



# Cement Masons

# Benefit Bulletin

*Assisting you in understanding your benefits*

## Vacation/Holiday Benefit

Cement Masons become eligible for a Vacation/Holiday benefit when they 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.

Your benefit amount is determined by contributions credited to your Vacation/Holiday account, for the **work period: 08/01 - 07/31** and will be distributed on or about **November 30**.

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

Retain all Statements and paycheck stubs to verify your hours worked. You can challenge the Statement information within 60 days of the date stated on the benefit check.

The next Statement of Account is scheduled to be mailed in late September.

### Cement Mason's Direct Payment Plan Urgent Care Center

The overuse of emergency room services for non emergency situations is one of the top cost drivers in health care today. To address this problem, Blue Cross of California is developing an Urgent Care Center Network to fill the gap between PPO members' primary care physicians and the emergency room. Urgent Care Centers provide medical services on a drop-in basis with no appointment needed. Waiting time is less, as is exposure to various illnesses that you risk in an emergency room.

For a list of the Urgent Care Centers in your area, contact the Fund Office.

#### Active and Retired Member's Copayment per Visit:

Emergency Room	Urgent Care Center
\$100	\$20

### Minor Injury Clinic Kaiser Members Only

In the case of a minor injury that is *not* a medical or psychiatric life-threatening incident, Kaiser members would benefit from visiting the nearest Minor Injury Clinic.

There are situations in which individuals appear in the emergency room when a visit to the Minor Injury Clinic would be more appropriate. For instance, if you have fallen and twisted or sprained your ankle, or if you have a minor abrasion, visit the Minor Injury Clinic.

Though it is sometimes difficult to know when to seek emergency care, always err on the side of caution, in an emergency, call 911.

#### Active Member Copayment per Visit:

Emergency Room	Minor Injury Clinic
\$100	\$20

#### Retired Member Copayment per Visit:

Emergency Room	Minor Injury Clinic
NON MEDICARE: \$100 MEDICARE: \$50	NON MEDICARE & MEDICARE: \$20

## Pension Benefit Requirements

**Regular Pension:** Age 65, with 5 years of Credited Service.

**Early Retirement:** Age 55-64, with 10 years of Credited Service.

**Service Pension:** Age 55-61, with 25 Benefit Units or ages 62-64 with 20 Benefit Units.

**Disability Pension:** Disabled, at any age, with 10 years of Credited Service.

**Pro Rata Pension:** Combined Credited Service, or Combined Benefit Units (700 hours with contributions) earned in this Plan and in a Related Plan.

### REMINDER

For answers to your benefit questions relating to the Direct Payment Plan:

- ▶ Eligibility
  - ▶ COBRA
  - ▶ Dental and Vision Benefits
  - ▶ Death Benefits
  - ▶ Hospital and Medical Benefits
  - ▶ Prescription Drug Benefit and more,
- refer to the *Cement Masons Health and Welfare Plan Booklet*.

## 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.

Your out-of-pocket cost:

#### Doctor Visit

• copayment: \$20

#### Emergency Room

• copayment: \$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.)



## VISION SERVICE PLAN

### VSP Value Plan

Eye exam and lenses: every 12 months

Copayment on eye exam: \$20

Frames: every 24 months

Copayment on lenses or frames: \$20



## 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)