

**CEMENT MASONS HEALTH AND WELFARE TRUST FUND
FOR NORTHERN CALIFORNIA
ACTIVE CEMENT MASONS & THEIR ELIGIBLE DEPENDENTS**

**COMPARISON OF
BENEFIT PLANS**

September 1, 2006

GENERAL INFORMATION	DIRECT PAYMENT PLAN	KAISER PERMANENTE PLAN
Type of Plan	Direct Payment Plan provides traditional, fee-for-service medical benefits. Direct Payment offers benefits at lower costs when you use the Prudent Buyer Plan Network of hospitals, physicians, laboratory and radiology facilities, and ambulatory surgical facilities.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.
Geographical Area Covered	Worldwide	See enclosed letter which advises if this plan is available to you.
Choice of Physicians	Unlimited. Use of Prudent Buyer Plan physicians results in lower out-of-pocket expenses.	Members must use a Kaiser Permanente Physician.
Specialized Care: In-Network	You select any specialist.	\$20 copayment for specialist service referred by your Kaiser Permanente Physician.
Outside Network	You select any specialist.	\$20 copayment for outside specialist service if referred by a Kaiser Permanente Physician
Out-Of-Area Care	Normal benefits apply to treatment anywhere in the world.	100% after \$100 copayment (waived if admitted) worldwide emergency coverage for unforeseen illness or injury.
Claim Forms	None.	No claim forms except for out-of-plan emergency care from non-Kaiser Permanente providers.
INPATIENT HOSPITAL BENEFIT		
Medical/Surgery	Prudent Buyer Plan - 80% of the first \$15,000 of negotiated rates, 100% thereafter for medically necessary hospital services during first 30 days of confinement per period of disability. Non-Prudent Buyer Plan - 60% (20% regular copayment plus 20% penalty for not using a preferred provider) of first \$15,000 of covered charges, 100% thereafter during first 20 days of confinement per period of disability. (Exception: For emergencies and participants residing outside of service area, benefits are payable at 80%, not 60%. See footnote #1 for definition of service area).	100% for all covered benefits and services at Kaiser Permanente medical facilities.
Skilled Nursing Facility (Extended Care)	Same as Medical/Surgical except each 2 days of confinement counts as one day in determining combined hospital/extended care facility day limit.	100% for up to 100 days per benefit period, when authorized by a Plan physician.
Mental Health	Same as Medical/Surgical – see above.	100% for up to 45 days per calendar year.
Alcohol and Substance Abuse Treatment	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).	100% for detoxification only. After \$100 copayment per admission, Transitional Residential Recovery services up to 60 days per calendar year not to exceed 120 days in any 5-year 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.	Automatic part of Plan procedures.

