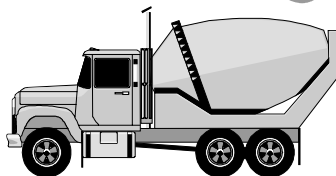
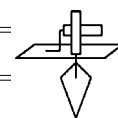


The Cement



Mixer

A Quarterly Newsletter for Northern California Cement Masons



Spring/Summer
2004 #22

Is Medicare-Approved Drug Discount Card Right for You?

The Centers for Medicare & Medicaid Services (CMS) recently introduced a drug discount card. You may wonder if a Medicare discount card is right for you? In most cases, the answer to that question is NO. Here's why:

If you are enrolled in the Direct Payment Plan or Kaiser Permanente, you already have prescription drug coverage. That means you would not be eligible for a "free" card or the \$600 subsidy toward drug purchases. If you are not enrolled in either the Direct Payment Plan or Kaiser, you could qualify for a "free" card, but only if your 2004 annual income is no more than \$12,569 if you are single, or \$16,862 if you are married. Even if you were to qualify for a free card and the subsidy, you still have to pay a 5% or 10% coinsurance for your prescription drugs. That is coinsurance, not a co-payment, meaning your out-of-pocket costs will vary depending on the cost of the drug. Further, there are many Medicare-Approved discount cards, each costing \$30 per year. One of the differences in the cards is the list of drugs offered. So, before you purchase a discount drug card, you must review the list to make sure the drugs you are currently

using appear on that list. Otherwise, the discount card may not be of any benefit to you.

Under Kaiser Permanente, your prescription drug coverage provides a 100 day supply of generic or prescribed, medically necessary brand name drugs in accordance with Kaiser's Formulary guidelines. Your copayment for each prescription is \$10. Under the Direct Payment Plan, you receive a 30-day supply at the retail level for a copayment of \$10 for generic drugs or \$20 for brand name drugs. If you choose mail order, you receive a 90-day supply for a copayment of \$20 for generic or \$40 for brand name drugs.

Whether you are enrolled in the Fund's Direct Payment Plan or Kaiser Permanente, you do not need to do anything in connection with the Medicare-Approved discount drug card. As Dr. Mark McClellan, Administrator of CMS stated, if your current health plan provides drug benefits, you probably would not benefit from the Medicare-Approved discount drug card.

To learn more, you can contact Medicare at 1-800-633-4227 or visit Medicare's Web site at www.medicare.gov.

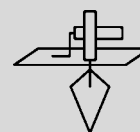


Attention Retired Cement Masons

If you have not yet returned the Statement by Pensioner or Beneficiary, you should do so as soon as possible. If we had not received your statement by May 31, 2004, future pension checks will be held until the Statement is returned. The Statement must be completed in full and in some cases, must be notarized, or your signature witnessed by a Union official.

If you have any questions concerning your Statement, contact the Fund Office to speak with someone in the Pension Department.

There are no notices inserted in this issue of the *Cement Mixer*.





Smoking and Gum Disease

As if heart and lung disease weren't reason enough to quit smoking, a new study has found there's widespread evidence of another health hazard to consider when lighting up – gum disease.

Although a direct correlation between smoking and gum disease has long been known, this is the first national study to show how prevalent the problem is, researchers say.

Current smokers were about four times more likely than people who never smoked to have periodontitis, but ex-smokers who had abstained for 11 years faced no increased risk, according to the findings published in the *Journal of Periodontology*. Overall, nearly 53 percent of gum disease in the study was attributed to current and former smoking.

The study also found that:

- Fifty-five percent of the study's subjects with periodontitis were current smokers and nearly 22 percent were former smokers.
- Current smokers of more than 1-1/2 packs of cigarettes a day were nearly six times more likely than non-smokers to have periodontitis.
- Those who smoked less than half a pack daily were almost three times more likely to have the disease.

Researchers say tobacco can suppress the body's immune system, reducing its ability to fight infection. Smoking also limits the growth of blood vessels, slowing the healing of damaged gum tissue.

