

# Cement Masons Benefit Bulletin

*Assisting you in understanding your benefits*

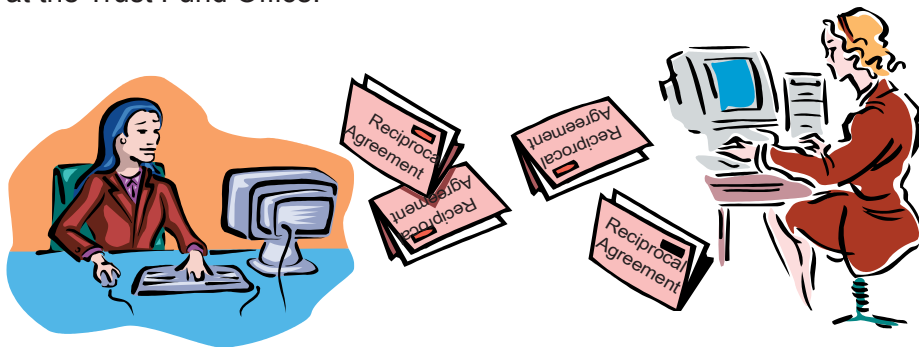
## Work Outside of Northern California and Want Your Benefits to Stay in Northern California?

Have you worked outside the 46 Northern California counties? There may be a way for you to keep your Pension and Health & Welfare benefits in Northern California. Cement Masons Trust Funds have agreements (called Reciprocal or Money-Follows-The-Man agreements) with certain other Trust Funds that allow for the transfer of contributions between the Trust Funds. How does this work?

1. Your employer must be signatory to Union agreements in both areas.
2. Both Trust Funds must be signatory to the Money-Follows-The-Man agreement.
3. You must complete a Transfer Request form and have it signed by a Local Union representative in the area where you are working. This must be done within 90 days from the date you start work outside Northern California.

Your employer is required to make contributions to the Trust Funds where the work is being performed. For example, if your employer temporarily assigns you to work in Northern Nevada, they are required to make contributions to the Northern Nevada Trust Funds. Provided that they are signatory in both Northern California and Northern Nevada, you can request that the Northern Nevada Trust Funds transfer your Health & Welfare and Pension contributions back to the Northern California Trust Funds.

However, the Northern California Trust Funds does not have Reciprocal Agreements with all Trust Funds nationwide. To be sure that your contributions can be transferred to your Home Trust Funds before accepting employment in another jurisdiction, contact Employer Accounts at the Trust Fund Office.



## Reimbursement Rate Exception



Covered Expense by a Non-Participating Provider is payable at 60% of Usual Customary and Reasonable (UC&R) charges after your Plan Year Deductible and copayment are satisfied, with the exception of:

**Emergency Room Physicians:** For covered and Medically Necessary services by a Non-Participating Provider at a participating Hospital, the Plan will pay 90% (Active Plan) and 80% (Retired Plan) of UC&R charges. This exception does not apply to other Non-Participating physician services such as surgery, anesthesia, and daily hospital visits.

**Ambulance Services:** For Medically Necessary ambulance transportation by a Non-Participating Provider ambulance service if requested by a Hospital or by paramedic personnel, for a life-threatening illness or injury, the Plan will pay 90% (Active Plan) and 80% (Retired Plan) of UC&R charges.

To save out-of-pocket costs, use a PPO facility or you will pay a larger percentage for your outpatient visits plus copayment.

## Retiree Self-Pay Premium Rate Change

In July, all Retired Participants, enrolled in a health plan, will receive a Notice of Change in Monthly Self Premium Payment Rates, effective September 1, 2010.



This notice contains: Current monthly premium, September 1, 2010 monthly premium, and current health plan coverage.

If you are satisfied with your current plan, no action is necessary. If you want to change your plan, contact the Pension Department.

If you have elected optional vision and/or dental, the premium for that coverage is in addition to your medical plan. Remember, you will continue to be covered as long as you are eligible and continue to make monthly premium payments.

## Dental Plan Open Enrollment

Plan Participants have the opportunity to change their Dental Plan during the Open Enrollment period of July 1 through August 14. All Dental Plan changes become effective on September 1.

### Dental Plan Options:

Delta Dental Premier: Fee-for-service Plan, whereby procedures are paid according to a Table of Allowances.

Delta PPO: Same as Delta Dental Premier, however dentists have negotiated lower fees within the Table of Allowances.

DeltaCare USA: Prepaid Dental Plan with minimal copayments. All services must be provided by a DeltaCare USA dentist. If you obtain services outside DeltaCare USA, you will be responsible for payment.

Pacific Union Dental (PUD): Prepaid Dental Plan with minimal copayments. All services must be provided by a PUD dentist. If you obtain services outside PUD, you will be responsible for payment.

## Delta Dental Preferred Provider Organization (PPO) Benefit

Delta Dental PPO offers a benefit that allows you to save out of pocket costs and stretch your benefits every time you use a PPO dentist. The advantage for selecting a dentist from the PPO network include:

- Routine dental check ups - reduce your costs.

When you choose a Delta Dental dentist from the PPO network, you will pay less for usual charges.

For a list of the most recent PPO dentists in your area, contact Delta Dental or log onto their website at: [www.deltadental.org](http://www.deltadental.org).



## HEALTH BENEFIT PROGRAMS

**Delta Dental Premier**  
800-765-6003  
[deltadentalca.org](http://deltadentalca.org)

**DeltaCare USA (HMO)**  
800-422-4234  
[deltadentalca.org](http://deltadentalca.org)

**Pacific Union Dental**  
800-999-3367  
[pacificuniondental.com](http://pacificuniondental.com)

**Rx Solutions**  
800-562-6223  
[rxsolutions.com](http://rxsolutions.com)

**Vision Service Plan**  
800-877-7195  
[vsp.com](http://vsp.com)

**Kaiser Permanente**  
800-464-4000  
[kaiserpermanente.org](http://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.