

Cement Masons Benefit Bulletin

Helping you understand your benefits

Maintenance Medication

Prescription Solutions Pharmacy
Active and Retired Plans

Having to take maintenance medications for chronic/long-term conditions can be costly. Did you know that the copayment for the fourth prescription refill at a retail pharmacy is double the copayment for a 30-day supply? When you use the Mail Service Program, you receive a 90-day supply for the same cost as a fourth refill at a retail pharmacy.

Once you place your first order with the Mail Service Pharmacy, you will be able to manage your maintenance medication from your computer. If you do not have a computer, you can use the telephone or the Mail Service envelope enclosed with your first Mail Service order.

To use the online method go to: www.prescriptionsolutions.com then "register" by creating a User Name and Password. Once you have registered, you will be able to:

- Refill your prescriptions
- Review your pharmacy benefits
- View Formulary information
- View your past and current Mail Service orders
- Print Mail Order forms for new prescriptions (if not refilling online)
- Transfer your prescriptions for your maintenance medications from your retail pharmacy to Mail Service



Retail (Participating) Pharmacy			Mail Service
30-day supply copayment			90-day supply standard copayment
Prescription fill and refills	1 st - 3 rd	4 th	
Generic	\$10	\$20	\$20
Formulary Brand Name	\$20	\$40	\$40
Non-Formulary Brand Name	\$30	\$60	\$60

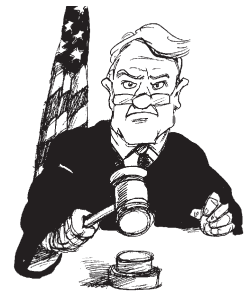
Prescription Drug Benefits:
1(800) 797-9791

Mail Service Pharmacy:
1(888) 758-6781

Oral or injectable Specialty Drug:
1(866) 218-5445



Employee Retirement Income Securities Act of 1974 (ERISA)



ERISA is the Federal law designed to protect the rights of participants and beneficiaries participating in employee benefit plans.

ERISA imposes various qualification standards and fiduciary responsibilities on all employee benefit plans. It also provides enforcement procedures as well as requiring plans to provide participants with specific information about plan features and funding.

ERISA requires that all plan participants receive a summary of the plan, called the Summary Plan Description or SPD. The SPD explains when an employee can begin to participate in a plan and the benefits available.

The ERISA Statement is included in each of your Summary Plan Description Booklets.

Explanation of Benefits (EOB)

Direct Payment Plan

The Trust Fund Office will send you an Explanation of Benefits (EOB) notice within 30 days of receipt of a claim from a doctor visit. The EOB is a summary of dates, services and costs you incur at a doctor visit. The Breakdown of Billed Charges and Benefit Determination section lists your payment portions (columns A, B, and C) Patient Responsibility for Copayment, Plan Year Deductible and Coinsurance and the Fund's payment portion.

When you use an Anthem Blue Cross Preferred Provider Organization (PPO) provider, the EOB states "Yes" in the Billing Summary section. The amount the PPO provider has agreed to accept for the service appears in the column "Negotiated Amount." If you did not use a PPO provider, a "No" appears next to "Participating" and you will pay a higher Coinsurance.

For timely payment of your claims, have your provider send all claims directly to Anthem Blue Cross. If your provider sends your claim to the Trust Fund Office, it will delay payment.

Plan Terms

Direct Payment Plan

Copayment: The amount you pay at the time of a doctor or Emergency room visit.

Plan Year Deductible: \$150/individual or \$450/family is the amount you pay for covered expenses each Plan Year before the Trust Fund contributes to payment on a claim.

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.

Cement Masons Health and Welfare Trust Fund for Northern California

220 Campus Lane Fairfield, CA 94534-1499 Telephone (707) 864-3300

Explanation of Benefits

This notice summarizes the benefits for the claim described below.

BILLING SUMMARY

INSURED'S NAME: J MASONS
 INSURED'S ID: OCWCM065487
 PATIENT'S NAME: JOHN
 PATIENT'S ACCT: 999999999

DATE OF SERVICE: 02/10/11-02/10/11
 PROVIDER: J PHYSICIAN, MD
 PARTICIPATING: YES
 TOTAL CHARGES: \$475.00

PAYMENT SUMMARY

ISSUED TO: PROVIDER
 CHECK DATE: 02/10/11
 CHECK AMOUNT: \$157.50
 CHECK NUMBER: 987654

BILLED CHARGES AND BENEFIT DETERMINATION

DATES OF SERVICE FROM THRU	DESCRIPTION OF SERVICES AND BENEFIT APPLICATION	BILLED AMOUNT	NEGOTIATED AMOUNT	ALLOWED AMOUNT	A LESS COPAY	B LESS DEDUCTIBLE	C LESS COINSURANCE	FUND PAYMENT	PATIENT RESPONSIBILITY	SEE NOTE BACK
02/10/11	99213 VISIT OFFICE/OTHER	\$100.00	\$75.00		\$20.00	\$55.00	\$11.00	\$0.00	\$75.00	1
02/10/11	41000 INTRAORAL INCISION	\$200.00	\$150.00			\$95.00	\$23.00	\$44.00	\$106.00	1
02/10/11	71020 CHEST X-RAY	\$175.00	\$115.00					\$92.00	\$23.00	1
TOTALS		\$475.00	\$340.00	\$0.00	\$20.00	\$150.00	\$34.00	\$136.00	\$204.00	
LESS PPO DISCOUNT		\$135.00								
LESS PRIMARY INSURANCE PAYMENT		\$0.00								
LESS PREVIOUS PAYMENT		\$0.00								
LESS PROVIDER REFUND		\$0.00								
LESS PROVIDER TAX		\$0.00								
LESS FUND PAYMENT		\$136.00								
PATIENT RESPONSIBILITY		\$204.00								

Participant is responsible for this amount less any payment made at the time of the doctor visit.

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

PRESCRIPTION
 SOLUTIONS
 800-562-6223
 rxolutions.com

VISION SERVICE PLAN
 800-877-7195
 vsp.com

SENIOR ADVANTAGE
 KAISER
 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.

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