



Cement Masons

Benefit Bulletin

Assisting you in understanding your benefits

Appeal Process

If you receive a *Notice of Denial of Claim* with which you do not agree, write to the Trust Fund Office and request an Appeal Hearing. Requesting an Appeal Hearing is challenging the action that the Trust Fund Office has taken on a claim. When you choose to petition for an Appeal Hearing of your denial, state the reason or reasons, in clear and concise terms. Your statement should be accompanied by any pertinent documentation as to the medical necessity of the services, proof of eligibility or other materials.

Be sure to submit your request *within 180 days* from the date you receive the *Notice of Denial of Claim*.

The Appeal Committee will conduct the hearing, review your appeal and issue a decision within 5 days.



Primary Care Physician

Under the Health and Welfare Trust Fund's Direct Payment Plan, you may choose a Primary Care Physician (PCP) in the Anthem Blue Cross Prudent Buyer Plan network.

Visit your PCP to diagnose and treat minor illnesses and injuries as well as handle chronic illnesses. Your PCP will also determine when you need to see a specialist and coordinates your care appropriately.

You should establish a relationship with a PCP when you are healthy, don't wait until you are sick.

Itemized Statement

If your provider sends you an Itemized Statement for payment, send it to Anthem Blue Cross. Anthem's address is listed on the reverse side of your Health Plan ID Card.

If you receive medical treatment in a foreign country, you must provide an Itemized Statement to process the claim for payment or reimbursement.



What Does an Itemized Statement List?

An Itemized Statement lists the:

- Patient's name, address, birth date
- Insured I.D. number, address, birth date
- Insurance Plan Names, Policy and/or Program
- Dates of Hospitalization, Services
- Provider Tax ID Number
- Provider name and address
- Doctor and Hospital Service Charges
- Diagnosis or nature of illness/injury
- Procedure codes (CPT)
- Signature of Physician or supplier
- Facility location and provider billing information

Without an Itemized Statement, your medical claim cannot be processed for payment.

Plan Definitions

Utilization Review (UR) Program requires an Eligible Individual that is to be admitted to the Hospital to obtain the opinion of the Professional Review Organization (PRO), as to the medical necessity of the confinement in order to receive unreduced benefit coverage.

Professional Review Organization (PRO) is responsible for determining if:

- the confinement in a Hospital is medically necessary.
- the number of medically necessary days for the confinement

Explanation of Benefits (EOB)

An EOB is NOT an invoice or bill. The EOB is your notification that a claim has been processed for payment.

If you do not receive an EOB from the Trust Fund Office within 45 days of your doctor's visit, contact your doctor to ask whether a claim was filed.

When you need to make a payment to a Provider (listed on the EOB), send the payment to the provider, not to the Trust Fund Office.

Elective Surgery



Elective surgery is defined as surgery that can be scheduled in advance, is not an emergency, and if delayed, would not result in death or permanent impairment or health. All elective non-emergency surgeries that include an overnight stay are subject to Pre-Admission Review to determine the number of days you need to be in the hospital. The Professional Review Organization (PRO) will notify you of the number of inpatient days the Plan will cover.

For any surgery, remember to ask the surgeon or other specialist if they participate with the Anthem Blue Cross Prudent Buyer Plan so you do not incur unnecessary out-of-pocket costs.

Prescription Drug Program

Using the Direct Payment Plan's Prescription Solutions Drug Program is easy. For a small copayment you can purchase a 30-day supply of medication from any retail contracting pharmacy.

If you take medication on a regular basis, use Prescription Solutions' **Mail Service Pharmacy**. This service provides you a 90-day supply of medication for the cost of two copayments.



To save money on your supply of medication, sign up for the Mail Service Pharmacy.

Retired Prescription Drug Benefit....

has NO Plan Year Maximum



BENEFIT CONTACT INFORMATION



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