

# The Cement Mixer

A Quarterly Newsletter for Northern California Cement Masons

Summer 2011 #49

## Dental Plan Open Enrollment

The time to change your Dental Plan is during "Open Enrollment" from July 1 through August 14. Dental Plan changes become effective on September 1.

### Dental Plan Options:

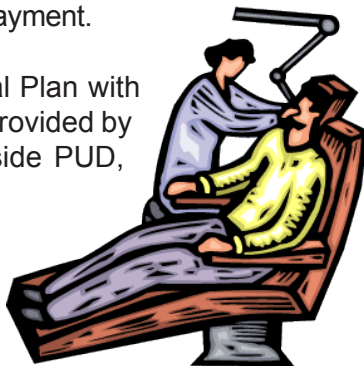
Delta Dental Premier: Traditional FEE-FOR-SERVICE Plan. Dental procedures paid according to a Table of Allowances. You pay the difference between the allowance and the dentist's fees.

Delta Dental PPO: Dentists in the Delta Dental PPO plan negotiate fees that are even lower than the Delta Dental Premier plan. Dental procedures paid according to a Table of Allowances. You pay the difference between dentist's fees and allowance.

DeltaCare USA: Prepaid Dental Plan with minimal copayments. All services must be provided by a DeltaCare USA dentist. If you obtain services outside DeltaCare USA, you will be responsible for payment.

Pacific Union Dental (PUD): Prepaid Dental Plan with minimal copayments. All services must be provided by a PUD dentist. If you obtain services outside PUD, you will be responsible for payment.

For more information about Dental Plans, contact Health and Welfare Department at the Trust Fund Office.



## Summary Annual Report



The Summary Annual Report provides financial information of each Trust Fund for fiscal year ended August 31, 2010.

Each summary includes:

- Total contributions,
- Investment in stocks, bonds and other financial instruments,
- Gains and losses from the sale of assets and earnings from investments,
- Administrative costs,
- Benefits paid and Health Care premiums.

## IMPORTANT INSERTS ENCLOSED

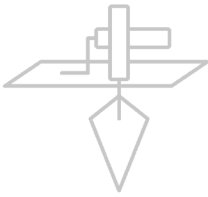
**THIS ISSUE OF THE CEMENT MIXER INCLUDES THE MOST RECENT IMPORTANT ANNOUNCEMENTS:**

“AFFORDABLE CARE ACT” BENEFIT CHANGES

THE “SPECIAL ENROLLMENT” FORM FOR ELIGIBLE CHILDREN

ACTIVE KAISER PERMANENTE BENEFIT SUMMARY (9/1/2011-08/31/2012)

AND THE 2010 SUMMARY ANNUAL REPORT



## IMPORTANT ANNOUNCEMENT

Please provide a copy of this Announcement to your Spouse and eligible adult children enrolled in the Plan

Your Benefits under the Affordable Care Act

### INSERT WITH THE SUMMER, 2011 CEMENT MIXER

Date: July 15, 2011

To: All Eligible Active and Retired Plan Employees **including** eligible Dependents  
▶ Direct Payment Plan and Kaiser Permanente Plan Members

Under the Affordable Care Act, (the Act), signed in to law on March 23, 2010, all Health Plans, except “*Retiree Only*” Plans and “*Limited Scope*” Dental and/or Vision Plans, are required to make certain benefit changes on the first day of the Plan Year following September 23, 2010. For the Cement Masons **Direct Payment Plan**, that date is **September 1, 2011**. The Dental and Vision Plans are “*limited scope*”, therefore, no changes to those plans are required.

The Cement Masons **Retired** Health and Welfare Plan is not a “Retiree Only” plan. The changes required by the Act **will apply** to the Retired Plan.

Under the Act, plans are referred to as “grandfathered” or “non-grandfathered”. While these terms will be explained at the end of this Announcement, what you need to know is that the **Direct Payment Plan** is no longer “grandfathered” as of **September 1, 2011** because of the benefit changes on January 1, 2011. The Kaiser Permanente Plan, however, remains “grandfathered” until June, 2013. Even though the Kaiser Permanente Plan remains grandfathered, the Board decided to make changes to the Kaiser Permanente Plan on **September 1, 2011** which are similar to those changes being made to the Direct Payment Plan.

