

Maximize Your Health Care Benefits


As we are painfully aware, health care costs have risen dramatically over the last several years. A sampling of recent headlines gives you an idea of how serious the cost of health care has become. Headlines, such as, "Insured Workers Are Paying More Of Health Bills" and "Health-Care Costs' Sickening Surge" only serve to remind us of what we already know. And for this reason, the Trustees had to make benefit plan changes to become effective December 1, 2004. To continue paying benefits at the current rate would not have been prudent nor would it have served the best interests of Plan Participants.

In spite of the cost-cutting measures that become effective December 1, 2004, you and your family have some control of your out-of-pocket costs. By using healthcare providers in the *Prudent Buyer Plan* network, you can save money. When you use the services of a *Prudent Buyer Plan* physician, the Plan will pay 80% of the contracted rate, after you satisfy the deductible and any copayment. If it is a routine physician office visit, the Plan will pay 100% less the copayment. If, however, you use the services of a non *Prudent Buyer Plan* provider, the Plan will only pay 60% of the usual, customary, and reasonable (UC&R) charges. This means that if the physician bills \$100 and UC&R is \$90, the Plan will pay \$42 (\$90 less a \$20

copayment X 60%). In this example, your out-of-pocket costs are \$58. If you had used a *Prudent Buyer Plan* provider, your out-of-pocket costs would be less. The Plan would pay 80% of the negotiated rate, which is lower than UC&R. For example, if the negotiated rate was \$75, the Plan would pay \$55 (\$75 less a \$20 copayment). In this example, your out-of-pocket costs would be \$20.

Another cost-saving measure is to ask your doctor to prescribe generic drugs, if available. At the retail level, the copayment for a generic is \$10 for a 30-day supply, whereas the copayment for a brand-name drug will be \$25. You can save more if you use the mail-order pharmacy. For a \$20 copayment for a generic, you receive a 90-day supply. The cost for the 90-day supply is the equivalent of 2 copayments at retail. That is like receiving one 30-day supply at no cost.

If you are enrolled in Kaiser, try arranging visits through your Primary Care physician, rather than using the Emergency Room. Copayments for visits to the Emergency Room will be \$100 versus \$20 when you see your Primary Care physician.

For a detailed explanation of the Plan changes that go into effective on December 1, 2004, review the Plan notice that was mailed to all Plan Participants in October 2004. If you have any questions, contact the Fund Office. 



Correction

In the Spring/Summer issue of the *Cement Mixer*, there was an error in the article appearing on page 3. The article, entitled "Applying for Extended Dependent Coverage," explained the circumstances under which you could continue health and welfare coverage for a dependent child. It read that coverage could be extended if the dependent child was enrolled for at least 8 units/semester. It should have read that coverage could be extended if the dependent child was enrolled for at least 12 units/semester. We apologize for any confusion this may have caused.

IMPORTANT

The following notices are inserted in this issue of the *Cement Mixer*:

Health and Welfare

- Women's Health and Cancer Rights Act of 1998
- Vision Service Plan's (VSP) Grievance System Notice

CAREFULLY READ THE NOTICES AND PLACE THEM IN YOUR PLAN BOOKLET.



We all recognize the symptoms of the common cold—a runny or stuffy nose, sneezing, sore throat, and a cough. A cold can make you feel miserable and drain you of the energy you need to go about your daily activities. Symptoms can last from 2 to 14 days.

Simple tips for reducing your risk of getting a cold are:

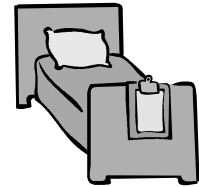
- Wash your hands frequently.
- Avoid sharing food and utensils with others.
- Clean frequently touched surfaces, such as doorknobs and telephones with a mild disinfectant.
- Use tissues, rather than handkerchiefs and discard them promptly and properly.

Though there is no proven cure for the common cold, symptoms can be managed by bed rest, drinking plenty of fluids, and gargling with warm, salt water.

There are medications available to treat symptoms of the common cold. Some help clear a stuffy, or runny nose, or sneezing. Some relieve minor aches, pains and headaches and some soothe a sore throat or quiet the cough.

If you have certain medical conditions, such as heart disease, high blood pressure, diabetes, or other chronic conditions, you should consult with your doctor before taking medications to treat cold symptoms. You should also make sure that any treatments you take for your cold do not interact with other medications you are taking.

Know your benefits... All Hospital Admissions Require Utilization Review



If you are scheduled to be admitted to a hospital on an elective, non-emergency basis, you must have your physician arrange Utilization Review (UR) through Blue Cross, the Fund's Professional Review Organization (PRO). This review must be done before you are admitted to the hospital.


