeopardy.

For more information about Medicare Part D and your HMO Plan, contact your HMO's Member Service department.



Have a safe and happy Holiday Season!



On behalf of the staff at the Trust Fund Office



BENEFIT CONTACT INFORMATION



Delta Dental Premier
800-765-6003
www.deltadentalca.org

DeltaCare PMI (HMO)
800-422-4234
www.deltadentalca.org

Pacific Union Dental
800-999-3367
www.pacificuniondental.com

Rx Solutions
800-562-6223
www.rxsolutions.com

Vision Service Plan
800-877-7195
www.vsp.com