The changes being made under the Act, are outlined below. **Read this information carefully because it can affect your benefits.**

#### Coverage for Dependent Children to Age 26 Direct Payment Plan and Kaiser Permanente Plan

If you have a child who lost coverage or who was denied coverage due to age or dependency restrictions, you now have the chance to enroll that child for coverage beginning **September 1, 2011**.

There is a special **One Time Open Enrollment Period** during which you can enroll an eligible child based upon the new rules in the Act.

Before September 1, 2011, dependent children were covered to the age of 19 or 23 if they were unmarried, a full-time student, and financially dependent upon the Cement Mason. Under the Act, the Cement Masons Plan is now required to allow eligible adult children to be covered **to their 26th birthday** so long as the Cement Mason remains eligible under the Plan.

**Eligible children** include natural or adopted children, stepchildren, foster children, and handicapped children. Coverage is available regardless of your child’s marital status, student status, financial dependency upon you, whether or not they live in your home, or whether the child has another employer sponsored health plan.

**Action Required:**

If you have an **eligible** child who lost coverage **prior to September 1, 2011**, or who was denied coverage due to previous age or dependency restrictions, complete the Special Enrollment Form included with this Announcement and return it to the Trust Fund Office **by August 31, 2011**. For children who are in an eligible status on September 1, 2011, coverage will continue **to their 26th birthday**; no action is required by you. Coverage for your child is entirely dependent on **your continued eligibility**. If you lose eligibility, dependent coverage will also be lost.

**If you are a Retiree, however, there may be an additional premium cost to add a dependent child. Call the Trust Fund Office for further information.**

Coverage is being extended to **your** eligible child or children only. **It does not extend to their children (unless placed in your home under foster care or legally adopted by you) nor does it extend to their Spouse.**

**KAISER PERMANENTE PLAN MEMBERS READ FURTHER IN THE ANNOUNCEMENT FOR INFORMATION ABOUT YOUR PLAN.**

**Comprehensive Medical Expense Benefit Lifetime Maximum – Direct Payment Plan Only**

The current Lifetime Maximum under the “Comprehensive Medical Expense Benefit” is \$2,000,000 for the Active Cement Mason and \$400,000 for the Retired Cement Mason. Effective **September 1, 2011**, the Lifetime Maximum is removed for claims incurred on and after **September 1, 2011**. If there are eligible Plan Participants who have met or will meet the maximum benefit level, they will automatically be reinstated for Comprehensive Medical Expense Benefits for claims incurred **on and after September 1, 2011**. Medical Expenses incurred **before September 1, 2011** that were not payable due to exceeding the Plan’s Lifetime Maximum will **not** be reimbursed by the Plan.

**Preventive Services - Direct Payment Plan**

The Plan will pay 100% (no deductible, copayment, or coinsurance) of the PPO negotiated rate for certain covered Preventive care services **but only if you receive them from a Preferred Provider (PPO)**. The list of covered Preventive care services is extensive. You should visit the following web site to see the list of the no-cost Preventive care services covered under the Act:

<http://www.healthcare.gov/law/about/provisions/services/lists.html>

**Routine Physical Physical Examination Benefits – Direct Payment Plan**

If you or your eligible dependents receive Routine Physical Examinations, laboratory or x-ray services from a **Non-Preferred Provider**, the benefit is limited to:

- ▶ \$300 for the Employee and \$300 for the Spouse **for each occurrence of a Routine Physical Examination**
- ▶ \$200 for the Child – **Active Plan Only**

Routine Physical Examinations, laboratory and/or x-rays by a **Non-Preferred Provider** for **Retired Plan Dependent Children** are not covered by the Plan. Certain Preventive Care Services by a Preferred Provider may be covered as outlined above.

## Hospital Emergency Room Services – Direct Payment Plan Only

If you have an **emergency medical condition** that requires you to go to an **outpatient hospital emergency room**, the Plan will apply the same **copayment** and **coinsurance** on the **outpatient hospital emergency room services** regardless of whether you receive the services from a PPO Hospital or a Non-PPO Hospital.