What is the purpose of UR? UR is performed to determine, or pre-certify the number of inpatient days that are medically necessary for a hospital stay. Blue Cross reviews your case, taking into consideration the type of surgery and any special circumstances that may affect your inpatient stay. This process is referred to as "Pre-Admission Review." It must be performed prior to a confinement for an elective, non-emergency stay. With the exception of emergencies, almost all inpatient stays are subject to Pre-Admission Review.

Next, while you are in the hospital, the PRO follows up with another review, called "Concurrent Review." The purpose of this review is to confirm the number of inpatient days originally authorized. In most cases, the PRO will not change the number of days it pre-authorized. Should the PRO change the number of days originally authorized, you will be advised of any change in time to make other arrangements, or to appeal the decision. If you are admitted to a hospital in an emergency, you only need to obtain Concurrent Review.

Because the Fund's Direct Payment Plan uses Blue Cross' *Prudent Buyer Plan* network, you most likely will be admitted to a participating hospital.

Prudent Buyer Plan hospitals know that health plans have UR requirements and will make arrangements for it to be performed. However, be sure to follow up with your physician or hospital to make sure UR has been performed. If you are being admitted to a non-participating hospital, your physician must arrange UR by calling Blue Cross at (800) 274-7767. If it is an emergency admission, you or someone caring for your affairs should notify Blue Cross at (800) 274-7767 within 24 hours of your hospitalization. Blue Cross will then arrange Concurrent Review.

What happens if you do not comply with Utilization Review? If you do not obtain Pre-Admission Review on an elective, non-emergency confinement, or Concurrent Review on an emergency admit, you will be responsible for 20% of the first \$10,000 of Plan benefits ordinarily in effect. This is in addition to your co-insurance at a participating hospital or non-participating hospital, as the case may be. If you fail to obtain Pre-Admission or Concurrent Review, the PRO performs a "Retrospective Review" after you have left the hospital. If the PRO determines that your inpatient stay was not medically necessary, no benefits will be payable. If, however, it determines that your stay was medically necessary, you are still responsible for 20% of the first \$10,000 of benefits.

The key to maximizing your hospital benefits is to inform your physician and hospital that ***your health plan requires Utilization Review on all hospital admissions, whether elective, non-emergency or emergency.*** 

More forms...

What the Explanation of Benefits (EOB) Shows You



Each time the Trust Fund processes a benefit claim, it generates an “Explanation of Benefits (EOB).” This document provides a lot of detail concerning a patient’s treatment by his provider. Besides summarizing the “billed charges” and the Fund’s “payment,” it includes a detailed breakdown of the services furnished by your healthcare provider. In this way, you know what your doctor did during your office visit.

Each procedure shows a “Billed Amount,” and a “Negotiated Amount” or “Allowed Amount.” If you use the services of a *Prudent Buyer Plan* provider, the EOB indicates “Yes” under the Billing Summary and the amount the provider has contracted for the service appears under the column “Negotiated Amount.” If you did not use the services of a *Prudent Buyer Plan* provider, a “No” appears next to “Participating” under the Billing Summary. There is no discount when you use the services of a non-*Prudent Buyer Plan* provider.

Following across, columns A, B, and

C show deductions from the Plan benefit. These are co-pays, deductible and co-insurance. Co-pays apply to certain office visits. Once your deductible is satisfied, no additional amount is withheld for the remainder of the Plan Year. If you use the services of a *Prudent Buyer Plan* provider, your co-insurance is 20%; if a non-*Prudent Buyer Plan* provider, the co-insurance is 40%. The difference between the Negotiated Amount/Allowed Amount, less any adjustments under Columns A, B, or C is the Fund Payment. The Patient Responsibility is the difference between the Negotiated Amount and the Fund Payment. If you used the services of a non-*Prudent Buyer Plan* provider, the Patient Responsibility is the difference between the Billed Charges and the Fund Payment. There is no discount--you are responsible for the Billed Charges, less the benefit paid by the Plan.

Always review the EOB. It is your record of how the Trust Fund processed your claim for benefits.



Enroll for Medicare


If you are close to age 65 and planning to retire, you should apply for Medicare Parts A and B coverage 3 months before you become age 65. You can apply for both Social Security benefits and Medicare Parts A and B coverage at the same time.

To apply, call or visit your nearest Social Security Office or call Social Security at 1-800-772-1213. Under certain circumstances, you can also apply online at www.ssa.gov.

