



Cement Masons Benefit Bulletin

Assisting you in understanding your benefits

Important Announcements

Important Announcements are sent to eligible Plan Participants when a change has been made to a Benefit Plan. Each Announcement is important as it explains a specific change to your Benefit Plan. You should carefully read and understand the benefit change and how it effects you and your family.



After reading the Announcement, we suggest that you place it in your Plan Booklet.

To view and download a copy of a Benefit Announcement, visit our website at www.norcalcementmasons.org.

Prescription Drug Benefit

Active Direct Payment Plan

Prescription Drug Benefit through Prescription Solutions:

Retail (Participating Pharmacy)

Copayment - *30 day supply for first 3 fills*

Generic: \$10
Brand name: \$25*

Copayment - *30 day supply for 4th fill and thereafter*

Generic: \$20
Brand name: \$50*

Mail Service Pharmacy

Copayment - *90 day supply*

Generic: \$20
Brand name: \$50*

**You pay the difference in cost if brand name is chosen when generic is available.*



Health and Welfare



*Active Direct Payment Plan
Benefit Summary*

Lifetime Maximum

\$2,000,000

Plan Year Deductible

\$150/person up to \$450 per family

Copayment

\$20 office visit
\$100 emergency room visit

Inpatient Services (PPO)

90% of first \$15,000 of the negotiated rate and 100% thereafter

Inpatient Service

(Skilled Nursing Facility)

90% of first \$15,000 of Covered Expenses and 100% thereafter

Outpatient Services

(Preferred Provider Organization-PPO)
90% of the negotiated rate

Outpatient Services

(Non-PPO)
60% of UC&R* charges

Non-PPO Physician

In a PPO Facility
90% of UC&R* charges

Professional Ambulance

In a life-threatening emergency and requested by a hospital or paramedic
90% of UC&R* charges

**Usual, Customary and Reasonable*

**Effective September 1, 2009*

Plan Term Definitions

A Plan Year **Deductible** is the amount you pay for Covered Expenses 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 August 31 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.

CHIROPRACTIC BENEFIT

\$300 maximum payable for x-rays per Plan Year.

40 visits maximum per Plan Year.

\$40 maximum payable per visit.



VISION SERVICE PLAN

*Signature Choice Program**



Eye exam and lenses: every 12 months

Copayment (eye exam): \$20

Frames: every 24 months

Copayment (lenses or frames): \$20

Contact lens allowance: \$120

*Effective September 1, 2009

Statement of Account Determining Eligibility

Active Participants

In September the Trust Fund Office will mail a Statement of Account to each Active Participant. This Statement lists your Vacation-Holiday dollar amount and hours worked for the six-month period of February 1, 2009 through July 31, 2009.

This Statement also lists work hours to track your eligibility for Health and Welfare coverage.

Your eligibility status is listed under ELIGIBILITY MONTH & YEAR. If "work month" shows YES, you are eligible for coverage for the months listed. *Your eligibility will continue as long as you maintain 300 hours in your Hour Bank.* If your Hour Bank falls below 300, you will lose Health and Welfare eligibility.

Verify the hours worked listed on the Statement and report any error to the Trust Fund Office.

We suggest that you keep this Statement with your other Trust Fund documents.



HEALTH BENEFIT PROGRAMS



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