

Cement Masons

Benefit Bulletin

Assisting you in understanding your benefits

Vacation/Holiday Benefit

You become eligible for a Vacation/Holiday benefit when you work for a contributing employer who is signatory to the Collective Bargaining Agreement and contributes to the Cement Masons Vacation/Holiday Trust Fund for Northern California.

To receive the benefit, the Trust Fund must have on file your most current address.

Your benefit amount is determined by contributions credited to your Vacation/Holiday account, for a twelve-month **Work Period**:

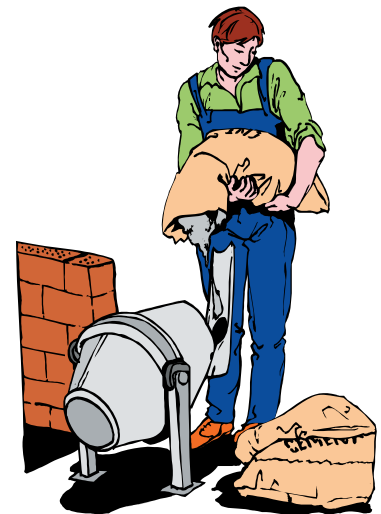
Work Period
08/01 - 7/31

Payment Date
November 30

You will receive a Statement of Account every March and September. The statement lists reported hours and the Employers who have paid into the Vacation/Holiday Fund during the twelve-month work period.

It is important that you retain all copies of Statements and paycheck stubs to verify your hours worked. You can challenge the Statement information within 60 days of the transmittal of the benefit check.

The next Statement of Account is scheduled to be mailed on or about March 27.



Kaiser Permanente Mail Order Prescriptions

Our **Kaiser** members are offered a mail order drug program as part of their pharmacy benefit. Kaiser owns and operates an automated mail-order pharmacy in Northern California, the Consolidated Prescription Processing pharmacy (CPP). Their centralized pharmacy manager receives a report on turnaround time to determine any delivery problems. Any prescriptions that are more than two days old are researched and resolved by pharmacy staff members immediately.

Mail service is available for any medicine except those containing narcotics or certain liquids that may break, leak, or be affected by temperature changes. At their pharmacies, members may

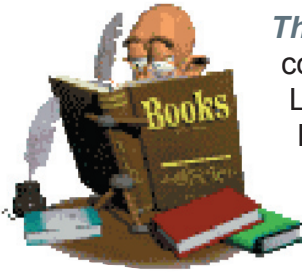


request to have a new or refilled prescription sent by mail. Personal checks and credit cards are accepted for payment at the pharmacy. Payment is generally required in advance.

Kaiser patients can submit mail order requests through Kaiser's automated telephone refill system or at their local pharmacy. You may also mail in a new prescription or have it called in or faxed.

Keep in mind that zero refill prescriptions take longer to fill because Kaiser has to contact the physician. These prescriptions can take up to seven business days to be delivered.

Plan Definitions



The Preferred Provider Plan contracts with Hospitals, Laboratory and Radiology Facilities, Physicians and Ambulatory Surgical Facilities to provide hospitalization and medical services to Eligible Individuals.

A Participating Provider is a Laboratory or Radiology Facility, Physician or Ambulatory Surgical Facility which is part of the Fund's Preferred Provider Plan.

Preferred Provider Plan Service Areas are listed in the Blue Cross of California PPO Prudent Buyer Plan® Directory of Health Care Professionals and Institutions booklet and on their website at www.bluecrossca.com.

Direct Payment Plan

Reminder

Health and Welfare

Active and Retired Plan Participants

Plan Year Deductible:

\$150 per person up to \$450 per family

Physician Office Visit:

\$20 copayment per office visit (Active)

\$20 copayment per office visit (Retired)

\$20 copayment waived for Medicare eligible individuals

Reminder

When you write a check in payment for:

Union Dues: Mail the check to your Local Union Office, not the Trust Fund Office.

Provider Services: (Patient Responsibility) as indicated on your

Explanation of Benefits (EOB) Form. Please mail the check to the Provider of Service noted on the EOB Form.

Participants must enroll their newborn to be eligible for Health and Welfare benefits by completing one of the following Forms:

Enrollment Form - *Direct Pay Plan*, or
Account Change Form - *Kaiser Plan*

Enrollment and Account Change Forms are available at the Trust Fund office. Complete and submit the appropriate Form to the Trust Fund office (*not to Kaiser*) within 31 days of the newborn's birth.



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