

Cement Masons Benefit Bulletin

Assisting you in understanding your benefits

Direct Payment Plan Benefits

Chiropractic Benefit

Office Visits: \$40 per visit

40 visits per Plan Year

X-Rays: \$300 maximum per Plan Year

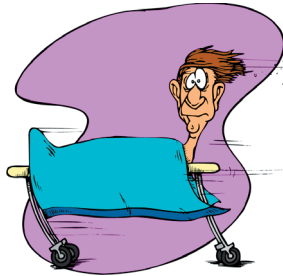
Preferred Provider Service Area

The Anthem Blue Cross Prudent Buyer Plan's Preferred Provider Service area includes the 46-Northern California counties.

Out-of-Pocket Expenses - Comprehensive Medical Expense Benefit

Out-of-pocket expenses apply toward satisfying your Plan Year out-of-pocket maximum (\$3,000 / individual or \$6,000 / family), 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 or life-threatening emergencies;
- 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.

Pensioner and Beneficiary Audit Form

The bi-annual pension audit forms will be mailed to all Pensioners and Beneficiaries in mid March. A completed pension audit form must be signed by the Pensioner in the presence of a Local Union Official, a Notary Public or a Trust Fund Representative.

Forms not signed by the Pensioner and not witnessed will not be accepted. The form will be returned to the Pensioner for completion.

If the completed form is not received at the Trust Fund Office by May 30th, your June, 2010 pension benefit check will be held until the completed form is received.

If you have not received your form by the end of March, contact the Pension Department.

Coordination of Benefits

Coordination of Benefits (COB) is a provision for insurance payments when a Participant is covered by more than one Health Plan. This prevents over payment or duplication of benefits by billing the pre-determined primary insurance first, then billing the secondary insurance, taking into account the primary payment.

Specific rules determine which of two or more Plans, each having COB provisions, pays its benefits in full and which becomes the secondary payer on a claim.

If the Direct Payment Plan is the primary insurance, Plan benefits will be paid without reduction. If the Direct Payment Plan is secondary, the Trust Fund will pay lesser of the amount owed or the allowable benefit under the Plan.



Plan Terms

Direct Payment Plan

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.

Co-payment: The dollar amount you pay up front for a doctor or Emergency room visit.

Co-insurance: The percentage you pay as your share of cost in addition to co-payment and Plan Year Deductible. Your share is 10% of the negotiated rate if you use a Preferred Provider. If you do not use a Preferred Provider, your share is 40% of Usual, Customary and Reasonable (UC&R) charges.



Plan Deductible

Direct Payment Plan

\$150 per individual, maximum of \$450 per family per Plan Year.

Does not apply to Inpatient Hospital, Physical Exam and Prescription Drug benefits. Any expenses incurred and applied against the Deductible in the last 3 months of a Plan Year, (June, July and August), will be carried forward to following Plan Year.

Kaiser Plan

(Active and Non-Medicare Retired)

\$250 per individual, maximum of \$500 per family per Calendar Year.

Employee Statement of Account

The Trust Fund Office will mail the Employee Statement of Account to Active Cement Masons in March. This Statement lists the hours reported and paid by your employer during the six-month work period between August 1, 2009 and January 31, 2010.

Health and Welfare - You become eligible for coverage on the first day of the second calendar month after you work 300 hours for contributing employers. To maintain eligibility, work a minimum of 100 hours each month. If a work month shows UNPAID in the hour column, this indicates your employer did not pay the required contributions and those hours will not be credited toward your eligibility. If a work month shows YES, this indicates that you are eligible for coverage.

Pension Hours - the number of pension hours reported for the work period August 1, 2009 through January 31, 2010.

Vacation/Holiday Dollars - the Vacation/Holiday dollars reported and paid to the Trust Fund for work period of August 1, 2009 through January 31, 2010. If this column shows SUSP, the employer reported the hours, but did not submit the contributions.

Review your Statement and make sure that all worked hours have been reported and paid. If you find a discrepancy, make copies of your check stubs and mail them to the Employer Accounts department at 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
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.