



**CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA**  
**ACTIVE CEMENT MASONS & THEIR ELIGIBLE DEPENDENTS**  
**MANAGED CARE PLAN EFFECTIVE 9/1/2003**

<b>GENERAL INFORMATION</b>	<b>EFFECTIVE 9/1/2003</b>	<b>EFFECTIVE PRE-9/1/2003</b>
<b>INPATIENT HOSPITAL BENEFIT</b>		
Medical/Surgical	Prudent Buyer Plan - 90% of the first \$10,000 of negotiated rates, 100% thereafter for medically necessary hospital services during first 150 days of confinement per period of disability.  Non-Prudent Buyer Plan - 70% (10% regular co-payment plus 20% penalty for not using a preferred provider) of first \$10,000 of covered charges, 100% thereafter during first 120 days of confinement per period of disability. (Exception: For emergencies and participants residing outside of service area benefits payable at 90%, not 70%.) Covered charges include 100% of lowest semi-private room and ICU rate or 80% of lowest private room rate; 100% of miscellaneous charges.	Prudent Buyer Plan - 100% of negotiated rates up to 150 days.  Non-Prudent Buyer Plan - 80% of first \$10,000 of covered charges; 100% thereafter during first 120 days of confinement per period of disability. (Exception: For emergencies and participants residing outside of service area benefits payable at 100%, not 80%.) Covered charges include 100% of lowest semi-private room and ICU rate or 80% of lowest private room rate; 100% of miscellaneous charges.
Extended Care Facility Skilled Nursing Facility	Same as Medical/Surgical above except each 2 days of confinement counts as one day in determining combined hospital/extended care facility day limit.	Same as Medical/Surgical above except each 2 days of confinement counts as one day in determining combined hospital/extended care facility day limit.
Mental Health	Same as Medical/Surgical – see above.	Same as Medical/Surgical – see above.
Alcohol/Substance Abuse	50% of benefits at Prudent Buyer or Non-Prudent Buyer Plan facility as described above. Inpatient treatment limited to 15 days in 12-month period (30 day lifetime maximum).	50% of benefits at Prudent Buyer or Non-Prudent Buyer Plan facility as described above. Inpatient treatment limited to 15 days in 12-month period.
Utilization Review	Automatic part of Plan procedures when admitted to Prudent Buyer hospital. Required for ALL admissions. Penalty of 20% reduction of first \$10,000 of covered expenses otherwise payable for non-compliance.	
<b>COMPREHENSIVE MEDICAL BENEFITS</b>		
Plan Deductible	\$50 per individual, maximum of \$150 per family per Plan Year. Does not apply to Inpatient Hospital, Extended Care Facility, Physical Exams or Prescription Drug benefits.	None
Plan Maximum	\$250,000 lifetime per person with a \$2,000 Plan Year reinstatement. Lifetime maximum does not apply to inpatient hospital, extended care facility, physical exams, or prescription drug benefits.	
Emergency Room	Prudent Buyer Plan hospital - 90% of negotiated rate. Non-Prudent Buyer Plan hospital - 70% of covered charges.	Prudent Buyer Plan - 100% of negotiated rates. Non-Prudent Buyer Plan – 100% for facility charges, 90% for DXL
Outpatient Hospital Charges	Prudent Buyer Plan hospital - 90% of negotiated rates. Non-Prudent Buyer Plan hospital – 70% of covered charges.	Prudent Buyer Plan - 100% of negotiated rates. Non-Prudent Buyer Plan – 100% for facility charges, 90% for DXL
Ambulatory Surgical Facility	Prudent Buyer Plan facility - 90% of negotiated rate. Non-Prudent Buyer Plan facility - 70% of covered charges.	Prudent Buyer Plan facility - 100% of negotiated rate. Non-Prudent Buyer Plan facility - 80% of covered charges.

