

**CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA  
 RETIRED CEMENT MASONS AND THEIR ELIGIBLE DEPENDENTS  
 EFFECTIVE JANUARY 1, 2011**

**COMPARISON OF  
 BENEFIT PLANS**

<b>GENERAL INFORMATION</b>	<b>DIRECT PAYMENT PLAN</b>	<b>KAISER PERMANENTE PLAN (Non-Medicare Eligible)</b>	<b>KAISER PERMANENTE SENIOR ADVANTAGE ("Medicare Risk")</b>
Type of Plan, Service Area and Location of Facilities	The Direct Payment Plan provides traditional, fee-for-service medical benefits. You may seek care from any hospital or physician you like. Direct Payment Plan offers benefits at lower costs when you use Prudent Buyer Plan hospitals, physicians, laboratory and radiology facilities, and ambulatory surgical facilities.  PLAN BENEFITS ARE REDUCED FOR MEDICARE-ELIGIBLE PARTICIPANTS.	Kaiser Permanente is a direct service plan. You must live in the Kaiser Permanente Service Area to participate.  Benefits and services must be obtained at Kaiser Permanente facilities unless referred by a Kaiser Permanente physician.	Kaiser Permanente is a direct service plan. There are no deductibles required for covered benefits. You must live in the Kaiser Permanente Service Area to participate.  Benefits and services must be obtained at Kaiser Permanente facilities unless referred by a Kaiser Permanente physician. <b>Medicare will not pay for services received outside the Kaiser Senior Advantage area except for emergencies.</b>
Geographical Area	Expenses incurred outside the United States and its Territories are covered if due to Emergency Services.	You may enroll in Kaiser Permanente if you live within Kaiser Service Area.	
Choice of Physicians	Unlimited. Use of a Prudent Buyer Plan physician may result in lower out-of-pocket expenses.	Each member may use any Kaiser Permanente Physician.	
SPECIALIZED CARE: In-Network  Outside Network	You may select any specialist.  You may select any specialist.	\$40 copayment for self-referral to specialties such as OB/GYN and psychiatry.  \$40 copayment for outside specialist service if referred by a Kaiser Permanente Physician.	\$20 copayment for specialist service referred by your Kaiser Permanente Physician.  \$20 copayment for outside specialist service if referred by a Kaiser Permanente Physician.
Out-of-Area Care	Out of Network benefits apply to treatment anywhere in the world.	80% payable after deductible for worldwide emergency coverage for unforeseen illness or injury. Waived if admitted.	100% worldwide emergency coverage for unforeseen illness or injury after a \$50 copayment (waived if admitted).
Claim Form	None.	No claim forms except for out-of-plan emergency care.	
<b>COMPREHENSIVE MEDICAL BENEFIT</b>			
Plan Year Out-of-Pocket Maximum Expense	Out-of-Pocket of \$3,000/individual, \$6,000/family includes the deductible, 20% co-insurance, 20% copayment for hospital stay for services by Prudent Buyer Plan providers. Does not include Physician Visit & Emergency Room copayments, penalties for not using a Prudent Buyer Hospital or not obtaining a Utilization Review, 40% of the UC&R for charges by non-Prudent Buyer providers, Plan exclusions and limitations.	\$3,000/person, \$6,000/family per Calendar Year.	\$1,500/person, \$3,000/family per Calendar Year.

