



Cement Masons

# Benefit Bulletin

Assisting you in understanding your benefits

## RETIRED PARTICIPANTS ENROLLED IN THE DIRECT PAY PLAN

### MEDICARE PRESCRIPTION DRUG COVERAGE (PART D)

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 are enrolled in the Direct Pay Plan and you enroll in an Individual Medicare Prescription Drug Plan, you will be required to pay for prescription drug coverage as part of your medical coverage with the Fund's Direct Pay Plan. This could result in unnecessary coverage and additional costs for you.

#### RETIRED PARTICIPANTS ENROLLED IN:

##### Kaiser Senior Advantage

You should be aware that the above HMO has an approved Medicare Part D Drug Plan. If you have coverage through this HMO, you are automatically enrolled in Medicare Part D.

Medicare rules specify that you can only be enrolled in one Medicare Part D Drug Plan. If you enroll in an Individual Medicare Prescription Drug Plan, say at your local pharmacy, you will lose coverage in your HMO, which means you will have to find other medical coverage.

For more information on Medicare Part D and your HMO, contact the HMO's Service Department:

Kaiser Senior Advantage  
800-464-4000

#### PROTECTED HEALTH INFORMATION (PHI)

Customer Service representatives at the Fund Office will only discuss specific health information with plan participants.

You, as the the participant, can authorize an individual (spouse, Local Union, etc.) to act as your representative to discuss certain protected health information.

If you are interested in this type of authorization, complete, and return to the Fund Office, the **Authorization for Use or Disclosure of Protected Health Information** form.

Trust Fund Office telephone hours:  
**Monday - Friday • 8:00AM - 5:00PM**

When calling the Fund Office, select your language preference (press 1 for English or 2 for Spanish), then the department you wish to reach:

Press 1 for Health and Welfare,  
Press 2 for Pension,  
Press 3 for Vacation/Holiday,  
Press 4 COBRA

707-864-3300 or  
toll free 888-245-5005



Retired Participants  
Prescription Drug  
Benefit Maximum

Unlimited \$\$\$'s per  
Plan Year combined retail  
and mail order.



## Pension Terms



A **Pensioner** is a Retired Employee receiving pension benefits under the Pension Plan.

A **Beneficiary** is a person who is receiving benefits under this Plan because of his designation for those benefits by a Pensioner or Participant.

**Credited Service** is used for vesting purposes based on hours worked within a Plan Credit Year.

- The Plan Credit Year is February 1 through January 31 of the following year.
- 870 hours in Covered Employment within the Plan Credit Year yields one Year of Credited Service.

### CHANGE OF ADDRESS FORM

For your protection against identity theft, the Fund Office will only update your address information when you, the participant, complete, sign, and mail an updated Change of Address form to the Fund Office. This form is available at the Local Union and the Trust Fund Office.

### ENROLLMENT FORM

For all significant life events such as:

*Marriage*  
*Divorce*  
*Birth or Adoption of a child*  
*Death*

Complete a new Enrollment Form listing all previous and current eligible dependents to update your files at the Trust Fund Office.

## PENSION BENEFIT CHECK



*When can I expect to receive my first Pension benefit check?* No earlier than 60 to 90 days from the date we receive your Pension Application.

**Why?** When your Pension Application is complete, you will receive a Pension Approval Notice, along with documents referred to as "Final Pension Papers." Final Pension Papers include the following:

- Your Pension Annuity Starting Date
- Optional payment methods,
- Health & Welfare coverage information and an election form if you are eligible for that coverage,
- Federal & State tax withholding election forms, and
- Other forms you may need to complete.

In recognition of your service and achievement, you will also receive a Certificate of Award displaying your name, your period of service, Award number, monthly benefit amount and type of pension.

When the Fund receives your completed Final Pension Papers, the Fund creates your Pension Record and schedules your first benefit check for the following month.

Your first check will include the current month's benefit and any retroactive payment due you less any deductions such as Health & Welfare premium, Federal and/or State tax.

Should you have any additional questions, please refer to your Plan booklet or contact the Pension Department.

## BENEFIT CONTACT INFORMATION



**Delta Dental Premier**  
800-765-6003  
[www.deltadentalca.org](http://www.deltadentalca.org)

**DeltaCare PMI (HMO)**  
800-422-4234  
[www.deltadentalca.org](http://www.deltadentalca.org)

**Pacific Union Dental**  
800-999-3367  
[www.pacificuniondental.com](http://www.pacificuniondental.com)

**Rx Solutions**  
800-562-6223  
[www.rxsolutions.com](http://www.rxsolutions.com)

**Vision Service Plan**  
800-877-7195  
[www.vsp.com](http://www.vsp.com)