

## IMPORTANT ANNOUNCEMENT

DATE: July 30, 2010

TO: All Active and Retired Health and Welfare Plan Participants

RE: Health and Welfare Plan Changes – **Effective September 1, 2010**

Below are recently approved changes to the Cement Masons Health and Welfare Plan:

### **Non-Participating Ambulatory Surgical Facilities – Direct Payment Plan**

Medically Necessary services from a **Non Participating** Ambulatory Surgical Facility are limited to a maximum of **\$500 per day**, subject to the Plan Year Deductible. If an Eligible Individual receives Medically Necessary treatment at a **Participating** Ambulatory Surgical Facility there is **no change** to the existing benefit.

### **Preferred Provider Service Area – Direct Payment Plan**

The Preferred Provider Service area will encompass **all** California counties replacing the language that the Preferred Provider Service area was limited to the 46-Northern California counties.

### **“No Cost” Excluded Expense – Direct Payment Plan**

No benefits are payable for services or supplies 1) for which you are not required to pay, 2) which are obtained without cost to you or, 3) for which there would be no charge to you if the treatment was not covered by the Fund.

### **Student Extension for Dependent children age 19 to 23 – Direct Payment Plan and Kaiser Permanente**

Eligible dependent children who are enrolled in the Plan are covered to their 19<sup>th</sup> birth date; coverage may be extended until they reach their 23<sup>rd</sup> birth date if they are unmarried, in full-time attendance, 8 units or equivalent credit, at an accredited educational institution, and if they are primarily dependent upon the Cement Mason for support; **e.g. “Student Extension.”**

A child who has qualified for the Student Extension and who becomes ill or injured so as to prevent continued full-time attendance (one of the prerequisites for continued coverage), **may** be entitled to an additional extension, of up to one year, while he/she is unable to continue as a full-time student.

In order to be considered for the extension, the child's treating physician must submit a written certification to the Trust Fund Office stating the following:

1. The child is suffering from a serious illness or injury; and

2. The leave of absence from the postsecondary student status would result in a loss of coverage under the Health Plan.

If the child is qualified, the one year period begins on the first day of the medically necessary leave of absence and ends on the earlier of, 1) one year later or, 2) the date on which coverage would otherwise terminate under the Plan. If your dependent child becomes unable to continue in full-time attendance because of illness or injury, contact the Trust Fund Office for the necessary form to apply for the extension of coverage.

Sincerely,

Board of Trustees

**This Announcement is intended to be a brief summary of the Plan change. It cannot describe each and every Plan Provision that may be relevant to your situation. You should always refer to your Plan Booklet for the full details of your Plan or if you are a Kaiser Permanente Member refer to your Evidence of Coverage (EOC). You should keep all Important Announcements with your Plan Booklet or EOC so it contains up-to-date information on the Plan.**

**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.**