

PENSION

VESTING REQUIREMENT

- 5 years Credited Service at age 65
- 10 years Credited Service at age 55

CREDITED SERVICE

- Plan Credit Year is February 1 - January 31
- 870 hours equals 1 Year of Credited Service
- To prevent a Break in Service, work at least 300 hours during a Plan Credit Year

BENEFIT AMOUNT

The monthly benefit of a Regular Pension is based on:

- Number of Benefit Units earned (1 Benefit Unit is earned when you work 1,200 or more hours in a Plan Credit Year).
\$50 for each Benefit Unit earned between February 1, 1959 through February 1, 1980, plus
- Percent of Employer Contributions for work after February 1, 1980 - provided you work a minimum of 300 hours within the Plan Credit Year
- Amount of supplemental benefit

DISABILITY CREDIT

- Credited Service and Benefit Units are granted for periods of temporary disability under Workers' Compensation or State Disability
- Receive 8 hours of credit for each day you're paid temporary Workers' Compensation or State Disability Benefits

PENSION TYPE REQUIREMENTS

- **Regular:** Age 65, with 5 Years of Credited Service
- **Early Retirement:** Age 55 – 64, with 10 Years of Credited Service
- **Service:** Ages 55-61, with 25 Benefit Units, or ages 62-64 with 20 Benefit Units
- **Disability:** Disabled, under age 65, with 10 Years of Credited Service

SUSPENSION

- Pensioners under age 65 cannot work in the Building and Construction Industry
- Pensioners between age 65 - 70.5 are prohibited from working 40 or more hours a month in the Building and Construction Industry

DEATH BENEFITS

- **Pre-retirement Surviving Spouse**
Spouse receives survivor benefits; age requirements may apply
- **Husband-and-Wife**
Spouse receives benefits should the participant die after retirement; age requirements may apply
- **Pensioner's Lump-Sum Death Benefit**
\$100 for each Benefit Unit earned, payable to surviving Spouse, eligible relatives, or estate

VACATION/HOLIDAY

STATEMENT OF ACCOUNT

Statement lists reported hours and Employer Contributions

Statement is mailed each:

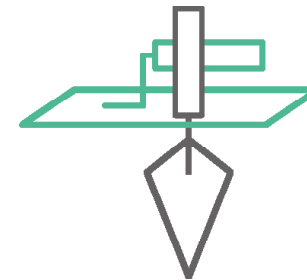
- **March**
(hours worked August 1 - January 31)
- **September**
(hours worked February 1 - July 31)

BENEFIT PAYMENT AMOUNT

- Employer contributions, less supplemental Union dues

PAYMENT DATE

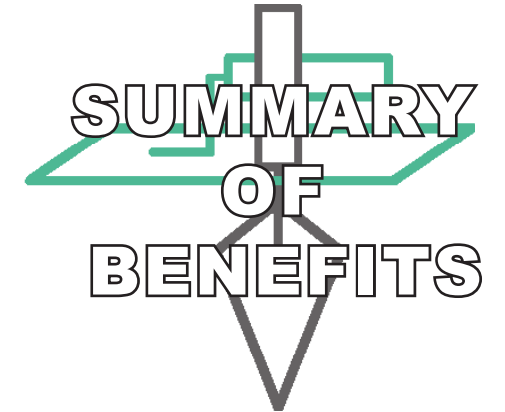
- November 30



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HEALTH & WELFARE (Active Plan)

PENSION

VACATION/HOLIDAY

DISCLAIMER

This summary is not a complete list of benefits available, nor does it include the Rules and Regulations that govern the Plans. There are exclusions and limitations in all Plans and you should carefully read those Plan Rules and Regulations. Health and Welfare Plan rules should be reviewed before seeking medical attention. Detailed descriptions of all benefits and the Rules and Regulations of the Plans are available in the Summary Plan Description Booklet.

September 1, 2011

HEALTH & WELFARE

Initial Eligibility for Health and Welfare coverage begins the first day of the second calendar month, after 330 work hours are accumulated in an hour bank. A monthly deduction of 110 hours is subtracted for continued coverage.

Eligibility maintained when:

- Hour bank balance is at 330 or more hours

Eligibility lost when:

- Hour bank balance falls below 330 hours
- Work in non covered employment
- Enter military service full time

MEDICAL

Choose one Plan:

DIRECT PAYMENT PLAN

Contracts with Anthem Blue Cross' Prudent Buyer Plan, a Preferred Provider Organization (PPO)

ANNUAL DEDUCTIBLE

\$150/person up to \$450/family

COPAYMENT

- \$20 office visit
- \$100 hospital emergency room visit

PREVENTIVE CARE SERVICES

- 100% of negotiated rate (PPO)
- 60% of UC&R* charges (NON-PPO)

COMPREHENSIVE MEDICAL

- 80% of negotiated rate (PPO)
- 60% of UC&R charges (NON-PPO)

**Usual, Customary and Reasonable*

INPATIENT HOSPITAL

- 80% of first \$15,000 of negotiated rate (PPO), 100% thereafter
- 60% of first \$15,000 of covered expenses (NON-PPO), 100% thereafter

CHIROPRACTIC

- 40 visits per Year
- \$40 per visit
- \$300 for x-rays per Year

PRESCRIPTION DRUG

Coverage through Rx Solutions, Inc.

RETAIL (PARTICIPATING PHARMACY) COPAYMENT

(30-day supply)

1st through 3rd refill

- \$10 formulary generic
- \$25 formulary brand name*

4th refill and thereafter

- \$20 formulary generic
- \$50 formulary brand name*

MAIL SERVICE PHARMACY COPAYMENT

(90-day supply)

- \$20 formulary generic
- \$50 formulary brand name*

* When you purchase a medication that is not on the Formulary list, you will pay the full cost with no reimbursement from the Plan.

KAISER PERMANENTE PLAN

A Health Maintenance Organization (HMO)

ANNUAL DEDUCTIBLE

- \$150/person up to \$450/family

DOCTOR VISIT

- \$20 office visit

INPATIENT HOSPITAL

- 80% after deductible is met

EMERGENCY ROOM

- 80% after deductible is met

PRESCRIPTION DRUG COPAYMENT

(30-day supply)

- \$10 generic
- \$25 brand name drug

MAIL SERVICE PHARMACY COPAYMENT

(100-day supply)

- \$20 generic
- \$50 brand name

ADDITIONAL BENEFITS

Available to all regardless of Medical Plan choice

DENTAL

Choose one Plan:

DELTA DENTAL PREMIER PLAN

- 100% for basic services (diagnostic/preventive)
- \$100/person up to \$300/family deductible each Year
- \$2,000 Yearly allowance/person

DELTA PPO PLAN

Same as Delta Dental Premier, except Delta PPO network is smaller with possible lower out-of-pocket costs

DELTA CARE /USA HMO PLAN

- No deductible
- Minimal copayments on certain procedures

PACIFIC UNION DENTAL HMO PLAN

- No deductible
- Minimal copayments on certain procedures

VISION - (VSP Value Plan)

Exam and Lenses every 12 months
Frames every 24 months

DEDUCTIBLE

- Exam \$20
- Lenses or Frames \$20

DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT

- \$10,000 Mason's death
- \$5,000 Spouse's death
- \$100 - \$500 Dependent child's death
- \$10,000 (additional) Mason's accidental death
- \$5,000 - \$10,000 Mason's dismemberment