An emergency medical condition is one that happens **suddenly and unexpectedly** and is of a sufficient severity (including pain) that without immediate medical attention could be expected to result in:

- ▶ placing the health of an individual, or with respect to a **covered** pregnant woman (**excluding a dependent child**), the health of the woman or her unborn child in **jeopardy**
- ▶ Likely to cause long-term or permanent impairment to bodily functions, or death
- ▶ Likely to cause long-term or permanent damage of any bodily organ or part

With respect to a **covered** pregnant woman (**excluding a dependent child**) who is having contractions:

- ▶ that there is not enough time for a safe transfer to another hospital before delivery, or
- ▶ that transfer may pose a threat to the health or safety of the woman or the unborn child

Even though the Act requires that the Plan apply the same copayment and coinsurance on a claim for **outpatient hospital emergency room services** regardless of whether you use a PPO or Non-PPO Hospital, you should understand that using a Non-PPO hospital means that **you** pay more of the charges. There is no contractual requirement for a Non-PPO hospital to reduce the billed charges as there is if you use a PPO hospital. The example below illustrates how the calculations would work.

### EXAMPLE OF PPO HOSPITAL VS. NON-PPO HOSPITAL EMERGENCY ROOM DIRECT PAYMENT PLAN

	Preferred Provider Allowed Amount	Non-Preferred Provider Allowed Amount
Billed Charged	\$5,000.00	\$5,000.00
Less Emergency Room Copayment	\$100.00	\$100.00
Subtotal	\$3,400.00	4,900.00
Less Deductible (if any remaining)	\$150.00	\$150.00
Subtotal	\$3,250.00	\$4,750.00
Plan pays 80%	\$2,600.00	\$3,800.00
Patient Pays 20%	\$650.00	\$950.00

As you see in the example, when a PPO hospital is used, the “allowed amount” is lower than a Non-PPO hospital. The difference between the “allowed amount” and the “billed amount” when you use a PPO hospital is a **discount and the savings is passed on to you reducing your share of cost on the claim.**

### Active Kaiser Permanente Plan Members

Your benefits are changing September 1, 2011. Included with this Important Announcement is a Kaiser Benefit Summary showing the new deductible, copayments and/or coinsurance for September 1, 2011. You will also have the no cost Preventive care benefits **and other required changes** under the Act. For more information about your Kaiser Plan, call Kaiser Permanente Member Services at the telephone number located on your Kaiser Plan ID card.

### Retired Kaiser Permanente Plan Members

Your benefits remain the same with the exception of the addition of no cost Preventive care benefits **and other required changes under the Act**. For more information about your Kaiser Plan, call Kaiser Permanente Member Services at the telephone number located on your Kaiser Plan ID card.

### Internal and External Review of Coverage Determination - Direct Payment Plan

The Trust Fund currently provides *internal* claim appeal procedures for Plan Participants who request a review of a denial of benefits if they believe the denial is incorrect.

Effective **September 1, 2011**, the Act requires Participants be given an opportunity to have an internal as well as an **external** appeal of a denial which will be done by an independent review organization but is limited to denials for services that were considered not medically necessary.

### External Review of Coverage Determination - Kaiser Permanente Plan

For more information about the Kaiser Permanente Plan external claims review, call Member Services at Kaiser Permanente.

### Notice About the Early Retiree Reinsurance Program (ERRP)

You are a Plan Participant, or are being offered the opportunity to enroll as a Plan Participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program (ERRP). The ERRP is a Federal program established under the Act. Under the ERRP, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on **January 1, 2014**.

Under the ERRP, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in Plan Participants' premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs. If the plan sponsor chooses to use the ERRP reimbursements in this way, you, as a Plan Participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and the plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the ERRP reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

**Grandfathered  
Kaiser Permanente Plan and the Direct Payment Plan**

Being a grandfathered health plan means that a plan is not **required** to include certain consumer protections of the Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain **other** consumer protections in the Act such as dependent coverage to age 26. Loss of grandfathered status means that the Plan will then be required to provide other consumer protections of the Act.

Because of the Direct Payment Plan benefit changes in January, 2011, the Direct Payment Plan lost its grandfathered status as of September 1, 2011 and is therefore implementing the required changes under the Act.

As mentioned previously, the Kaiser Permanente Plan retains its “grandfathered” status until June 2013; however, changes under the Act are being implemented for the Kaiser Permanente Plan effective September 1, 2011 **earlier than required under the Act.**

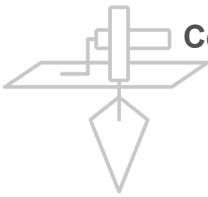
If there are questions about this Announcement or the Plan changes, contact the Trust Fund Office, Monday through Friday, 8:00 AM to 5:00 PM. You may also contact the Trust Fund Office via email at [customerservice@norcalcementmasons.org](mailto:customerservice@norcalcementmasons.org).

