

Cement Masons Benefit Bulletin

Assisting you in understanding your benefits



On behalf of the Trust Fund Office ~

We wish you a wonderful Holiday Season!



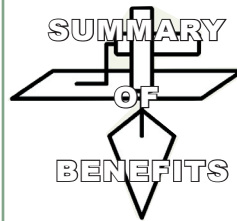
Summary of Benefits Pamphlet

Active Plan Only

The enclosed Summary of Benefits pamphlet is an informational overview of Health and Welfare, Pension, Vacation/Holiday benefits available to eligible Participants and their Dependents under the Cement Masons Trust Funds for Northern California.

This most recent Summary of Benefits pamphlet is available at the Trust Fund Office and at individual Local Union offices.

CEMENT MASONS TRUST FUNDS
FOR NORTHERN CALIFORNIA



HEALTH & WELFARE
(Active Plan)
PENSION
VACATION/HOLIDAY

DISCLAIMER

This summary is not a complete list of benefits available, nor does it include the Rules and Regulations that govern the Plans. There are exclusions and limitations in all Plans and you should carefully read those Plan Rules and Regulations. Health and Welfare Plan rules should be reviewed before seeking medical attention. Detailed descriptions of all benefits and the Rules and Regulations of the Plans are available in the Summary Plan Description Booklet.

Moving Plans?



If you have recently moved or are planning to move, inform the Trust Fund Office of your new address to prevent delay in receiving:

- Plan Improvement Announcements
- Medical Claim reimbursements
- Pension Benefit payment
- Vacation/Holiday payment
- Quarterly Newsletters
- Monthly Benefit Bulletins

To update your address, submit a completed Change of Address Form to the Trust Fund Office.

For your protection against identity theft, a phone call will not do.



Change of Address Forms are available at the Trust Fund Office, individual Local Union offices and online at www.norcalcementmasons.org.

Electronic Direct Deposit

Eliminate the risk of:

Theft Loss Forgery



When you select the Electronic Direct Deposit option, the Fund will electronically deposit your monthly Pension benefit and annual Vacation/Holiday benefit to your financial institution. Your benefit will be in your account the day the Fund issues payment.

Call the Pension or Vacation/Holiday department for an Electronic Direct Deposit Form. It's

FREE

SAFE

RELIABLE

CONVENIENT

Out-of-Pocket Costs

Direct Payment Plan

For lower out of pocket costs, use a Preferred Provider Organization (PPO) provider. Providers and facilities in the Anthem Blue Cross Prudent Buyer Network are listed on Anthem's website at www.anthembluecross.com.



Family Changes

Have a new addition to your family? Enroll your newborn as soon as possible so that they may become eligible for Health and Welfare benefits.

To make the addition, complete and submit an Enrollment Form to the Trust Fund Office within 31 days of the newborn's birth.

For this and other status changes such as Marriage, Beneficiary, Divorce, Adoption, Legal Guardianship or Custody of a Stepchild attach a copy of supporting documents with the completed Enrollment Form. This will prevent the frustration of denied medical claims or incorrectly paid benefits.



Enrollment Forms are available at the Trust Fund Office and website and at individual Local Union offices.

Lifetime Maximum Benefit

Each active Participant and their eligible Dependents can receive up to \$2 million and each retired Participant and their eligible Dependents can receive up to \$400,000 in a lifetime of benefits* under the Direct Payment Plan.



The active and retired lifetime maximum benefit payable for each eligible individual is subject to an automatic reinstatement of \$2,000 on September 1st of each Plan Year. The amount reinstated when added to the lifetime maximum may not increase the benefit payable to more than \$2 million for active or \$400,000 for retired Participants.

*Does not apply to prescription drugs.

Protected Health Information (PHI)

Customer Service representatives at the Trust Fund Office will only discuss health information with Plan Participants and eligible family members authorized to act as the Participant's representative in discussing a claim that contains protected health information.

Participants interested in authorizing individuals other than eligible family members should request, complete and return the **Authorization for use or Disclosure of Protected Health Information form** to the Trust Fund Office.



HEALTH BENEFIT PROGRAMS

Delta Dental Premier
800-765-6003
deltadentalca.org

DeltaCare USA (HMO)
800-422-4234
deltadentalca.org

Pacific Union Dental
800-999-3367
pacificuniondental.com

Rx Solutions
800-562-6223
rxsolutions.com

Vision Service Plan
800-877-7195
vsp.com

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

DISCLAIMER

The Benefit Bulletin's purpose is to provide you and your family with information about the various benefits available and how to effectively use those benefits. There are exclusions and limitations in all Plans and you should carefully read those Plan Rules and Regulations. Health and Welfare Plan rules should be reviewed before seeking medical attention. Your rights as a Plan Participant or Beneficiary can only be determined by consulting the Rules and Regulations of the Plans.