

# Cement Masons

# Benefit Bulletin

Assisting you in understanding your benefits

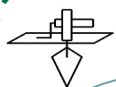
**New**

## Health Plan ID Cards for Direct Payment Plan Participants

At the end of January 2007, the Cement Masons Health and Welfare Trust Fund, with the assistance of Blue Cross of California, will issue new Health Plan ID cards. The front of the new ID card will have a health care number unique to you. This health care number replaces your social security number as a personal identifier, thereby reducing the risk of identity theft.

Beginning February 1, 2007, show your new ID card to your health care providers including your doctor, dentist, vision care specialist, pharmacy, and hospital. Ask your health care provider to update your records using the new ID card number for correspondence, services, billing, and claims payment.

Please discard your *current* ID card when you receive the new ID card from Blue Cross. If you have any questions about the new ID card, please contact the Health and Welfare department at the Trust Fund office.



CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA  
Basic Crafts Health Care Consumer Coalition

SAMPLE

### PRUDENT BUYER PLAN®

GROUP: 1790KA  
MEMBER ID: CM2165487 ← HEALTH PLAN ID NUMBER  
J MASON

PLAN 040: MEDICAL - PHARMACY

Hospital Claims & Fees to:  
PRUDENT BUYER PLAN  
P. O. BOX 60007  
Los Angeles, CA 90060-0007

Professional Claims & Fees to:  
Cement Masons Health & Welfare  
220 Campus Lane (707) 864-3300  
Fairfield, CA 94534-1499

## Chemical Dependency Treatment Benefit

Most of us experience situations in our lives that we are not always prepared to handle on our own. During these times, help from a skilled professional can provide support, direction, and focus.



Under the Direct Pay Plan, if you or one of your dependents enter an inpatient alcohol or drug rehabilitation program, the Fund will pay:

- 50% of covered charges.

Plan restrictions are as follows:

- Maximum of 15 days of confinement in a period of 12 consecutive months.
- No more than 30 days of inpatient treatment benefits are provided during the lifetime of the eligible individual.
- Benefits do not cover confinement for the convenience of the individual.
- No outpatient treatment available.

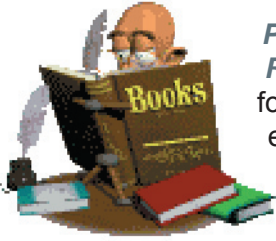
**Kaiser** members must use **Kaiser's** Chemical Dependency Treatment Program.

## PENSIONERS

Your annual 1099R tax form will be mailed on or about Tuesday, January 30, 2007.



## Plan Term Definitions



**Pre-Admission Review** is required for all elective, non-emergency hospital confinements.

The Professional Review Organization (PRO) performs Pre-Admission Review to determine the number of days medically necessary for an individual's confinement *before* being admitted to a hospital.

**Concurrent Review** is performed by the PRO to verify that the numbers of days authorized in Pre-Admission Review still apply. The PRO may adjust the number of days for the confinement *while* an individual is in a hospital. Concurrent Review is also performed for emergency admits.

**Retrospective Review** is performed by the PRO in the absence of Pre-Admission or Concurrent Review, to determine the number of authorized days considered medically necessary *after* an individual has been discharged from the hospital.

### IMPORTANT

The following notice has been enclosed with this issue of the Benefit Bulletin

#### *Vision Service Plan*

- Annual notice regarding Complaint/Grievance for VSP and/or a VSP network doctor

## Health Care Options

Active Plan participants have the following medical plan choices:

### Direct Payment Plan

Through the Direct Payment Plan, you have the option to use any doctor. If, however, you select a Preferred Provider Organization (PPO) provider from the most current list of the Prudent Buyer Plan participating providers, you will reduce your out-of-pocket costs.

- Office visit: \$20 copayment
- Emergency Room visit: \$100 copayment plus
  - PPO co-insurance - 20% of the negotiated rate
  - Non-PPO co-insurance - 40% of Usual, Customary & Reasonable charges.

### Kaiser Permanente

Through Kaiser, a Health Maintenance Organization (HMO), your hospital and doctor benefits are provided by Kaiser staff at Kaiser facilities only.

- Office visit: \$20 copayment
- Emergency Room visit: \$100 copayment

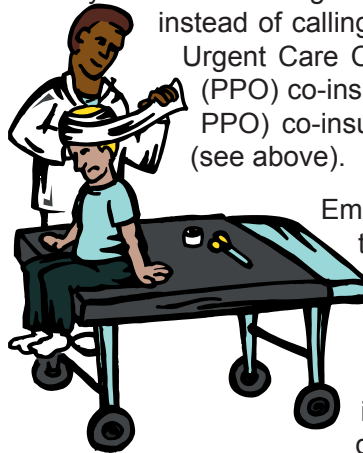
Active Plan participants can change medical plans at any time for a maximum of two times in one calendar year.

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## Emergency Room Services

When you use the Emergency Room for non-emergency medical services instead of calling your Primary Care Physician, or visiting the Urgent Care Center, your copayment is \$100 *plus* 20% of (PPO) co-insurance, or \$100 copayment *plus* 40% of (non PPO) co-insurance. This is more costly than office visits (see above).



Emergency Services are medically necessary treatments required as the result of a life-threatening condition which, without immediate medical attention, would result in placing you or your dependent's health in serious jeopardy, or causing serious impairment to bodily functions, or serious dysfunction of any bodily part. Some examples of life threatening conditions requiring Emergency Service include, but are not limited to, heart attack, strokes, poisonings and appendicitis.

Visit your Primary Care Physician or an Urgent Care Center, instead of using the more costly Emergency Room for non-emergency medical services. When it is difficult to be certain when to seek emergency care, error on the side of caution, go to the Emergency Room.

## 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