Sincerely,

Board of Trustees  
Cement Masons Health and Welfare Trust Fund  
for Northern California

**Receipt of this Announcement does not validate your eligibility under the Plan.  
You should always call the Trust Fund Office to verify your eligibility prior to any service.**

*In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan.*



**Cement Masons Health and Welfare Trust Fund for Northern California**  
**220 Campus Lane**  
**Fairfield, CA 94534-1499**  
**1 (707) 864-3300 or 1 (888) 245-5005**  
**www.norcalcementmasons.org**

Special Enrollment Form  
 Extension of Coverage for Adult Children to Age 26  
 This form must be postmarked by August 31, 2011  
**Insert with the Summer, 2011 Cement Mixer**

As explained in the Important Announcement, the Affordable Care Act provides for an Extension of coverage for eligible adult children to the age of 26 – the Age-26 Mandate. Complete this Special Enrollment Form for any eligible child who lost coverage, or who was denied coverage due to age or dependency restrictions, prior to September 1, 2011.

**Special Enrollment Deadline is September 1, 2011**

**Section I. Participant Information**

Social Security Number \_\_\_\_\_ or, Health Care ID CM \_\_\_\_\_  
 First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Unless documents have been previously provided, you are required to mail the applicable document(s) below with this form to the Fund Office to substantiate **your relationship to your dependent(s)**:

- NATURAL CHILD:** Birth Certificate
- ADOPTED CHILD:** Birth Certificate and Legal adoption document
- STEP-CHILD:** Birth Certificate
- FOSTER CHILDREN:** Documentation that the child/children have been placed in your care as a foster child

Write your social security number on each of the document(s) for identification purposes.

**Section II. Adult Child Information**

Full Name (First, MI, Last)	Sex M / F	Birth Date	Social Security No.	Relationship to Participant

*continued on reverse side*

Detach Special Enrollment Form - Complete and mail to the Trust Fund Address at 220 Campus Lane, Fairfield, C A 94534-1499

### Section III. Participant Information

Do any of the children you are enrolling during the Special Enrollment Period have another employer sponsored:

**Medical Plan**    No    Yes

**Prescription Drug Plan**    No    Yes

**Dental Plan**    No    Yes

**Vision Plan**    No    Yes

If you answered "Yes" to the section III questions, please complete the following section. Use a separate piece of paper if you need additional room.

Type of Coverage	Name of Company	Address, City, State	Name of Insured
Medical Plan			
Prescription Drug Plan			
Dental Plan			
Vision Plan			

**Enrollment forms arriving after the August 31, 2011 deadline will delay the effective date of coverage for the eligible child to the date the Enrollment Form arrives at the Trust Fund Office, so long as you are eligible that month.**

I hereby certify under penalty of perjury under the laws of the State of California that the information given in this form is true, correct, and accurate, to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Benefit Summary for Active Plan Members Kaiser Permanente Deductible HMO Plan (9/1/11 - 8/31/12)

The Services described below are covered only if all of the following conditions are satisfied:

The Services are Medically Necessary

The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Northern California Region Service Area (your Home Region), except where specifically noted to the contrary in the Evidence of Coverage (EOC) for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services.

### Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services, plus all your Deductible payments, add up to one of the following amounts:

For self-only enrollment (a Family or one Member) \$3,000 per calendar year  
 For any one Member in a Family of two or more Members \$3,000 per calendar year  
 For an entire Family of two or more Members \$6,000 per calendar year

### Deductible for Certain Services as specified below

You must pay Charges for Services you receive in a calendar year until you reach one of the following Deductible amounts:

For self-only enrollment (a Family or one Member) \$150 per calendar year  
 For any one Member in a Family of two or more Members \$150 per calendar year  
 For an entire Family of two or more Members \$450 per calendar year

