

Cement Masons Benefit Bulletin

Assisting you in understanding your benefits

Semi-Annual Statement of Account

In September the Fund Office will mail a Statement of Account to each active Cement Mason whose employers reported hours for the period of February 1, 2010 through July 31, 2010.

The Statement of Account is one of the most important documents mailed to you. The statement is a record of the hours you worked during the six-month period stated above. The hours worked and the contributions reported and paid by your employers establish your eligibility for health and welfare, pension, and vacation/holiday benefits.

Review your statement to make sure that all your work hours have been reported. If you believe any information is incorrect or missing, contact the Fund Office. It is recommended that you keep your statement with your other Trust Fund documents.

Non-Participating Ambulatory Surgical Facilities Direct Payment Plan

Effective September 1, 2010 medically necessary services from a non participating Ambulatory Surgical Facility will be limited to a maximum of \$500 per day, subject to the Plan Year deductible. A non participating facility is not part of the Anthem Blue Cross Preferred Provider Organization (PPO). When you utilize a non PPO, it increases your out-of-pocket costs.

An Ambulatory Surgical Facility is also known as outpatient surgery centers or same day surgery centers. Medical facilities where surgical procedures not requiring an overnight hospital stay are performed.

If you or your dependents receive medically necessary treatment at a Participating Ambulatory Surgical Facility there is no change to the existing benefit.

	Active Plan	Retired Plan
Participating Provider	90% of negotiated rate	80% of negotiated rate
Non-Participating Provider	\$500 per case per day	\$500 per case per day

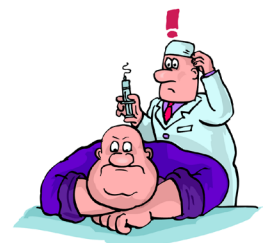
Retiree Self-Pay Premium Rate Change

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

This notice contains the current monthly premium, the September 1, 2010 monthly premium, and your 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.



Plan Terms

Direct Payment Plan

Plan Year Deductible: the 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.

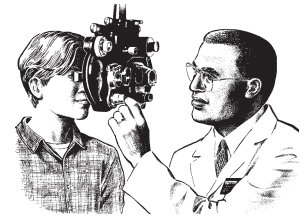
Co-insurance: the percentage you pay as your share of cost in addition to co-payment and Plan Year Deductible. Your share is 10% (active) or 20% (retired) of the negotiated rate if you use a Preferred Provider. If you do not use a Preferred Provider, your share is 40% of Usual, Customary and Reasonable (UC&R) charges.

Usual, Customary and Reasonable (UC&R): the fee charged by a Hospital, Physician, or other licensed professional providing medical services, treatments or supplies which do not exceed the general level of charges made by others providing similar services, treatments, or supplies within the same service area. Billed charges are not always the same as Usual, Customary and Reasonable fees or charges.



Vision Service Plan

Signature Plan



Eye exam and lenses:
every 12 months

Copayment
(eye exam): \$20

Frames:
every 24 months

Copayment
(lenses or frames): \$20

Emergency!

Direct Payment Plan

Under Cement Masons Direct Payment Plan, you are covered for emergency care 24-hours a day, seven days a week, regardless of your location. However, if you receive outpatient services at a NON-PPO Emergency facility, you will pay 40% of the cost for the visit and services plus a \$100 copayment.

In an Emergency, use a PPO facility to save out-of-pocket costs. Without exception, when you use a NON-PPO facility in an Emergency, you will pay a larger percentage for your outpatient visit and services plus copayment.

If you receive services from a PPO Emergency facility, the provider will submit the bill for you. If you receive services from a NON-PPO provider, you may need to pay for your emergency services when you receive them.



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.