CEMENT MASONS HEALTH AND WELFARETRUST FUND
ACTIVE CEMENT MASONS AND THEIR ELIGIBLE DEPENDENTS
EFFECTIVE JANUARY 1, 2008

COMPARISON OF BENEFIT PLANS

PLAN FEATURES	DIRECT PAYMENT PLAN	KAISER PERMANENTE
When You Can Change Plans	You are free to change plans twice in a calendar year. You and your eligible dependents may not split coverage – that is, you may not enroll in the Direct Payment Plan and your dependents enroll in Kaiser Permanente. To change medical plans, request an Active Plan Application Form from the Fund Office or your Local Union or go to our website, www.norcalcementmasons.org, to print or order the form on-line.	
Type of Plan	Direct Payment Plan provides traditional, fee-for-service medical benefits. Direct Payment Plan offers benefits at lower costs when you use the Prudent Buyer Plan Network.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.
Geographical Area Covered	Worldwide	You may enroll in Kaiser Permanente if you live or work within Kaiser Service Area.
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.	Self-referral to specialists such as allergy, dermatology, psychiatry, and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.
Specialized Care Outside Network	You select any specialist.	Covered in full if a Kaiser Permanente Physician refers you to outside specialist.
Out-Of-Area Care	Normal benefits apply to treatment anywhere in the world.	$100 copayment for worldwide emergency coverage for unforeseen illness or injury. Waived if admitted.
Claim Forms	None.	Required for emergency care from non-Kaiser Permanente providers.
COMPREHENSIVE MEDICAL BENEFITS		
Plan Deductible	$150 per individual, maximum of $450 per family per Plan Year for services by non-contracting providers. **DOES NOT APPLY TO CONTRACTING PROVIDERS AND INPATIENT HOSPITAL BENEFIT.**	$500 per individual, maximum of $1,000 per family per Calendar Year.
Plan Maximum	$2,000,000 lifetime per individual with a $2,000 Plan Year reinstatement. Lifetime maximum does not apply to Physical Exam and 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 does not include Physician Visit co-payment, Emergency Room co-payment, 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.	$3,000 per individual up to $6,000 per family per Calendar Year.

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Inpatient Hospital Medical/Surgery	Prudent Buyer Plan - 100% of the negotiated rates for medically necessary hospital services. Subject to $2 million Plan Maximum. Non-Prudent Buyer Plan - 60% (20% regular co-payment plus 20% penalty for not using a preferred provider) of first $15,000 of covered charges, 100% thereafter. (Exception: For emergencies and participants residing outside of service area, benefits are payable at 80% of first $15,000 of covered charges. See footnote #1 for definition of service area). Subject to $2 million Plan Maximum.	80% payable after deductible for all covered benefits and services at Kaiser Permanente medical facilities.
Skilled Nursing Facility	Same as Medical/Surgical above.	80% payable after deductible for up to 100 days per Calendar Year.
Mental Health	Same as Medical/Surgical above.	80% payable after deductible up to 30 days per benefit period.
Alcohol and 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).	80% payable after deductible for detoxification only. (Rehabilitation is not covered). Transitional Residential Recovery Services – $100 copayment per admission after deductible 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 a participating hospital. Required for ALL hospital or extended care admissions. 20% penalty of 1st $10,000 payable charges for non-compliance.	Automatic part of Plan procedures.
Outpatient Hospital Care	Prudent Buyer Plan - 100% of negotiated rates. Non-Prudent Buyer Plan – 60% of covered charges.	80% payable after deductible for most outpatient services.
Emergency Room Hospital	Prudent Buyer Plan - 100% of negotiated rate after $100 copayment. Non-Prudent Buyer Plan - 60% of covered charges after $100 copayment. Copayment waived under certain circumstances.	80% payable after deductible. Waived if admitted.
Ambulatory Surgical Facility	Prudent Buyer Plan facility - 100% of negotiated rate. Non-Prudent Buyer Plan facility - 60% of covered charges.	80% payable after deductible at a Kaiser Permanente medical facility.
Home Health Care	100% of negotiated rate. Must be pre-authorized by Blue Cross of California.	100% payable up to 100 2-hour visits per Calendar Year when authorized by Plan physician for part-time, intermittent care.
Hospice Care	100% of negotiated rate. Must be pre-authorized by Blue Cross of California.	100% payable when selected as alternative to traditional services and authorized by a Plan physician.
Physician Office Visit	Prudent Buyer Plan - 100% of negotiated rate after $20 co-payment per visit. Non-Prudent Buyer Plan – 60% of UC&R less $20 co-payment per visit. Copayment does not apply to Physical Exam, Well Baby, Chiropractic Care or outpatient Mental Health visits.	$20 copayment per visit – no deductible.

