

Cement Masons

Benefit Bulletin

Assisting you in understanding your benefits

Plasterers and Cement Masons Scholarship Foundation

Feeling apprehensive about college costs? Apply for 1 of the 15 educational scholarships available to assist with your child's educational goal. ***It's not too late*** - the deadline to submit your application is **April 27, 2007**.

To receive the rules and instructions that accompany the scholarship application, visit your Local Union. All applicants must submit an application, one page essay and certified transcript of the last completed semester or quarter and mail the items before the deadline date to:

Plasterers & Cement Masons Scholarship Foundation
P. O. Box 270 • Alamo, CA 94507-0270

Health Insurance Fraud

Fraud is costly to America's health-care system. Fraud is an intentional deception or misrepresentation intended to result in an unauthorized benefit or payment. One example of fraud is billing for services that are not rendered or charging for services that are not medically necessary, or are unfairly priced.

Although no specific dollar amount can be determined, some authorities contend that insurance fraud constitutes a \$100-billion-a-year problem. The United States Government Accountability Office estimates that \$1 out of every \$7 spent on Medicare is lost to fraud and abuse in 1998 alone, Medicare lost nearly \$12 billion to fraudulent or unnecessary claims.^[1]

The Cement Masons Health and Welfare Trust Fund has aggressive measures in place to curb health insurance fraud. We conduct audits to verify that charges of services appearing on an itemized bill were received. The Fund's drug management program includes oversight and tracking of drug utilization. When the Fund discovers it issued a payment for service not rendered, or if overcharged, it takes steps to recover payment of the claim.

You too can reduce health insurance fraud by closely reviewing your Explanation of Benefits (EOB). First check the date of service to make sure you or the patient was seen by the physician on that date. If the provider mails an itemized bill, check the invoice to make sure the provider rendered the services being billed. Compare the amount on the invoice to the total charges appearing on your EOB.

If you suspect the provider billed for services not rendered, contact the Fund Office immediately and speak to one of our customer service representatives. We will then investigate the charges to determine if they were billed in error (an honest mistake) or a deliberate submission of false information.

^[1] Stephen Barrett, M.D.

Question and Answer

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What steps should I take when filing for a Disability Pension?

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The first step is to file a Pension application with the Trust Fund Office. In the space provided, enter the nature and date of your disability. Attach any documentary evidence to support your inability to continue working as a Cement Mason. If the Social Security Administration has determined you are totally disabled, provide a copy of the Notice of Award. If Social Security has denied your claim for disability benefits, then provide a copy of the Notice of Denial.

Your application will be reviewed upon receipt. An acknowledgement will be sent to you, along with a request for additional information if required. If Social Security denied your claim, the Trust Fund Office will provide you with a Medical Report form to be completed by your attending physician. An independent medical evaluation may be necessary.

Pension applications must be approved or denied within 90 days of receipt, unless special circumstances require an extension. If additional time is required, you will be notified and advised of any information needed to continue processing your application.

If approved, payments will be retroactive to the Annuity Starting Date, but no sooner than the seventh month of disability. Prompt filing of your application allows the Fund to give you the earliest possible Annuity Starting Date.

Plan Term Definitions



A Plan Year **Deductible** is the amount you pay for covered expenses each Plan Year before Comprehensive Medical Benefits become payable. Coinsurance, copayments, and non covered charges do not apply toward satisfying the Plan Year deductible.

The **Plan Year** begins on September 1 of each year and ends the last day of August of the following year. Any expenses incurred and applied against the deductible in the last 3 months of a Plan Year (June, July, and August) will be applied against the deductible for the following Plan Year.

Medi-CAL Health Program

The California Department of Health Services (CDHS) administers Medicaid or Medi-CAL, a broad range of public and clinical health programs that provide health care services to low-income and uninsured Californians. Under State law the Trust Fund Office is required to transmit an eligibility file to the CDHS. This monthly eligibility file includes all participants and eligible dependents covered under the Cement Masons Active and Retired Plans.


The eligibility file is used by CDHS to determine which individuals are applying for, or currently receiving Medi-CAL assistance who may have other health care coverage through his or her employment. CDHS officials are stepping up measures to prevent potential Medi-CAL enrollees from dropping or turning down employer-sponsored health benefits in favor of state benefits.

Please note that Medi-CAL is the payor of last resort. If you have Medi-CAL **and** are eligible under a Cement Masons Health and Welfare Plan, you must inform your provider that you have coverage through an employer-sponsored health plan. In order to submit your claim properly, your provider must first file the claim with the Trust Fund Office and then to CDHS.

REMINDER:

NO ANNUAL PENSION STATEMENT BY PENSIONER OR BENEFICIARY IS DUE FOR

Employee Retirement Income Securities Act of 1974 (ERISA)


ERISA is the Federal law designed to protect the rights of participants and beneficiaries participating in employee benefit plans. 

ERISA imposes various qualification standards and fiduciary responsibilities on all employee benefit plans. It also provides enforcement procedures as well as requires plans to provide participants with specific information about plan features and funding.

ERISA requires that all plan participants receive a summary of the plan, called the Summary Plan Description or SPD. The SPD explains when an employee can begin to participate in a plan and the benefits available.

Another document, required by ERISA, distributed to all participants is the Summary Annual Report (SAR). The SAR is a summary of the current annual financial report that plans file with the Department of Labor.

The Vacation/Holiday ERISA statement is included with the distribution of the Employee Statement of Account, which is mailed in November.

To view the most recent SPD, SAR or the Vacation/Holiday ERISA statement, visit our website at www.norcalcementmasons.org. 



Delta Dental Premier
800-765-6003
www.deltadentalca.org

DeltaCare USA (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

Kaiser Permanente Senior Advantage
800-464-4000
www.kaiserpermanente.org