Robert Silverman, DDS, a Delta dental consultant, says there's one positive to the study: quitting smoking or never starting in the first place will greatly reduce your risk of gum disease.

Says Dr. Silverman, "The lesson is, don't smoke if you want to save your teeth – and your life."

Know your benefits... Extending Health Benefits Under COBRA Continuation Coverage

In 1986, an important piece of legislation was enacted into law, allowing employees to continue health benefit coverage under certain circumstances. The continuation of benefits was only a small portion of the budget bill that came to be known by the acronym of COBRA, which stands for Consolidated Omnibus Budget Reconciliation Act.


Under the law, COBRA allows an individual whose eligibility terminates to continue health plan coverage under certain circumstances. Key to understanding the provisions of COBRA are two terms: "qualified beneficiary" and "qualifying event."

COBRA defines a "**qualified beneficiary**" as an individual who loses coverage under any one of the qualifying events discussed in the next paragraph. A qualified beneficiary can be an active Cement Mason, his spouse, or any dependent child. Only the spouse and dependent child of a Retired Cement Mason are defined as qualified beneficiaries; the Retired Cement Mason is not considered a "qualified beneficiary" under the provisions of COBRA.

"**Qualifying Events**" are circumstances under which you or your dependents may be eligible to continue health care coverage. If you are an active Cement Mason, a qualifying event would include termination of your employment or a reduction in hours. If you are the

spouse or dependent child of an active Cement Mason, qualifying events are the same as those that apply to the active Cement Mason and include the death of or divorce from the Cement Mason, or a child no longer meeting the Plan's definition of "dependent." In the case of a retired Cement Mason, qualifying events only apply to the spouse and dependent child and include death, divorce, or the child no longer meeting the Plan's definition of "dependent." (Refer to Article I., Section 6. in your April 1, 2000 Plan booklet for a definition of dependent.)

The Fund Office notifies you if the qualifying event is termination of employment or a reduction in work hours. If the qualifying event is death, divorce, or a child's losing dependent status, the qualified beneficiary should notify the Fund Office.

The Board of Trustees establishes monthly premiums each September. These rates apply for one year. The premium depends on the type of coverage you elect and whether you are buying coverage for yourself or for yourself and your family. Generally, coverage is for 18 months, but can be extended to 36 months if a **second** qualifying event occurs, or extended to 29 months if Social Security determines that a qualified beneficiary is totally disabled. 

Filling out forms... Applying for Extended Dependent Coverage



Normally, your dependent child loses eligibility under the Plan at age 19. There are, however, circumstances under which coverage may be extended. For instance, if your dependent child is continuing her education, she may be eligible for coverage if she satisfies the following requirements:


- attends an accredited educational institution and enrolls for at least 8 units of credit per semester (or equivalent credits);
- is primarily dependent on you for support; and
- qualifies as a dependent for federal income tax purposes.


To apply for extended coverage, contact the Fund Office shortly before your child's 19th birthday and

request an "Application for Student Extended Dependent Coverage." If you have access to the Internet, you can also download a PDF version from the Fund's Web site at www.norcalcementmasons.org.

Completing the application takes just a few minutes. In addition to the Cement Masons' name, address and social security number, the application asks the name of the student, date of birth, and the name, telephone number, and address of the educational institution. It also requests a copy of the school's transcript, if available. The Trust Fund may want to verify your dependent's status with the educational institution. You are then asked questions to determine

whether your child satisfies the requirements for extended coverage as a student. Sign and date the application. Be sure you have answered all questions before mailing it into the Fund Office.

In the event your child does not qualify for Student Extended Dependent Coverage, she may be eligible for extended health and welfare coverage under COBRA Continuation Coverage. For information on COBRA, refer to your Plan booklet or contact the Fund Office. 