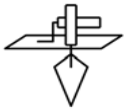
GENERAL INFORMATION	DIRECT PAYMENT PLAN	KAISER PERMANENTE PLAN
OUTPATIENT MEDICAL BENEFITS		
Plan Deductible	\$150 per individual, maximum of \$450 per family per Plan Year. Does not apply to inpatient hospital, extended care facility, physical exams or prescription drug benefits.	None.
Plan Maximum	\$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.	None. Some restrictions apply.
Plan Year Out-of-Pocket Expense Maximum	\$3,000 per individual up to \$6,000 per family for services by Prudent Buyer Plan providers. Out-of-Pocket includes the Plan deductible, 20% of the negotiated rate for charges by Prudent Buyer Plan providers and the 20% copayment for hospital stay. Does not include Physician Visit copayment, Emergency Room copayment, penalties for not using a Preferred Provider Hospital or not obtaining a Utilization Review, 40% of the UC&R for charges by non-Prudent Buyer Plan providers, Plan exclusions and limitations.	\$1,500 per person, \$3,000 per family.
Emergency Room Hospital	Prudent Buyer Plan – 80% of negotiated rate after \$100 copayment Non-Prudent Buyer Plan – 60% of covered charges after \$100 copayment	\$100 copayment at a Kaiser Permanente facility (waived if admitted).
Outpatient Hospital Care	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan – 60% of covered charges	\$20 copayment at a Kaiser Permanente facility.
Ambulatory Surgical Facility	Prudent Buyer Plan – 80% of negotiated rate. Non-Prudent Buyer Plan – 60% of covered charges.	\$20 copayment at a Kaiser Permanente medical facility.
Home Health Care	80% of covered charges - only upon referral by Case Management Program.	100% when authorized by Plan physician for part-time, intermittent care.
Hospice Care	80% of covered charges - only upon referral by Case Management Program.	100% when selected as alternative to traditional services and authorized by a Plan physician.
Adult Physical Exam Well Baby Exam	\$200 for Cement Mason or spouse per Plan Year. \$50 for each dependent child per Plan Year. Well Baby charges for dependent children up to age 2 are payable as routine office visit and not subject to \$50 maximum per Plan Year. DEDUCTIBLE AND PHYSICIAN OFFICE VISIT COPAYMENT NOT APPLICABLE.	\$20 copayment per visit. \$5 copayment per visit.
Immunizations and Inoculations (Shots)	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R. Immunizations and inoculations are covered for dependent children only.	100%
Office Visits Physician Fee	Prudent Buyer Plan - 100% of negotiated rate after \$20 copayment per visit. Non-Prudent Buyer Plan – 60% of UC&R less \$20 copayment per visit.	\$20 copayment per visit.
Surgery Physician Fee	Prudent Buyer Plan Physician – 80% of negotiated rate. Non-Prudent Buyer Plan Physician – 60% of UC&R	100% for inpatient procedure; \$20 copayment for outpatient procedure.
Diagnostic Lab Tests X-Ray / MRI, CAT-Scans	Prudent Buyer Plan – 80% of negotiated rate. Non-Prudent Buyer Plan – 60% of UC&R.	100%
Hearing Aids	Up to \$1,000 per hearing device for each ear once every 36 months.	Up to \$1,000 allowance per device, 2 devices every 36 months.
Chiropractic Benefits	\$40 per visit up to 40 visits per Plan Year. PHYSICIAN OFFICE VISIT COPAYMENT DOES NOT APPLY. Chiropractic X-rays: Limited to \$300 per Plan Year.	\$15 copayment per visit, 30 visits per calendar year. \$50 annual chiropractic appliance benefit. Radiological x-rays as authorized.
Mental Health	Prudent Buyer Plan provider – 50% of negotiated rate up to 40 visits per Plan	\$20 copayment per visit up to 20 visits per calendar year.

GENERAL INFORMATION	DIRECT PAYMENT PLAN	KAISER PERMANENTE PLAN
	Year. Non-Prudent Buyer Plan provider – 50% of UC&R up to 20 visits per Plan Year. PHYSICIAN OFFICE VISIT COPAYMENT DOES NOT APPLY.	Unlimited for AB88 conditions.
Alcohol and Substance Abuse	Not covered.	\$20 copayment per visit for individual therapy.
Durable Medical Equipment	Prudent Buyer Plan provider – 80% of negotiated rate. Non-Prudent Buyer Plan provider – 60% of UC&R	100% when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines.
Ambulance	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R.	No charge when medically necessary and authorized by a Kaiser Permanente Physician.
OTHER BENEFITS		
Death & Accidental Death Dismemberment Benefits	Benefits will be provided whether you enroll in Direct Payment Plan or Kaiser Permanente Plan. Employee Death: \$7,500 plus additional \$5,000 if death is a result of an accident. Employee Injury/Dismemberment: \$2,500 to \$5,000 depending upon part or parts of body. Spouse Death: \$2,000; Child Death: \$100 for age 24 hours but less than 6 months old; \$500 for age 6 months but less than 19 years old.	
Vision Care	Vision Service Plan (VSP) “Value Plan” benefits provided through Fund. Payable every 12 months for exam and lenses and every 24 months for frames. \$20 deductible for exam and \$20 deductible for lenses and frames. Toll-Free No.: (800) 877-7195 Refer to Group 00877000, Division 6, Class 2.	\$20 copayment for exam provided at Kaiser Permanente Medical Facility. VSP benefits will continue to be provided through Fund – see Direct Payment Plan for benefits.
Dental Care	Benefits provided through Fund whether you enroll in Direct Payment Plan or Kaiser Plan. Fund offers three optional Dental Plans - see attached Dental Plans Comparison. 1. Delta Dental Plan of California. Refer to Group #9525-0001. 2. DeltaCare PMI. Refer to Group #05566-0001. 3. Pacific Union Dental. Refer to Group #95450.	
Prescription Drugs	Prescription Solutions benefits provided through Fund. <u>Retail</u> – Participant pays copayment of \$10 for generic or \$25 for brand name per prescription. 30 day supply maximum per prescription. Mail Order – Participant pays copayment of \$20 for generic or \$50 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 copayment.	\$10 copayment for generic or \$25 copayment for brand name drug per prescription. 100 day supply maximum per prescription. Must be purchased at a Kaiser Plan Pharmacy.
Toll-Free Numbers	1-800-244-5005	1-800-464-4000; 1-800-788-0616 (Spanish) (Refer to Group 500-0000 when calling)

