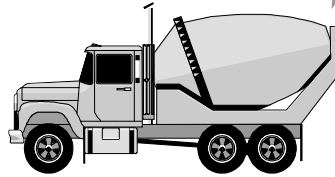


The Cement



Mixer

A Quarterly Newsletter for Northern California Cement Masons

Winter 2005 #24



Customer Service Hours



Effective **Monday, January 31, 2005**, our customer service hours will change. Our telephone and counter call representatives will be available to answer benefit questions starting at 8:00 AM until 5:00 PM, Monday through Friday (excluding holidays).

Year 2004 in Review

As we begin the year 2005, we will pause to reflect on some benefit changes that were implemented in 2004.

Blue Cross Prudent Buyer Plan changes:

Annual Deductible

- \$150 per person, up to \$450 per family

Physician Office Visit co-pay

- \$20 per visit

Emergency Room co-pay

- \$100 per visit

Comprehensive Medical Benefits

- You pay 20% and the plan pays 80% for Prudent Buyer Plan provider services
- You pay 40% and the plan pays 60%* for out-of-network provider services

Hospital Benefits

- You pay 20% and the plan pays 80% of the first \$15,000 of Prudent Buyer Plan negotiated rates, and the plan pays 100% thereafter for the first 30 days of confinement
- You pay 40% and the plan pays 60%* of the first \$15,000 of out-of-network service charges, and the plan pays 100% thereafter for the first 20 days of confinement

(*You are responsible for the costs above Blue Cross' usual, reasonable and customary charges for out-of-network services.)

Annual Out-of-Pocket Maximum

- \$3,000 per person, up to \$6,000 per family.

Coverage for Well Baby Care: This benefit provides newborns of Active Plan families preventive routine care, critical for infants to get a healthy start in life.

- \$20 Physician Office Visit co-pay
- 20% coinsurance for immunizations and Laboratory tests

(Prudent Buyer Plan network)

- 40% coinsurance for immunizations and Laboratory tests. (non-Prudent Buyer Plan network)

Elimination of Active "Three-Month Extension of Benefits." Any disabling condition that occurs on or after January 1, 2005 will not be eligible for extended benefits.

VSP "Standard Plan" Change to VSP "Value Plan." VSP Value Plan Benefit Changes:

- Co-pay for exams - \$20, and
- Co-pay for materials - \$20
- Out-of-Network reimbursement.

Select network, having fewer Participating Doctors.

How do you know if your optometrist is listed?

- Ask your optometrist if he or she is part of the "Value Plan,"
- Log onto VSP.com and click on "Find A Doctor," or
- Contact the Fund Office

Does not offer discounts on additional materials, such as a second pair of glasses.

Prescription Drug Benefit Changes:

Retail

- 30-day supply
- \$10 co-pay generic
- \$25 co-pay brand name

Mail Order

- 90-day supply
- \$20 co-pay generic
- \$50 co-pay brand name



HAPPY NEW YEAR!

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

Know your benefits...

When Does Your Eligibility Begin?

Under the Cement Masons rules for Active employees, your employer must report work hours to the Health and Welfare Fund for each hour you work in covered employment. Your hours are placed into an "Hour Bank" and your eligibility for Health and Welfare coverage begins the **FIRST** day of the **SECOND** month *after* you have 300 hours in your "Hour Bank."


Work Month	May	Jun	Jul	Hour Bank Total
Hours Reported and Paid by Employer	120	110	150	380

For example if your "Hour Bank" totals 380 hours at the end of July, you have accumulated the sufficient number of hours for Health and Welfare eligibility beginning September 1.

Remember that 100 hours is taken from your Hour Bank for each month of Health and Welfare Coverage.

Work Month	Aug	Sep	Oct	Hour Bank Total
Hours Reported, Paid by Employer (+) and H&W Deduction (-)	+ 85 -100	+ 100 -100	+ 120 -100	385

Note that to continue month-to-month coverage, you must maintain a *minimum* balance of 300 hours or you lose eligibility for coverage.

For your protection, retain all paycheck stubs. If you find you have more worked hours than hours reported, contact the Local Union or the Fund Office. For more information about your eligibility, contact the Health and Welfare department. 

COBRA

Based on a number of requests from pensioners, we are pleased to announce that all **Pensioners** covered under the COBRA Continuation Coverage will have their monthly premiums automatically deducted from their monthly pension benefit, beginning with their March 2005 benefit payment.

Please do not send any more coupons or personal checks after your February 2005 benefit payment.

We agree that this new method of payment will be more convenient for you as it will eliminate the process of mailing a monthly payment to the Fund Office. More importantly, it ensures that the COBRA payment is remitted to the COBRA Department before the 1st of the month thus updating your eligibility. Should you have any questions, contact the COBRA Department.

Thank you for sharing your ideas with us. We look forward to hearing more suggestions on how to better serve you.

Attention

Pensioners and Beneficiaries



Every year, the Trust Fund mails an Annual "Audit" Statement to each Pensioner or Beneficiary with a pension effective prior to January 1 of the current year. This audit is to verify that individuals receiving monthly benefits remain entitled to those benefits.

If you are a Pensioner or Beneficiary and you do not return a completed and signed form along with (if applicable) a certification, an affidavit, and/or a doctor statement, your Pension payments will cease.

