

**CEMENT MASONS HEALTH AND WELFARE TRUST FUND**  
**220 CAMPUS LANE**  
**FAIRFIELD, CALIFORNIA 94534-1499**  
**TELEPHONE: (707) 864-3300 OR TOLL-FREE (888) 245-5005**

**IMPORTANT NOTICE REGARDING YOUR HEALTH AND WELFARE PLAN**

To: All Active and Retired Cement Masons Covered Under the Fund's  
Managed Health Care Plan

*Effective October 1, 2003, the Prescription Drug Benefit will change as follows:*

***Retail***

The co-payment for a brand name drug will *decrease* from \$20 to \$10/prescription. The maximum days supply remains at 30 days/prescription. If you or your physician requests a brand name drug when a generic equivalent is available, you will be responsible for payment of the \$10 co-payment, plus the difference in cost between the generic and brand name drug. The co-payment for a generic drug is still \$10/prescription for a 30-day supply.

***Mail Order***

The co-payment for a brand name drug will *decrease* from \$40 to \$20/prescription. The maximum days supply remains at 90 days/prescription. If you or your physician requests a brand name drug when a generic equivalent is available, you will be responsible for payment of the \$20 co-payment, plus the difference in cost between the generic and brand name drug. The co-payment for a generic drug is still \$20/prescription for a 90-day supply.

***Please note that if you use Mail Order, you save \$10 on each prescription. How? If you fill a prescription at Retail 3 times, it will cost you a total of \$30 in co-payments. For a \$20 co-payment, you receive a 90-day supply (the same as 3 Retail fills). You save \$10, and a trip to the pharmacy. (These costs apply only if there is no generic equivalent.)***

If you have any questions regarding this notice, please contact the staff at the Fund Office at 707 864-3300 or toll-free at 888 245-5005 between the hours of 8:30 AM and 4:00 PM, Monday through Friday.

Sincerely,

BOARD OF TRUSTEES

**INSERT #12 TO 4/1/00 BOOKLET  
SEPTEMBER 2003**

This notice is only intended to be a brief summary of selected Plan provisions. As such, it cannot address all aspects governing the payment of benefits under the Plan. In order to more fully understand your entitlement to benefits, rights and obligations, you should refer to your Summary Plan Description booklet and Plan Rules and Regulations.

**- PLEASE PLACE THIS NOTICE IN YOUR HEALTH AND WELFARE PLAN BOOKLET -**