



# Cement Masons

# Benefit Bulletin

Assisting you in understanding your benefits

## Mental Health Benefit

*Active and Retired Direct Payment Plan*

At one time or another we experience life events, situations or issues that we are not emotionally prepared to handle. Active and Retired participants have a mental health benefit to provide guidance when emotionally charged issues arise.

The mental health benefit covers treatment of mental or psychiatric disorders including: psychotherapy and psychological testing provided by a psychiatrist, psychologist, or licensed clinical social worker.

### Outpatient

*Participating Providers*

50% of negotiated rate, limit 40 visits per plan year

*Non Participating Providers*

50% of UC&R<sup>1</sup>, limit 20 visits per plan year

### Inpatient

*Participating Providers*

80% of first \$15,000 of negotiated rate, 100% thereafter

*Non Participating Providers*

60% of first \$15,000 of covered charges, 100% thereafter

<sup>1</sup> UC&R means Usual, Customary and Reasonable (definition, Cement Mason Health and Welfare Plan Booklet: Article I., page 73, section 39).

## Direct Payment Plan

Our Preferred Provider Organization (PPO) is a network of doctor and hospital providers that contract with the Anthem Blue Cross Prudent Buyer Plan.

For lower out of pocket costs, use a PPO provider from the list of network providers.

For the most current list of participating providers visit: [www.anthem.com](http://www.anthem.com)

## Pension Applicants

If you are eligible, you can expect to receive your first pension check in approximately 90 days from the date we receive your Pension Application.

After processing your Application and verifying your work hours, the Trust Fund Office will send you a Pension Approval Notice and the following forms:

- Confirmation of annuity start date;
- Calculation of pension type payment options;
- Confirmation of work hours and years of Credited Service;
- Federal and State Tax Election Form;
- Health and Welfare Election Form;
- Lump Sum Death Benefit Form;

When the Trust Fund Office receives the completed forms, your initial pension check will arrive between the 1st and the 15th day of the following month.

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



## Plan Terms

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

**Plan Year:** September 1 of each year until 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.

**Explanation of Benefits (EOB):** Statement you receive after you or your doctor files a medical claim.

**Lifetime maximum benefit:** amount the Plan will pay in medical benefits for each eligible participant in a lifetime.

**Covered expenses:** items that are considered payable by the Plan.

## Out-Of-Pocket Costs

Out-of-pocket expenses apply toward satisfying your out-of-pocket maximum, *except* for the following charges:

- Copayments: Physician Office Visit and Hospital Emergency Room;
- Co-insurance: confinements in a Non-Participating Hospital - with the exception of serious of life-threatening emergencies; payment to a Non-Participating Hospital;
- Charges excluded or limited by the Plan;
- Penalties for non-compliance with the Plan's Utilization Review Program;



Before you receive services from a provider, ask if they are still a participating provider under the Anthem Blue Cross Prudent Buyer Plan. Save out-of-pocket costs, contact:

Anthem Blue Cross:  
800-274-7767

## Foreign Medical Claims



If you receive emergency medical treatment while in a foreign country, you must provide the original receipts, itemized bills and medical report and label them with the participant's social security number.

If the Trust Fund's medical consultant determines that the treatment you received was not due to a life-threatening condition, or "Emergency Services" as defined by the Plan, *no benefits will be paid.*

## Stale Dated Checks

All benefit checks expire after 180 days. If you deposit or cash your benefit check after this time, the bank will reject it and may charge you a fee.

Cash your benefit check timely and avoid any delay of accessing your funds.

Or, sign up for Electronic Direct Deposit (EDD). EDD eliminates the risk of check theft, loss and forgery.



## BENEFIT CONTACT INFORMATION



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

**DeltaCare USA (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)

**Kaiser Permanente  
Senior Advantage**  
800-464-4000  
[www.kaiserpermanente.org](http://www.kaiserpermanente.org)