



**CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
 RETIRED CEMENT MASONS AND THEIR ELIGIBLE DEPENDENTS
 MANAGED CARE PLAN EFFECTIVE SEPTEMBER 1, 2003**

GENERAL INFORMATION	EFFECTIVE 9/1/2003	EFFECTIVE PRE-9/1/2003
INPATIENT HOSPITAL BENEFIT		
Medical/Surgical Prudent Buyer Plan	90% of the first \$10,000 of negotiated rates, 100% thereafter for medically necessary hospital services during first 120 days of confinement per period of disability.	100% of the negotiated rates for medically necessary hospital services during first 120 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.	80% (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 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.
Skilled Nursing Facility	Same as Medical/Surgical above except each two days of confinement counts as one day in determining combined hospital/extended care facility day limit.	
Mental Health Care	Same as Medical/Surgical above	
Utilization Review	Automatic part of Plan procedures when admitted to Prudent Buyer Plan hospital. Required for ALL hospital admissions. Penalty of 20% reduction of the first \$10,000 of covered expenses otherwise payable for non-compliance.	
COMPREHENSIVE MEDICAL BENEFIT		
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	\$60,000 lifetime per person with a \$2,000 Plan Year reinstatement.	\$30,000 lifetime per person with a \$2,000 Plan Year reinstatement.
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
Office Visit	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 Lab And X-Ray	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.

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Immunizations & Inoculations (Shots)	Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R. Immunizations and inoculations are covered for dependent children only.	Prudent Buyer Plan provider - 100% of negotiated rate. Non-Prudent Buyer Plan provider - 100% of UC&R. Immunizations and inoculations are covered for dependent children only.
Ambulance	Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R.	Prudent Buyer Plan provider - 100% of negotiated rate. Non-Prudent Buyer Plan provider - 100% of UC&R.
Chiropractic Benefits	\$40 per visit, limit of 40 visits per Plan Year. PHYSICIAN OFFICE VISIT CO-PAYMENT DOES NOT APPLY. Chiropractic x-rays limited to \$300 per Plan Year.	
Hearing Aids	Up to \$1,000 per hearing device for each ear once every 36 months.	
Mental Health Care	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.	
Durable Medical Equipment	Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R.	Prudent Buyer Plan provider - 100% of negotiated rate. Non-Prudent Buyer Plan provider - 100% of UC&R.
OTHER BENEFIT		
Physical Exam	Retiree/Spouse: Up to \$200 per Plan Year. Well Child Care: Not covered.	
Dental Care	Optional dental benefits provided through Delta Dental at an additional monthly cost of \$51. 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 \$2,000 per individual per Plan Year. \$75 deductible per individual per Plan Year but not to exceed \$225 per family.	Optional dental benefits provided through Delta Dental at an additional monthly cost of \$50. 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 \$4,000 per individual per Plan Year. \$50 deductible per individual per Plan Year but not to exceed \$150 per family.
Vision Care	Optional vision benefits provided through VSP at an additional monthly cost of \$12. 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.	Optional vision benefits provided through VSP at an additional monthly cost of \$25. Payable every 12 months for exam, lenses and frames. \$5 deductible for exam and \$5 deductible for lenses and frames.
Prescription Drugs	Prescription Solutions My Union Rx benefits provided through Fund. Retail – Participant pays co-payment of \$10 for generic or \$20 for brand name per prescription. 30 day supply limit. Mail Order – Participant pays co-payment of \$20 for generic or \$40 for brand name per prescription. 90 day supply limit. 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	Prescription Solutions My Union Rx benefits provided through Fund. Retail: \$3 co-pay for generic drugs or \$3 co-pay plus difference in price between brand-name and generic for brand-name drugs; 30 day supply limit. Mail Order: 100% paid by Plan; 90 day supply limit.