### Lifetime Maximum

None

### Professional Services (Plan Provider office visits)

	You Pay
Most primary & specialty care consultations, exams, & treatment	\$20 per visit (deductible doesn't apply)
Routine physical maintenance exams	No charge (Deductible doesn't apply)
Well-child preventive exams (through age 23 months)	No charge (Deductible doesn't apply)
Family planning counseling	No charge (Deductible doesn't apply)
Scheduled prenatal care exams and first postpartum follow-up consultation and exam	No charge (Deductible doesn't apply)
Eye exams for refraction	No charge (Deductible doesn't apply)
Hearing exams	No charge (Deductible doesn't apply)
Urgent care consultations, exams, and treatment	\$20 per visit (Deductible doesn't apply)
Physical, occupational, and speech therapy	\$20 per visit after Deductible

### Outpatient Services

	You Pay
Outpatient surgery and certain other outpatient procedures	20% Coinsurance after Deductible
Allergy injections (including allergy serum)	No charge after Deductible
Most immunizations (including the vaccine)	No charge (Deductible doesn't apply)
Most X-rays and laboratory tests	20% Coinsurance after Deductible
Preventive X-rays, screenings, and laboratory tests as described in the EOC Health education:	No charge (Deductible doesn't apply)
Health education:	(Deductible doesn't apply)
Covered individual health education counseling	No charge
Covered health educational programs	No charge

### Hospitalization Services

	You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	20% Coinsurance after Deductible
Emergency Health Coverage	
Emergency Department visits	20% Coinsurance after Deductible

### Ambulance Services

	You Pay
Ambulance Services	20% Coinsurance after Deductible

### Prescription Drug Coverage

	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	\$10 for up to a 30-day supply, \$20 for a 31- to 60-day supply, or \$30 for a 61- to 100-day supply (Deductible doesn't apply)
Most generic refills through our mail-order service	\$10 for up to a 30-day supply or \$20 for a 31- to 100-day supply (Deductible doesn't apply)
Most brand-name items at a Plan Pharmacy	\$25 for up to a 30-day supply, \$50 for a 31- to 60-day supply, or \$75 for a 61- to 100-day supply (Deductible doesn't apply)
Most brand-name refills through our mail-order service	\$25 for up to 30-day supply or \$50 for a 31- to 100-day supply (Deductible doesn't apply)

### Durable Medical Equipment

	You Pay
Most covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	20% Coinsurance after Deductible

### Mental Health Services

	You Pay
Inpatient psychiatric hospitalization	20% Coinsurance after Deductible
Individual outpatient mental health evaluation and treatment	\$20 per individual visit (Deductible doesn't apply)
Group outpatient mental health treatment	\$10 per group visit (Deductible doesn't apply)

### Chemical Dependency Services

	You Pay
Inpatient detoxification	20% Coinsurance after Deductible
Individual outpatient chemical dependency evaluation and treatment	\$20 per visit (Deductible doesn't apply)
Group outpatient chemical dependency treatment	\$5 per visit (Deductible doesn't apply)

### Home Health Services

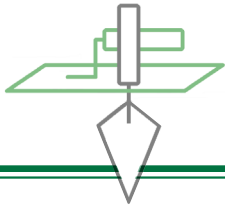
	You Pay
Home health care (up to 100 visits per calendar year)	No charge (Deductible doesn't apply)

### Other

	You Pay
Eye wear purchased at Plan Medical Offices or plan optical sales offices every 24 months	Amount in excess of \$175 Allowance (Allowance not subject to Deductible)
Skilled nursing facility care (up to 100 days per benefit period)	20% Coinsurance after Deductible
Covered external prosthetic devices, orthotic devices, and ostomy and urological supplies	No charge (Deductible doesn't apply)
All covered Services related to infertility treatment	50% Coinsurance (Deductible doesn't apply)
Hospice care	No charge (Deductible doesn't apply)

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Costs Sharing. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

# CEMENT MASONS TRUST FUNDS FOR NORTHERN CALIFORNIA



## HEALTH AND WELFARE · VACATION/HOLIDAY SUMMARY ANNUAL REPORT 2010

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### SUMMARY ANNUAL REPORT FOR CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA

This is a summary of the annual report for the Cement Masons Health and Welfare Trust Fund for Northern California, EIN 94-1291152, Plan No. 501, a multi-employer Plan, for the period beginning September 1, 2009 to August 31, 2010. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Self-Funded Benefit Information**

The Plan maintains its medical, prescription drugs, disability, death benefits, AD & D, physical exam, dental, vision benefits, hearing aid, and well baby care under a self-funded program.