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Home Health Care	90% of covered charges - only upon referral by Case Management Program.	100% of covered charges - only upon referral by Case Management Program.
Hospice Care	90% of covered charges - only upon referral by Case Management Program.	100% of covered charges - only upon referral by Case Management Program.
Office Visits	Prudent Buyer Plan Physician - 100% of negotiated rate less \$5 co-payment per visit. Non-Prudent Buyer Plan Physician - 70% of UC&R less \$5 co-payment per visit.	Prudent Buyer Plan Physician - 100% of negotiated rate less \$5 co-payment per visit. Non-Prudent Buyer Plan Physician - 100% of UC&R less \$5 co-payment per visit.
Surgery	Prudent Buyer Plan Physician - 90% of negotiated rate. Non-Prudent Buyer Plan Physician - 70% of UC&R.	Prudent Buyer Plan Physician - 100% of negotiated rate. Non-Prudent Buyer Plan Physician - 100% of UC&R.
Diagnostic X-Ray and Lab	Prudent Buyer Plan facility - 90% of negotiated rate. Non-Prudent Buyer Plan facility - 70% of UC&R.	Prudent Buyer Plan facility - 100% of negotiated rate. Non-Prudent Buyer Plan facility - 100% of UC&R.
Hearing Aids	Up to \$1,000 per hearing device for each ear once every 36 months.	
Chiropractic Benefits	\$40 per visit up to 40 visits per Plan Year. PHYSICIAN OFFICE VISIT CO-PAYMENT DOES NOT APPLY. Chiropractic X-rays: Limited to \$300 per Plan Year.	
Durable Medical Equipment	Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R.	Prudent Buyer Plan facility - 100% of negotiated rate. Non-Prudent Buyer Plan facility - 100% of UC&R.
Mental Health	Prudent Buyer Plan provider – 50% of negotiated rate up to 40 visits per Plan Year. Non-Prudent Buyer Plan provider – 50% of covered charges up to 20 visits per Plan Year. PHYSICIAN OFFICE VISIT CO-PAYMENT DOES NOT APPLY.	
Alcohol/Substance Abuse	Not covered.	
<b>OTHER BENEFITS</b>		
Physical Exam	Adult: \$200 for Cement Mason or Spouse per Plan Year. Well Baby Exam: \$50 for each dependent child per Plan Year. DEDUCTIBLE AND PHYSICIAN OFFICE VISIT CO-PAYMENT NOT APPLICABLE.	
Death & Accidental Death Dismemberment Benefits	<b>Employee Death:</b> \$7,500 plus additional \$5,000 if death is due to accident. Employee Injury/Dismemberment - \$2,500 to \$5,000 depending upon part or parts of body. <b>Spouse Death:</b> \$2,000; <b>Child Death:</b> \$100 for age 24 hours but less than 6 month old; \$500 for age 6 months but less than 19 years old.	
Vision Care	Vision Service Plan (VSP) benefits provided through Fund. Payable every 12 months for exam and lenses and every 24 months for frames. \$10 deductible for exam and \$10 deductible for lenses and frames.	Vision Service Plan (VSP) benefits provided through Fund. Payable every 12 months for exam, lenses and frames. \$5 deductible for exam and \$5 deductible for lenses and frames.
Dental Care	Choose any dentist but higher out-of-pocket cost if a non-Delta Dental dentist is used. Each dental procedure is payable based on “Table of Allowance”. Maximum payable up to \$3,000 per individual per Plan Year. \$75 deductible per individual per Plan Year but not to exceed \$225 per family. Orthodontic care – not covered.	Choose any dentist but higher out-of-pocket cost if a non-Delta Dental dentist is used. Each dental procedure is payable based on “Table of Allowance”. Maximum payable up to \$5,000 per individual per Plan Year. \$50 deductible per individual per Plan Year but not to exceed \$150 per family. Orthodontic care up to \$800 lifetime maximum for dependent children only.
Prescription Drugs	<b>Retail</b> – Participant pays co-payment of \$10 for generic or \$20 for brand name per prescription. 30 day supply maximum per prescription.  <b>Mail Order</b> – Participant pays co-payment of \$20 for generic or \$40 for brand name per prescription. 90 day supply maximum per prescription.  If a generic equivalent is available and Participant or Physician prefer brand name, Participant is responsible for the difference in cost between generic and brand name in addition to the co-payment	<b>Retail</b> - \$3 co-payment at participating pharmacies; balance payable at 100% for generic drugs. Participant pays difference between generic and brand costs; 60 day supply.  <b>Mail Order</b> - 100% paid by Plan; 90 day supply.