¹Preferred Provider Plan (Prudent Buyer) Service Area extends to all 46 Northern California Counties.

This comparison of benefits is intended only as summary of the benefits provided by each plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from plan to plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Fund's Rules and Regulations or Kaiser Permanente's contract.

Revised 9/15/2006



**CEMENT MASONS HEALTH AND WELFARE TRUST FUND
COMPARISON OF DENTAL PLANS EFFECTIVE SEPTEMBER 1, 2006**

Plan Features	Delta Dental of California		Pacific Union Dental	DeltaCare PMI
	Delta Dental Premier	Delta Dental PPO		
Type of Plan	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.	PPO Plan. 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.	Pre-paid HMO type Plan. You select a Pacific Union dentist who provides all services including referrals to Specialists.	Pre-paid HMO type Plan. You select a PMI dentist who provides all services including referrals to Specialists.
Area Covered	More than 9,000 Northern California Delta Dental Premier dentists.	For list of PPO dentists in your area, call Delta Dental at toll free number 1-800-765-6003. (Network is limited).	Dental Offices throughout Northern California. Call 1-800-999-3367 for a Pacific Union dentist in your area.	Dental Offices throughout Northern California. Call 1-800-422-4234 for a PMI dentist in your area.
Choice of Dentists	Any dentist, however, you pay less out-of-pocket costs when you use a Delta Dental Premier dentist because fees are pre-negotiated and dentist cannot charge more than the pre-negotiated amount.	Visit a Delta Dental PPO dentist for lower out-of-pocket costs. You are free to use any dentist though you pay lower out-of-pocket costs when you use a Delta Dental Premier dentist and even lower costs when you use a Delta Dental PPO dentist.	Pacific Union dentist only. All services and referrals must be provided by a Pacific Union dentist. No benefits will be paid if dental services are performed by other than a Pacific Union dentist.	PMI dentist only. All services and referrals must be provided by a PMI dentist. No benefits will be paid if dental services are performed by other than a PMI dentist.
Annual Deductible	\$100 per person \$300 per family	\$100 per person \$300 per family	None	None
Annual Maximum	\$2,000 per person Active Plan \$1,000 per person Retired Plan	\$2,000 per person Active Plan \$1,000 per person Retired Plan	No maximum	No maximum
Out of Pocket Costs	Dental procedures paid according to a Table of Allowance. You pay the difference between dentist's fees and allowance.	Dental procedures paid according to a Table of Allowance. You pay the difference between dentist's fees and allowance.	Minimal copayments	Minimal copayments
Orthodontic Benefits	Not Covered	Not Covered	Start up fee of \$350.00. Member's copayment up to \$2,250.00. Coverage for member, spouse and children starting at age 10.	Start up fee of \$350.00. Coverage for adults is up to \$1,800.00 and children is up to \$1,600.00.