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Surgery Physician Fee	Prudent Buyer Plan Physician - 100% of negotiated rate. Non-Prudent Buyer Plan Physician - 60% of UC&R.	Inpatient - 100% payable. Outpatient - $20 copayment per visit – no deductible.
Diagnostic Lab Tests, X-Ray, MRI, CT Scan	Prudent Buyer Plan facility - 100% of negotiated rate. Non-Prudent Buyer Plan facility - 60% of UC&R.	$10 copayment per encounter after deductible for most x-rays & lab. MRI, CT Scan and PET Scan - $50 copayment.
Physical Exam/ Well Baby	Cement Mason or Spouse - $200 maximum per Plan Year. Child older than age 2 - $50 maximum 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.	Adult - $20 copayment per visit – no deductible. Child up to 23 months - $10 copayment per visit – no deductible.
Immunizations and Inoculations (Shots)	Prudent Buyer Plan provider - 100% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R. Immunizations are covered for dependent children only.	100% payable.
Outpatient Mental Health Services	Prudent Buyer Plan provider – 50% of negotiated rate up to 40 visits; Non-Prudent Buyer Plan provider – 50% of UC&R up to 20 visits per Plan Year.	Individual Therapy - $20 copayment per visit – no deductible. Group Therapy - $10 copayment per visit – no deductible. Limited to 20 visits per Calendar Year. Unlimited for AB88 conditions.
Outpatient Substance Abuse Treatment	Not covered.	Individual Therapy - $20 copayment per visit – no deductible. Group Therapy - $5 copayment per visit – no deductible.
Chiropractic Benefits	$40 per visit up to 40 visits per Plan Year. Chiropractic X-rays: Limited to $300 per Plan Year.	$15 copayment per visit up to 30 visits per Calendar Year. $50 annual benefit for appliance. Radiological x-rays as authorized.
Physical Therapy Occupational Therapy	Prudent Buyer Plan provider - 100% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R.	$20 copayment per visit after deductible.
Hearing Aids/Device	$1,000 maximum payable per ear/device every 36 months	Hearing aids/device not covered. $20 copayment for hearing test only – no deductible.
Ambulance	Prudent Buyer Plan provider - 100% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R. Air ambulance may be covered if due to a life threatening condition.	$150 copayment per trip after deductible when medically necessary and authorized by a Kaiser Permanente Physician.
Durable Medical Equipment	Must be prescribed by a physician. Prudent Buyer Plan provider - 100% of negotiated rate. Non-Prudent Buyer Plan provider - 100% of UC&R.	80% payable when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines. No deductible.
OTHER BENEFITS		
Death, Accidental Death and 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.	In addition to VSP benefits provided through Fund (see Direct Payment Plan), Kaiser provides benefit for an eye exam only. You pay $20 copayment per exam – no deductible.

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Prescription Drugs	Prescription Solutions benefits provided through Fund. Retail – Participant pays co-payment of $10 for generic or $25 for brand name per prescription. 30 day supply maximum per prescription. Mail Order – Participant pays co-payment 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 co-payment.	Generic - $10 copayment per prescription for up to a 100 day supply (30-day supply limit for certain drugs) – no deductible. Brand Name - $30 copayment per prescription for up to a 100 day supply (30-day supply limit for certain drugs). Subject to $100 deductible per Calendar Year. Prescriptions written by non-Kaiser physicians are not covered.
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.	
Toll-Free Numbers	**1-888-245-5005**	**1-800-464-4000; 1-800-788-0616 (Spanish)** (Refer to Group 500-0000 when calling)

This comparison of benefits is intended only as a summary of the benefits provided by each plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from each 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's contract.

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

Revised 12/3/2008

CEMENT MASONS HEALTH AND WELFARE TRUST FUND
COMPARISON OF DENTAL PLANS EFFECTIVE JANUARY 1, 2008

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 co-payments	Minimal co-payments
Orthodontic Benefits	Not Covered	Not Covered	Start up fee of $350. 00. Member's co-payment 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 for children is up to $1,600.00.