If you plan to retire and do not apply for Medicare Parts A and B three (3) months before you attain age 65 or no later than 3 months after your 65th birthday, you will be required to wait until Medicare’s next General Enrollment Period (January 1 to March 31). In addition, you may be required to pay a surcharge for Medicare Part B for the remainder of your life.

Further, on the first day of the month in which you or your dependent become eligible for Medicare, the Trust Fund will deduct from its payment benefits payable under Medicare, WHETHER OR NOT YOU HAVE ENROLLED FOR MEDICARE. In other words, the Trust Fund becomes secondary payor and Medicare primary payor. In addition, you will not be eligible to enroll in Kaiser Senior Advantage which carries a lower monthly premium than the Fund’s Managed Health Care Plan.

If you have access to the Internet, you can learn more about Medicare at www.medicare.gov or call the toll-free number at 1-800-MEDICARE.



Cement Masons Health and Welfare Trust Fund for Northern California
 220 Campus Lane Fairfield, CA 94504-1488 Telephone (707) 864-3300

Explanation of Benefits

This notice summarizes the benefits for the claim described below.
 See reverse side for important information.

BILLING SUMMARY		PAYMENT SUMMARY	
INSURED'S NAME: J MASON	DATE OF SERVICE: 03/01/04 03/01/04	ISSUED TO: PROVIDER	
INSURED'S ID: 6789	PROVIDER: J PHYSICIAN MD	CHECK DATE: 06/01/04	
PATIENT'S NAME: JOHN	PARTICIPATING: YES	CHECK AMOUNT: \$157.50	
PATIENT'S ACCT: 999999999	TOTAL CHARGES: \$475.00	CHECK NUMBER: 987654	

BREAKDOWN OF BILLED CHARGES AND BENEFIT DETERMINATION										
DATE OF SERVICE PERIOD	DESCRIPTION OF SERVICES AND BENEFIT APPLICATOR	BILLED AMOUNT	NEGOTIATED AMOUNT	ALLOWED AMOUNT	A LESS CO-PAY	B LESS DEDUCTIBLE	C LESS COINSURANCE	FUND PAYMENT	PATIENT RESPONSIBILITY	SEE NOTE BACK
03/01/04	PHYSICIAN OFFICE VISIT	\$110.00	\$71.00	\$71.00	\$0.00	\$0.00	\$0.00	\$71.00	\$39.00	1
03/01/04	LABORATORY BALANCE BIL	\$200.00	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00	\$130.00	\$170.00	1
03/01/04	PHYSICIAN VISIT	\$175.00	\$110.00	\$110.00	\$0.00	\$0.00	\$0.00	\$110.00	\$65.00	1
TOTAL		\$475.00	\$211.00	\$211.00	\$0.00	\$0.00	\$0.00	\$211.00	\$264.00	
LESS PPO DISCOUNT										
LESS PRIMARY INSURANCE PAYMENT										
LESS PROVIDER PAYMENT										
LESS PROVIDER REFUND										
LESS PROVIDER FEE										
LESS FUND PAYMENT										
PATIENT PAYMENT										

Condensed version of EOB for illustrative purposes.

CALENDAR

On or About This Date	We Will Mail	You Should
September 23, 2004 <i>(Mailed)</i>	Statement of Account For Work Period February 1, 2004 - July 31, 2004	Verify hours and report any discrepancies to your Local Union immediately. Retain statement for your records.
November 30, 2004	Vacation/Holiday Benefit Checks	Complete a new Enrollment Card if you have moved recently.
<p>If you are interested in having your vacation/holiday benefit checks deposited electronically, contact the Vacation Department at the Fund Office, 8:30 A.M. to 4:00 P.M., Monday through Friday at 707-864-3300 or toll-free at 888-245-5005.</p>		

Contacting The Fund Office



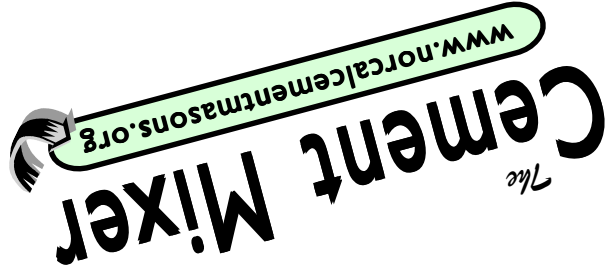
Cement Masons Trust Funds
220 Campus Lane
Fairfield, CA 94534-1499

(707) 864 - 3300
or Toll Free
(888) 245 - 5005

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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 Funds Administration, Inc.
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