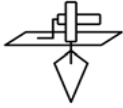
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Plan Deductible	\$150/individual, \$450/family per Plan Year. Does not apply to Inpatient Hospital, Physical Exam and Prescription Drugs benefits.	\$250/individual, \$500/family per Calendar Year.	None.
Plan Maximum	\$400,000 lifetime per person with a \$2,000 Plan Year reinstatement.	No Plan maximum.	
Emergency Room Hospital	Prudent Buyer Plan - 80% of negotiated rate after \$100 copayment. Non-Prudent Buyer Plan - 60% of covered charges after \$100 copayment.	80% payable after deductible (waived if admitted) at a Kaiser Permanente facility.	\$50 copayment (waived if admitted) at a Kaiser Permanente facility.
Hospital Outpatient Care	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer - 60% of covered charges.	80% payable after deductible.	\$20 copayment at a Kaiser Permanente facility.
Ambulatory Surgical Facility	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer - \$500 maximum per case.	80% payable after deductible.	\$20 copayment at a Kaiser Permanente medical facility.
Physician Office Visit	Prudent Buyer Plan - 100% of negotiated rate less \$20 copayment per visit - no deductible. Non-Prudent Buyer Plan - 60% of UC&R after deductible and \$20 copayment per visit.	\$20 copayment per visit - no deductible. Specialty Care - \$40 copayment per visit - no deductible.	\$20 copayment per visit.
Surgery (by Physician)	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R.	80% payable after deductible.	\$20 copayment for outpatient procedure.
Physical Exam	Up to \$300 per Plan Year for retirees and their spouse only.	\$20 copayment per visit - no deductible.	\$20 copayment.
Well Child Care	Not covered.	Child up to 23 months/Prenatal - \$10 copayment per visit - no deductible.	\$15 copayment.
Immunizations and Inoculations (Shots)	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R.	No charge.	No charge.
Diagnostic Lab Tests	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R.	\$10 copayment per encounter after deductible.	No charge.
Diagnostic X-Ray CAT Scan, MRI	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R.	\$10 copayment per encounter after deductible for most x-rays. MRI, CT Scan and PET Scan - \$50 copayment after deductible.	No charge.
Hearing Aids	Up to \$1,000 per hearing device for each ear once every 36 months.	Up to \$1,000 allowance per device, up to 2 devices every 36 months.	Up to \$1,000 allowance per device, up to 2 devices every 36 months.
Chiropractic Benefits	\$40 per visit, limit of 40 visits per Plan Year - no Physician Office Visit copayment. 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.	\$15 copayment per visit, 30 visits per calendar year. \$50 annual chiropractic appliance benefit. Radiological x-rays as authorized.
Mental Health Care Visit	Prudent Buyer Plan - 100% of negotiated rate less \$20 copayment per visit - no deductible.	\$20 copayment per visit.	\$20 copayment per visit.

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	Non-Prudent Buyer Plan - 60% of UC&R after deductible and \$20 copayment per visit.		
Ambulance	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R. Exception: If life threatening condition, payable at 80% of UC&R. Air ambulance may be covered if due to a life threatening condition.	\$150 per trip after deductible.	No charge when medically necessary and authorized by a Kaiser Permanente Physician.
Durable Medical Equipment	Prudent Buyer Plan - 80% of negotiated rate.  Non-Prudent Buyer Plan - 60% of UC&R.	80% payable - no deductible.	100% when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines.
<b>INPATIENT HOSPITAL BENEFIT</b>			
MEDICAL/SURGERY Prudent Buyer Plan  Non-Prudent Buyer Plan	80% of the first \$15,000 of negotiated rates, 100% thereafter – no deductible. Subject to \$400,000 Plan Maximum.  60% (20% regular co-payment plus 20% penalty for not using a preferred provider) of first \$15,000 of covered charges, 100% thereafter – no deductible. Subject to \$400,000 Plan Maximum. Exception: For emergencies and participants residing outside of service area benefits payable at 80%, not 60%. Preferred Provider Plan (Prudent Buyer) Service Area extends to all California Counties.	80% payable after deductible.	No charge at Kaiser Permanente Facilities.  Payment for services from doctors and hospitals out of Kaiser Permanente Service Area not contracting with Kaiser Permanente is limited to emergency services required before the member's medical condition permits transfer or travel to the nearest Kaiser Permanente health facility for care. The amount otherwise payable is reduced by any medical insurance benefits, except Medi-Cal.
Skilled Nursing Facility Extended Care Facility	Same as Medical/Surgical above.	80% payable after deductible.	100% for up to 100 days per benefit period when authorized by a Plan physician.
Mental Health Care	Same as Medical/Surgical above.	80% payable after deductible.	Same as Medical/Surgical above.
Substance Abuse Chemical Dependency	Same as Medical/Surgical above.	80% payable after deductible.	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.	Automatic part of Plan procedures.	Automatic part of Plan procedures.