Most forms must have a witness verify that you personally signed the form. You have the option to have your signature witnessed at an official Cement Masons Local Union or with a representative of the Trust Fund Office. For those that live out of the area of a Cement Masons Local Union or the Fund Office, you will need to have the document notarized. Before you seal that envelope, make sure that all boxes are checked and that you date and sign the form.

These statements will be mailed on March 9, 2005 and must be returned before your next benefit check is due to be mailed.

Electronic Deposit

If you receive benefit payments via Direct Deposit, it is important to notify the Fund Office of any changes to your bank account information. When a change occurs, contact the Pension or Vacation department for an Electronic Direct Deposit form, or download the form from our website. Complete the necessary information and return it to our office.

Benefit Review... 2005 Benefit Update

Effective January 1, 2005, your benefit options are as presented below.

Active	Active and Retired	Retired
<p>Delta Dental Plan of California (Delta Premier)</p> <p>Choose any dentist, however, higher out-of-pocket cost if you choose a non-Delta Dental dentist.</p> <p>BENEFIT FEATURES</p> <ul style="list-style-type: none"> • Paid per the fee schedule shown in the Table of Allowances. • Maximum of \$2,000 per individual per Plan Year. • \$100 deductible for individual up to \$300 for family per Plan Year. 	<p>NEW DeltaPreferred Option (DPO)</p> <p>Choose any dentist from the DeltaPreferred Option network.</p> <p>BENEFIT FEATURES</p> <ul style="list-style-type: none"> • Paid per the fee schedule shown in the Table of Allowances. • Payable up to the DeltaPreferred Option contracted rate, less out-of-pocket cost: <ul style="list-style-type: none"> • deductible, and difference in Dentist charge and Allowance. 	<p>Delta Dental Plan of California (Delta Premier)</p> <p>Choose any dentist, however, higher out-of-pocket cost if you choose a non-Delta Dental dentist. Each dental procedure is payable based on "Table of Allowance."</p> <p>BENEFIT FEATURES</p> <ul style="list-style-type: none"> • Paid per the fee schedule shown in the Table of Allowances. • Maximum of \$1,000 per individual per Plan Year. • \$50 deductible for individual up to \$150 per family per Calendar Year.
<p>Active: Dental benefits provided whether participant enrolls in Managed Health Care or Kaiser Plan.</p>		<p>Retired: Optional dental benefits provided through Delta Dental at an additional monthly cost of \$48 whether you enroll in Managed Health Care Plan or Kaiser Permanente Plan.</p>


Understanding Retired Choices

Effective **September 1, 2004: Private Contracting and Medicare.** Federal law allows physicians to privately contract with their patients. (*Private Contracting*). If you choose to agree to a "private contract," the physician must clearly state that:

- You are giving up your right to have Medicare pay for the services.
- You agree that the physician will *not* bill Medicare.
- You understand that Medicare will not pay for the services and that it is not likely that another insurance will cover the balance due amount.
- You have the right to receive services from physicians and practitioners whose services are covered under Medicare and whose bills Medicare would pay.

Here is an example of charges under a "private contract"

- Physician's Billed Charges \$150.00
- Plan pays 20% of \$80 (UC&R) \$(16.00)
- Balance due amount:* \$134.00
- You are responsible for the balance due amount.

If you incur expenses not covered by Medicare, the Retired Cement Masons Plan will not pay any amount of the billed charges. You will be responsible for the full payment of the charges. 

Withholding Tax Certificate

Federal regulations require that all Pensioners receive a Withholding Certificate form. It is your right to start, stop, increase or decrease the amount of tax withheld from your monthly pension benefit at any time.

Your last election of withholding remains in effect until you file a new Withholding Certificate form. If you want to make a change in your withholding, simply complete and sign the detachable Withholding Certificate which will be enclosed with the Annual Statement by Pensioner or Beneficiary to be mailed on March 9, 2005. For more information or to request another copy of this form, contact the Pension department or print the form by logging onto our website.

CALENDAR

On or About This Date	We Will Mail	You Should
January 28, 2005	Pensioners: 1099R Tax Forms	Retain for tax purposes. If not received, contact the Accounting Department (x624) for a duplicate copy.
March 9, 2005	Annual Statement by Pensioner or Beneficiary and Annual Tax Notification "Withholding Certificate"	Follow instructions on form, then complete, have your signature witnessed and return <i>ASAP</i> .
March 25, 2005	Statement of Account: Work Period: 8/1/04 - 1/31/2005	Verify hours, report discrepancies and retain statement for your records.

The next issue of the
Cement Mixer is scheduled to be
mailed on April 15, 2005

Contacting The Fund Office

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

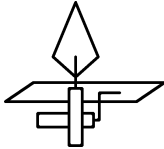
 (707) 864 - 3300
 or Toll Free
 (888) 245 - 5005

 Internet Web site:
www.norcalcementmasons.org

The *Cement Mixer* is published by the Northern California Cement Masons Funds Administration, Inc. Its purpose is to provide you and your family with information about the various benefits available to eligible participants and how to effectively use those benefits. 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. Please submit any comments or suggestions to the address listed above.



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