#### **Insurance Information**

The following brief description of the Plan benefits are provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan has a contract with United Healthcare and *DeltaCare* USA to pay certain dental claims. The Plan also maintains an alternative medical plan under contract with Kaiser Foundation Health Plan for standard medical coverage for participants and dependents. The total insurance premiums charged to the Plan for the year ended August 31, 2010 were \$5,035,162.

#### **Basic Financial Statement**

The value of Plan assets, after subtracting liabilities of the Plan, was \$15,756,824 as of August 31, 2010, compared to \$13,681,827 as of September 1, 2009. During the Plan Year, the Plan experienced an increase in its net assets of \$2,074,997. This increase included unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year.

The Plan had a total income of \$22,199,103. This income included employer contributions of \$15,109,483, employee contributions of \$3,784,276, gains on the sale of assets of \$352,742, other income of \$1,212,450 and earnings from investments of \$1,740,152.

Plan expenses were \$20,124,106. These expenses included \$1,510,474 in operating expenses, \$60,333, in investment expenses, \$13,518,137, in benefits paid to participants and beneficiaries, and \$5,035,162, in insurance premiums charged by insurance companies and a health maintenance organization.

Benefits and eligibility rules will change from time to time. Retiree benefits differ from active employee benefits and also can be changed or eliminated at any time. Be sure to use the most recent Plan booklet and to read any special notices about your coverage. Do not rely on outdated information. If you lose your coverage you may be entitled to continue it by making self payments. Consult your booklet or the Plan Office for details.

#### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investment;
3. Transactions in excess of 5% of Plan assets;
4. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustee Cement Masons Health and Welfare Trust Fund for Northern California, who is Plan Sponsor, 220 Campus Lane, Fairfield, California 94534, (707) 864-3300.

**SUMMARY ANNUAL REPORT  
FOR CEMENT MASONS VACATION/HOLIDAY TRUST FUND  
FOR NORTHERN CALIFORNIA**

This is a summary of the annual report of the Cement Masons Vacation/Holiday Trust Fund for Northern California, EIN 94-6108055, Plan No. 501 for the period beginning September 1, 2009 to August 31, 2010. The annual report has been filed with the Employee Benefit Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Basic Financial Statement**

The value of Plan assets, after subtracting liabilities of the Plan, was \$572,665 as of August 31, 2010 compared to \$441,282 as of September 1, 2009. During the Plan Year the Plan experienced an increase in its net assets of \$131,383. This increase included unrealized appreciation or depreciation in the value of Plan assets; that is, the difference between the value of the Plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year.

The Plan had total income of \$9,710,376, including employer contributions of \$9,230,346, earnings from investments of \$279,808 and other income of \$200,222.

Plan expenses were \$9,578,993. These expenses included \$294,481 in operating expenses and \$9,284,512 in benefits paid directly to participants and beneficiaries.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Assets held for investments.

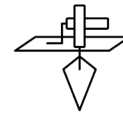
To obtain a copy of the full annual report, or any part thereof, write or call the office of Board of Trustees, Cement Masons Vacation/Holiday Trust Fund for Northern California, 220 Campus Lane, Fairfield, California 94534, (707) 864-3300.

**Your Rights to Additional Information**

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan, Cement Masons Trust Fund for Northern California, 220 Campus Lane, Fairfield, California 94534, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, NW, Washington, D.C. 20210.

On or About This Date	We Will Mail	You Should
July 1 - August 14	<b>DENTAL OPEN ENROLLMENT</b>	To change your Dental Plan, contact the Trust Fund Office
July 27	August 2011 Pension Benefit Check	Retain check stub for your records.
August 20	September 2011 Pension Benefit Check	Retain check stub for your records.
September 5	 <b>Labor Day</b>	The Trust Fund Office will be closed in observance of this Holiday.
September 28	October 2011 Pension Benefit Check	Retain check stub for your records.
October 27	November 2011 Pension Benefit Check	Retain check stub for your records.



## Contacting The Fund Office



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



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

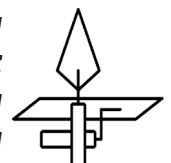


Internet Web site:  
[www.norcalcementmasons.org](http://www.norcalcementmasons.org)

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