 Northern California Cement Masons Funds Administration, Inc. 220 Campus Lane, Fairfield, CA 94534-1499 • Telephone: (707) 864-3300			
APPLICATION FOR STUDENT EXTENDED DEPENDENT COVERAGE (Doc. 03F)			
Participant must complete - Application will not be processed unless all questions are answered.			
PARTICIPANT'S NAME		SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
Please Answer the Following Regarding the Student			
FULL NAME OF STUDENT		DATE OF BIRTH	
NAME OF EDUCATIONAL INSTITUTION		TELEPHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
Enrolled for the (check one) or, if available, please attach a copy of school's transcript: <input type="checkbox"/> FALL Semester <input type="checkbox"/> SPRING Semester			
Indicate Period: FROM _____ TO _____			
Participant's Statement			
Your dependent must meet the Plan's definition for "student dependent" and all of the requirements listed below. Please answer the following questions:			
▶ Is your dependent married? <input type="checkbox"/> Yes <input type="checkbox"/> No			
▶ Is your dependent enrolled in an accredited institution for at least 12 units? <input type="checkbox"/> Yes <input type="checkbox"/> No			
▶ Did you or will you claim your dependent on your Federal Tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify that the dependent shown above meets all of the requirements by the Plan for student dependent coverage. I understand that I must notify the Fund Office immediately in writing if my child marries, ceases to be a full time student, or ceases to be a dependent under the Internal Revenue Service code. I understand that the Fund Office has the right to verify my dependent's status with the above institution and that I agree to submit an Application for Student Dependent Coverage form at least once a year for the dependent shown above.			
I certify under penalty of perjury under the laws of the state of California that the foregoing statements are true, correct, and complete to the best of my knowledge.			
Participant's Signature: _____			Date: _____
34 2079 (Rev. 2/2004)			

Questions & Answers


Q. Every year I receive a Summary Annual Report from the Fund Office. What is a Summary Annual Report?

A. A Summary Annual Report (SAR) is a narrative summary of financial information reported on Form 5500. Form 5500 is required of all Employee Benefit Plans and is submitted annually to the Internal Revenue Service/Department of Labor. The SAR summarizes the information reported on Form 5500, primarily financial, and includes certain rights Participants have to obtain or review the entire Form 5500.

If you choose to obtain a copy of the entire Form 5500, you will be asked to pay for copying costs. Depending on the Trust Fund, costs vary from \$3.25 on up to \$27.00. Form 5500 also includes Audited Financial Statements. These are provided without charge.

You are also free to examine Form 5500 at the Fund Office, or at the Department of Labor in Washington, D.C.

Unless you have a specific reason for requesting the entire Form 5500, the SAR provides sufficient financial information concerning the Trust Funds and is distributed without cost to you.

A Spanish version of the SAR is also available. The SAR is also posted on the Trust Funds' Web site at www.norcalcementmasons.org. 

CALENDAR

On or About This Date	We Will Mail	You Should
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**CEMENT MASONS TRUST FUNDS
FOR
NORTHERN CALIFORNIA**

About the Funds

Benefit Plan Information



News

Training

Links to Related Web Sites

Frequently Asked Questions

Customer Service

Request Forms and Publications

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This website uses Cascading Style Sheets and is best viewed with a CSS2-compliant browser.
Problems with this web site? - Please Email our Webmaster

If you have not visited the Fund's Web site lately, you may be surprised to find several enhancements have been added since you last visited. For example, you can now access frequently used forms, right from the comfort and convenience of your home. Many of these forms can be downloaded, or you can request that the form be mailed to your home. This is especially convenient for those who are at work during Fund Office hours. The Web site is open 24 hours a day and can be called up at your convenience--after work, late in the evening, early morning--any time. We plan even more enhancements in the future. Announcements will be made in this newsletter. However, keep checking by visiting the Web site at www.norcalcementmasons.org.

Contacting The Fund Office

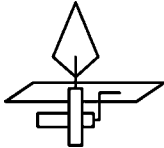

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Internet Web site:
www.norcalcementmasons.org

The *Cement Mixer* is published by the Northern California Cement Masons Funds Administration, Inc. and is intended to provide general information about the plans. It is not intended as a substitute for official Plan documents. Your rights as a Plan Participant or Beneficiary can only be determined by consulting the actual text of the Plan Booklet.

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