



# Cement Masons

# Benefit Bulletin

*Assisting you in understanding your benefits*

## Eligibility for Health and Welfare Coverage

Under the Cement Masons Active Plan, your employer reports work hours to the Health and Welfare Trust Fund for each hour you work in covered employment. Your paid hours are placed into an “Hour Bank” and your eligibility for Health and Welfare coverage begins the **FIRST** day of the **SECOND** month after you have 300 hours in your “Hour Bank.”



Work Month	May	June	July	July Hour Bank Total (-100) H&W Deduction
Hours Employer Reported	150	130	160	440 - 100 = 340

For example if your “Hour Bank” totals 340 hours at the end of July, you have accumulated the sufficient number of hours for Health and Welfare eligibility beginning September 1.

Remember that 100 hours are taken from your Hour Bank for each month of Health and Welfare coverage.

Work Month	August	September	October	November Hour Bank Total
Bank Balance (+) Hours Employer Reported and (-) H&W Deduction	340 + 120 - 100	360 + 150 - 100	410 + 120 - 100	430

**Note:** To continue month-to-month coverage, you must maintain a minimum balance of 300 hours.

For your protection, retain all paycheck stubs. If you find you have more worked hours than hours reported, contact the Trust Fund Office.

### REMINDER

When you write a check in payment for:

**Union Dues:**

Mail the check to your Local Union Office, *not* the Trust Fund Office.

**Provider Services:**

Mail the check to the Provider of Service noted on the EOB Form, *not* to the Trust Fund Office.



### Summary of Benefits Pamphlet

*Active Plan*

Enclosed with this issue of the Benefit Bulletin is the revised Summary of Benefits pamphlet.

This pamphlet summarizes benefits available to eligible participants and dependents.

## Explanation of Benefits (EOB)

If you have recently visited a doctor, the Trust Fund Office will soon send you an EOB in the mail. The EOB summarizes services performed by your doctor.

Each procedure shows a "Billed Amount," and a "Negotiated Amount" or "Allowed Amount." If you use the services of an Anthem Blue Cross *Prudent Buyer Plan* (PPO) provider, the EOB indicates "Yes" under the Billing Summary and the amount the provider has contracted for the service appears under the column "Negotiated Amount." If you did not use the services of a PPO provider, a "No" appears next to "Participating" under the Billing Summary. There is no discount when you use the services of a non-PPO provider.

Columns A, B, and C show the Patient Responsibility (the amount you pay) for copayment, deductible and co-insurance. The PPO provider co-insurance is 10%; the non-PPO provider co-insurance is 30%.

The difference between the Negotiated /Allowed Amount, less patient responsibility under Columns A, B, or C equals the Fund Payment.

If you used the services of a non-PPO provider, the Patient Responsibility is the difference between the Billed Charges and the Fund Payment.

Always review the EOB. It is your record of how the Trust Fund Office processed your claim for benefits.

### Cement Masons Health and Welfare Trust Fund for Northern California

220 Campus Lane Fairfield, CA 94534-1499 Telephone (707) 864-3300

#### Explanation of Benefits

This notice summarizes the benefits for the claim described below.

**See reverse side for Important Information**

#### BILLING SUMMARY

INSURED'S NAME	J MASON	DATE OF SERVICE:	03/01/09-03/01/09
INSURED'S ID:	CM0006789	PROVIDER:	J PHYSICIAN, MD
PATIENT'S NAME:	JOHN	PARTICIPATING:	YES
PATIENT'S ACCT:	9999999999	TOTAL CHARGES:	\$475.00

#### PAYMENT SUMMARY

ISSUED TO:	PROVIDER
CHECK DATE:	03/20/09
CHECK AMOUNT	\$136.00
CHECK NUMBER	987654

#### BREAKDOWN OF BILLED CHARGES AND BENEFIT DETERMINATION

DATES OF SERVICE FROM THRU	DESCRIPTION OF SERVICES AND BENEFIT APPLICATION	BILLED AMOUNT	NEGOTIATED AMOUNT	ALLOWED AMOUNT	A LESS COPAY	B LESS DEDUCTIBLE	C LESS COINSURANCE	FUND PAYMENT	PATIENT RESPONSIBILITY	SEE NOTE BACK	
03/01/09	99213 VISIT OFFICE/OTHER	\$100.00	\$75.00		\$20.00	\$55.00		\$0.00	\$75.00	1	
03/01/09	41000 INTRAORAL INCISION	\$200.00	\$150.00			\$95.00	\$11.00	\$44.00	\$106.00	1	
03/01/09	71020 CHEST X-RAY	\$175.00	\$115.00				\$23.00	\$92.00	\$23.00	1	
TOTALS		\$475.00	\$340.00	\$0.00	\$20.00	\$150.00	\$34.00	\$136.00	\$204.00		
		LESS PPO DISCOUNT	\$135.00	The patient or the Trust Fund is not responsible for this amount per Prudent Buyer Plan agreement.							
		LESS PRIMARY INSURANCE PAYMENT	\$0.00								
		LESS PREVIOUS PAYMENT	\$0.00								
		LESS PROVIDER REFUND	\$0.00								
		LESS PROVIDER TAX	\$0.00								
		LESS FUND PAYMENT	\$136.00								
		PATIENT RESPONSIBILITY	\$204.00								

Amount payable by participant less copayment paid at the time of doctor visit.

### 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)