

Cement Masons

Benefit Bulletin

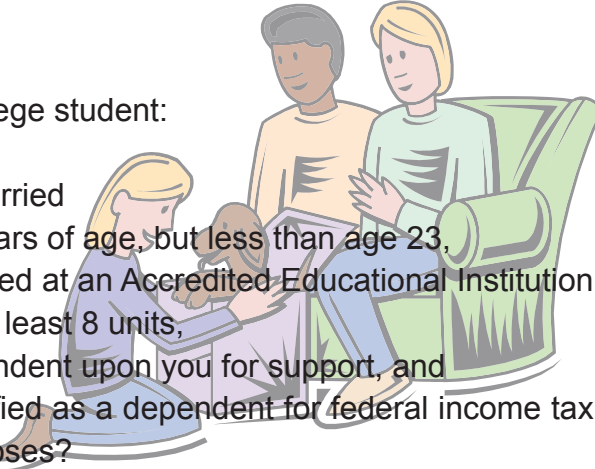
Assisting you in understanding your benefits

Extended Dependent Coverage

Do you have a college student living at home? Check below to see if he or she still qualifies to be your eligible dependent.

Is your college student:

- ▶ Unmarried
- ▶ 19 years of age, but less than age 23.
- ▶ Enrolled at an Accredited Educational Institution for at least 8 units,
- ▶ Dependent upon you for support, and
- ▶ Qualified as a dependent for federal income tax purposes?



If so, complete the Application for Student Extended Dependent Coverage form. After completing the form, return it with a copy of the school's transcript.

For timely coverage, mail the Application form 2 weeks before the new semester begins.

Change of Address Form

For your protection against identity theft, the Trust Fund office will only update your address information when you complete, sign and mail an updated Change of Address form to the Trust Fund office.

The Change of Address form is available at the Trust Fund and individual Local Union offices.

Medicare Eligible Participants

A notice about Prescription Drug Coverage and Medicare was mailed to you earlier this month. This notice contains information about:

- » Your current prescription drug coverage,
- » Your available options under Medicare's prescription drug coverage,
- » Your existing prescription drug coverage being, at least as good as standard Medicare prescription drug coverage,
- » How HMO individuals will be disenrolled from Kaiser Senior Advantage, if they enroll in an individual Medicare Prescription Drug Plan,
- » Where to get help in making decisions about your prescription drug options, and more.

Please take the time to read the notice and compare your current coverage, including which drugs are covered, with coverage and costs of the various individual Medicare Part D plans offered.

A Tip on How to Curb Insurance Fraud

To assist in reducing health insurance fraud, review your Explanation of Benefits (EOB). First, check the date of service to make sure you or your dependent was seen by the physician on that date. If the provider mails you an itemized bill, compare the services being billed and the total charges with the service and charge information listed on the EOB.

If you suspect the provider billed for services not rendered, contact the Trust Fund Office and speak to one of our Health and Welfare telephone representatives.

PlanTerm Definitions



Explanation of Benefits, or EOB for short, is the statement you receive after you or your doctor files a medical claim.

Lifetime maximum benefit is the amount the Plan will pay in medical benefits for each eligible individual in a lifetime.

Covered expenses are those items that are considered payable by the Plan, either in part or in full.

For all significant life events such as:



- Marriage
- Divorce
- Birth or Adoption
- Death

Complete a new Enrollment Form.

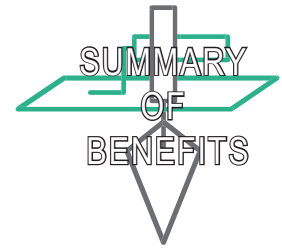
Summary of Benefits Pamphlet

The *Summary of Benefits* pamphlet introduces you to the benefits that are available to eligible *Active* participants and their dependents under the Cement Masons Trust Funds of Northern California.

This pamphlet provides you with a brief over view of the following: Health and Welfare, Pension, and Vacation/Holiday.

The *Summary of Benefits* pamphlet is available at the Trust Fund and individual Local Union offices.

CEMENT MASONS
TRUST FUNDS
FOR NORTHERN CALIFORNIA



HEALTH & WELFARE
(Active Plan)
PENSION
VACATION/HOLIDAY

DISCLAIMER

This Summary of Benefits is a brief introduction of benefits available from the various benefit plans of the Cement Masons Trust Funds of Northern California. This summary is not a complete list of all benefits available, nor does it include the rules and regulations that govern the plans. There are exclusions to medical care coverage under the Health and Welfare Plan, even if a physician recommends a service or procedure. All Plan rules should be reviewed before seeking medical attention. Detailed descriptions of all benefits and the rules and regulations of the plans are available in the Summary Plan Description Booklets.

Designated Beneficiary Changes

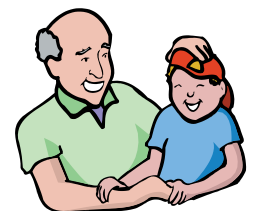
A beneficiary is the person or persons you name to receive the payment of your Death or Accidental Death Benefit.

It is important that all participants keep their designated Beneficiary information up-to-date. To change your designated beneficiary information, complete a new Enrollment Form. If you have forgotten who you have designated as your beneficiary, contact the Trust Fund Office.

IMPORTANT

An Enrollment Form must be on file at the Fund Office in order for the Fund to pay a death benefit to your designated beneficiary.

Enrollment Forms are available at the Trust Fund and individual Local Union offices.



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