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<b>OTHER BENEFITS</b>			
Vision Care	<p>Optional "Signature Choice" vision benefits provided through VSP at an additional monthly cost of \$14.00.</p> <p>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. Refer to Group 00877000, Division 12, Class 12.</p>	<p>\$20 copayment for exam provided at a Kaiser Permanente medical facility.</p> <p>Optional "Signature Choice" vision benefits provided through VSP at an additional monthly cost of \$14.00 – see Direct Payment Plan for benefit description.</p>	<p>\$20 copayment for exam provided at a Kaiser Permanente medical facility. \$150 eyewear allowance every 24 months when obtained at a Kaiser Permanente medical facility.</p> <p>Optional "Signature Choice" vision benefits provided through VSP at an additional monthly cost of \$14.00 – see Direct Payment Plan for benefit description.</p>
Dental Care	<p>Optional benefits provided through Fund whether you enroll in Managed Health Care Plan or Kaiser Plan. Fund offers three optional Dental Plans for an additional cost as follows - see attached Comparison of Dental Plans for more details:</p> <ol style="list-style-type: none"> <li><b>Delta Dental, \$64 per month</b> - Choose any dentist but higher out-of-pocket cost if a non-Delta Dental dentist is used. Refer to Group #9525-0002. Toll-Free No.: (888) 335-8227.</li> <li><b>DeltaCare USA, \$36 per month</b> – a prepaid/Dental HMO Plan. Refer to Group #05566-0002. Toll-Free No.: (800) 422-4234.</li> <li><b>Pacific Union Dental, \$48 per month</b> – a prepaid/Dental HMO Plan. Refer to Group #95482. Toll-Free No.: (800) 999-3367.</li> </ol>		
Prescription Drugs	<p>Prescription Solutions benefits provided through Fund. * - <b>Effective 2/1/2011</b></p> <p><u>Retail</u> – Participant pays copayment below for 30 day supply per prescription. Generic - \$10; Formulary Brand Name - \$25 <b>*Non-Formulary Brand Name - \$50</b></p> <p><u>Mail Order</u> – Participant pays copayment below for 90 day supply per prescription. Generic - \$20; Formulary Brand Name - \$50 <b>*Non-Formulary Brand Name - \$100</b></p> <p>Mail Order is preferred for maintenance drugs. You pay double copayment above after 3<sup>rd</sup> fill for drugs that can be purchased through Mail Order.</p> <p>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 plus copayment.</p>	<p>\$10 copayment for generic – no deductible.</p> <p>\$30 copayment for brand name drug per prescription after \$100 Calendar Year deductible.</p> <p>100 day supply maximum per prescription. Must be purchased at a Kaiser Plan Pharmacy.</p>	<p>\$10 copayment for generic or \$20 copayment for brand name drug per prescription. 100 day supply maximum per prescription. Must be purchased at a Kaiser Plan Pharmacy.</p>
Toll-Free Numbers	<b>1-888-245-5005</b>	<b>1-800-464-4000. Refer to Group 500-0001.</b> <b>1-800-788-0616 (Spanish)</b>	<b>1-800-814-0888. Refer to Group 500-0001.</b> <b>1-800-788-0616 (Spanish)</b>

**THIS COMPARISON OF COVERAGES IS INTENDED ONLY AS A GENERAL DESCRIPTION OF EACH PLAN'S BENEFITS. EACH PLAN'S BROCHURE SHOULD BE CONSULTED FOR ADDITIONAL INFORMATION. THIS IS NOT A CONTRACT.**

Revised 11/2/2010



**CEMENT MASONS HEALTH AND WELFARE TRUST FUND  
COMPARISON OF DENTAL PLANS EFFECTIVE JANUARY 1, 2011**

Plan Features	Delta Dental of California		Pacific Union Dental	DeltaCare USA
	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 DeltaCare USA 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 DeltaCare USA 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.	DeltaCare USA dentist only. All services and referrals must be provided by a DeltaCare USA dentist. No benefits will be paid if dental services are performed by other than a DeltaCare USA dentist.
Annual Deductible	\$100 per person \$300 per family	\$100 per person \$300 per family	None	None
Annual Maximum	\$1,000 per person	\$1,000 per person	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.