



Cement Masons Benefit Bulletin

Assisting you in understanding your benefits

Change in your Prescription Drug Plan Effective September 1, 2011

Active Direct Payment Plan

A "Formulary" is a list of covered medications.

On September 1, 2011, the Prescription Drug Plan's "Formulary" list is changing for the Active Direct Payment Plan. The new Formulary list will be made up of mostly generic drugs with some Brand Name Drugs included.

Medications that you have been taking may no longer be covered by the Plan effective September 1, 2011. If you continue to purchase the medication, you will pay the full cost with no reimbursement from the Plan.

The Plan's Pharmacy Benefit Manager (PBM), Prescription Solutions, mailed a personalized letter to each Active Cement Mason who is affected by the change in the "Formulary" list. The letter outlines the current medication being taken and an alternative from the new "Formulary" list.

If you received a personalized letter from Prescription Solutions, and if you have not already done so, you are encouraged to discuss the new "Formulary" changes with your prescribing physician.

If you are a **Retired Plan Participant** who received a personalized letter, you may disregard it; the Retired Plan is not affected by the change in the "Formulary" at this time.

Care Counseling Program Effective September 1, 2011

Active Direct Payment Plan



The Care Counseling Program can help you understand your doctor's recommendations and help you find quality and cost-effective health care providers.

Calling a Care Counselor can save you hundreds of dollars and help you learn more about your illness or injury. Watch for more information about the program, including its toll-free number.

If you have questions, contact the Trust Fund Office or email at customerservice@norcalcementmasons.org.

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, 2011.

This notice contains the current monthly premium, the September 1, 2011 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.

Anthem Blue Cross - Prudent Buyer Plan Saves You Money

Active and Retired Plans - Direct Payment Plan

When you visit a doctor or medical facility that is in the "network" of the Anthem Blue Cross' Prudent Buyer Plan, the Direct Payment Plan pays 80% of the negotiated rate. Your coinsurance payment portion is 20% of the Prudent Buyer Plan negotiated rate, plus applicable copayment and Plan Year Deductible¹.

When you visit a doctor or medical facility that is NOT in the network, you pay 40% coinsurance, copayment and Plan Year Deductible plus the amount over UC&R² allowance.

Save money by confirming that your doctor and medical facility are in the Prudent Buyer Plan network by:

- Visiting the Trust Fund's website
 - click on "links"
 - click on "search for doctors and providers" or by
- Calling
 - your doctor's office, or
 - the Trust Fund Office for a Provider Directory for your area



¹ Annual Deductible is \$150/person or \$450/family; the Direct Payment Plan pays 90% of the Prudent Buyer Plan negotiated rate after you have satisfied the Annual Deductible.

² UC&R is Usual, Customary and Reasonable

Dental Plan Options

If you choose a Dental Plan that is a health maintenance organization (HMO), you must use a dentist that is in that HMO network for all of your dental care.

If you choose a Dental Plan that is a preferred provider organization (PPO) the PPO plan has contracts with a network of "preferred" providers from which you can choose. You can choose any dentist from the PPO network or an out-of-network provider. However, when you choose an out-of-network provider, you will pay more.

Dental Plan contact information is highlighted below.

HEALTH BENEFIT PROGRAMS

Delta Dental (PPO)
800-765-6003
deltadentalca.org

DeltaCare USA (HMO)
800-422-4234
deltadentalca.org

Pacific Union Dental (HMO)
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.

Semi-Annual Statement of Account

At the end of 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, 2011 through July 31, 2011.

The Statement lists the hours you worked during the six-month period stated above. The hours worked and the contributions reported and paid by your employers establishes 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. Keep your statement with your other Trust Fund documents.

Pension Plan Key



Credited Service Hours:

870 hours=1 Year of Credited Service

Plan Credit Year:

February 1 - January 31