

Cement Masons Benefit Bulletin

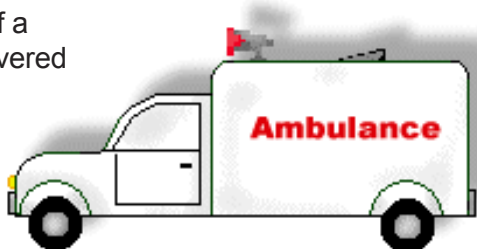
Helping you understand your benefits

Medical Emergency!

Direct Payment Plan

Did you know that in the case of a medical emergency, you are covered for care 24-hours a day, seven days a week?

However, if you receive outpatient services at a Non Participating Provider Emergency facility, you will pay 40% of the cost for medical services plus a \$100 copayment.



To save money, visit a Participating Provider facility.

Payment Reminder



When paying Union Dues:

Mail the check to your Local Union Office, *not* the Trust Fund Office.

When paying Provider Services:

Mail the check to the Provider of Service noted on the Explanation of Benefits Form, *not* the Trust Fund Office.

Tax Withholding Certificate

Pensioners

Want to make a change in your withholding?

You may change the amount of tax withheld from your monthly pension check at any time. If you didn't receive a Withholding Certificate in January and want to change the amount of the tax withheld, contact the Pension Department at the Trust Fund Office for a copy.

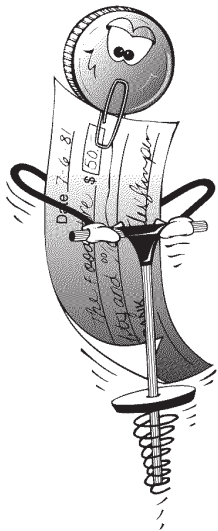


Stale Dated Benefit Checks

All benefit checks expire after 180 days. If you deposit or cash your benefit check after this time, the bank will reject it and may charge you a fee.

Cash your benefit check timely to avoid delay in receiving your funds.

Participants receiving Pension and Vacation/Holiday payments have the option to sign up for Electronic Direct Deposit (EDD). Eliminate the risk of check theft, loss and forgery. Contact the Pension Department for the EDD application.



Chiropractic Benefit



\$300 maximum for x-rays per Plan Year.

40 visits maximum per Plan Year.

\$40 maximum per visit.

Health Plan Coordination of Benefits

Benefits



Coordination of Benefits (COB) is a provision for Group Health Plan payments when a participant is covered by more than one Plan. COB prevents over payment or duplication of benefits by billing the primary Plan first, then billing the secondary Plan, taking into account the primary Plan's 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 health claim.

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

Plan Terms

Direct Payment Active 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 of \$150/individual or \$450/family.

Plan Year: September 1 of any year to September 1 of the following year.

Coinsurance: the percentage you pay as your share of cost in addition to copayment and Plan Year Deductible. Your share is 20% 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.

Save Money!

Before you receive services from a Provider, ask if they are a Participating Provider in the Anthem Blue Cross Prudent Buyer Plan network.

Using a Participating Provider in the Anthem Blue Cross Prudent Buyer Plan network saves you money on your **coinsurance**.

For up to date provider information, contact the Anthem Blue Cross Prudent Buyer Plan \ at 800-274-7767.

To find a PPO Anthem Blue Cross facility or doctor, visit: www.anthembluecross.com.

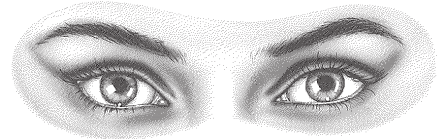
Vision Service Plan

VSP Value Plan

Active Plan Participants

Exam and lenses: Every 12 months

Copayment (eye exam): \$20



Frames: Every 24 months

\$120 allowance for frames

Copayment (lenses or frames): \$20

\$105 allowance for contacts

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.