

Cement Masons Benefit Bulletin

Assisting you in understanding your benefits

Benefits for Beneficiaries

Active Plan

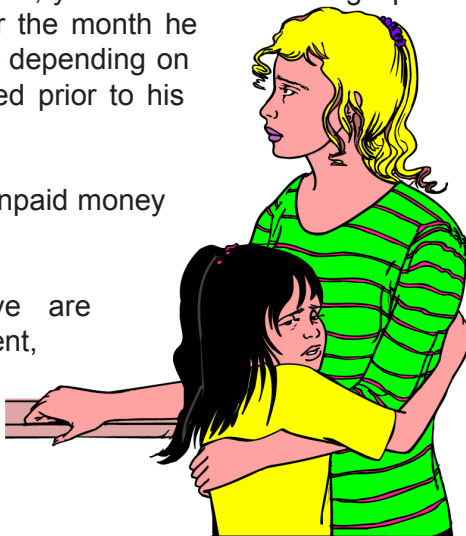
Question: If my husband dies prior to retirement, what benefits are available to me as his beneficiary?

Health and Welfare Plan – if he died while he was eligible, you will receive \$10,000 plus another \$10,000 if his death was due to an accident.

Pension Plan – if he died after being vested, you receive a Surviving Spouse Pension the month following his death or the month he would have turned 55 or 65 years of age depending on the number of Credited Service he earned prior to his death.

Vacation/Holiday Plan - you receive any unpaid money that he earned prior to his death.

Payment of benefits mentioned above are subject to each Plan's eligibility requirement, completion of application and necessary documents. Some forms of payment are subject to federal and state income taxes.



When Your Child Should See An Eye Doctor

by VSP

Infants should visit an eye doctor if:

- After 3 months of age, they don't focus well on objects.
- Their eyes are not straight.
- They have a droopy eyelid.
- There is a family history of serious eye problems.
- Their eyes water excessively.

Children in general should have an eye exam if:

- There is red eye, with or without discharge.
- They squint their eyes to read or see small things.
- They complain of blurry distant vision.
- They blink excessively.
- They have headaches or double vision.

When Claims Must Be Filed

Your provider must send all medical claims directly to Anthem Blue Cross within 90 days after you received medical treatment.

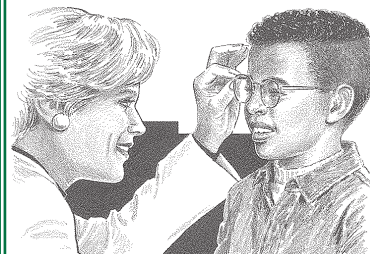
In all cases your medical claim must be submitted as soon as possible, but never later than one year from the date you received medical treatment.

If your provider sends your claim to the Trust Fund Office, it will delay payment.



Enclosed in this issue:

- VSP Grievance Notice



When Am I Eligible For Health Coverage?

Your employer must pay monthly contributions to the Health and Welfare Fund for all hours you work. These paid hours are placed in your HOUR BANK.

Effective January 1, 2011 under the Cement Masons Active Plan the number of hours required to maintain month-to-month health coverage will change as shown below.

You will be eligible for Health and Welfare coverage the **FIRST** day of the **SECOND** month after your hour bank totals a minimum of 330 hours.

For each month that you are eligible for coverage, there is a deduction from your hour bank of 110 hours. To maintain ongoing eligibility, you must continue to work enough hours to keep your hour bank at a minimum of 330 hours. The maximum number of hours that you may accumulate in your hour bank is 880 after the deduction of the 110 hours.

HOUR BANK EXAMPLE

Work Month	SEP 2010	OCT 2010	NOV 2010	DEC 2010	JAN 2011	FEB 2011	MAR 2011	APR 2011
Beginning Hour Bank Balance	0	210	225	240	360	250	250	245
Work Hours	210	115	115	220	None	None	105	None
Sub-Total	210	325	340	460	360	250	355	245
Monthly Deduction	None	-100	-100	-100	-110	None	-110	None
Ending Hour Bank Balance	210	225	240	360	250	250	245	245
Eligibility Month	NOV NO	DEC YES	JAN YES	FEB YES	MAR YES	APR NO	MAY YES	JUN NO

Remember, the deduction of the 110 hours is for eligibility the second month following. If your hour bank drops below 330, your eligibility ends the **LAST** day of the **SECOND** month following.

Benefit Field Representative



Have a general question or need specific help with a benefit problem?

Ask your Local Union to make an appointment with the Trust Fund Office Benefit Field Representative. She is available to help you with benefit claims, completing Trust Fund forms and other participant issues.

All Locals are visited upon request.

Important Announcements

Important Announcements are sent to eligible participants when a Plan benefit has changed.



To better understand your benefits, read each Announcement carefully and understand how the benefit change may affect you and your family.

HEALTH BENEFIT PROGRAMS

BENEFIT CONTACT INFORMATION

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.



Grievance System

As required by California regulations, Vision Service Plan (VSP) is informing its members of the following information:

If a VSP member has a complaint/grievance regarding VSP and/or a VSP network doctor, you may immediately call VSP's Member Service Department at 800-877-7195 Monday through Friday, 6:00 a.m. to 7:00 p.m. (PST), or sign on to vsp.com and complete the online Member Grievance Form. You may also submit a grievance in writing to VSP at 333 Quality Drive, Rancho Cordova, California 95670.

Upon receipt of your verbal or written grievance, VSP will respond to you in writing acknowledging receipt and/or disposition of the grievance within five (5) business days. VSP will resolve your grievance within thirty (30) days from the date of receipt and keep your grievance and the response on file for seven (7) years.

Notice from the Department of Managed Health Care:

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **(800) 877-7195** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmoHELP.ca.gov> has complaint forms, IMR application forms and instructions online. The plan's grievance process and the department's complaint review process are in addition to any other dispute resolution procedures that may be available to Covered Persons, and the failure to use these procedures does not preclude Covered Person's use of any other remedy provided by law.