Cement Masons Trust Funds for Northern California

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IMPORTANT INFORMATION – PLEASE READ CAREFULLY

July 2026

To: Cement Masons for Northern California Health and Welfare Trust Fund Plan Participants

Re: Annual Dental Plan Open Enrollment

Dear Participant:

Open enrollment for the dental plans begins October 1st and ends on December 15th for a January 1st effective date. This provides you with the opportunity to change your current dental plan option. **If you do not wish to change your dental plan election, there is nothing that you need to do at this time.**

Enclosed you will find an enrollment form and a comparison of benefits for each dental plan option. Please review the comparison of benefits. In order to find a dentist for each of the different plan options you can go to the following websites or call the phone numbers listed below:

- For Delta Dental (PPO Dental Option): go to deltadentalins.com or call 1-888-335-8227.
- For DeltaCare USA (HMO Dental Option): go to deltadentalins.com or call 1-800-422-4234
- For United Healthcare Dental – go to myuhcdental.com and select “Find a Dentist”, then “California Select Managed Care Direct Compensation”, or call 1-800-999-3367.

If you have any questions about changing your Plan, please contact the Trust Office for more information. Should you decide to change your Plan, please complete the attached enrollment form in full and return in the enclosed self-addressed envelope before December 15, 2026. If we do not receive a completed form from you, you will continue being covered under the current dental plan you have elected.

Sincerely,

Administrative Office

CEMENT MASONS HEALTH AND WELFARE TRUST FUND
COMPARISON OF DENTAL PLANS EFFECTIVE JANUARY 1, 2027

Plan Features	Delta Dental of California		UnitedHealthcare Direct Compensation Dental	DeltaCare USA
	Delta Premier	**Delta Dental PPO**		
Type of Plan	**Traditional FEE-FOR-SERVICE Plan.** Dental procedures are 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 are paid according to a Table of Allowances. You pay the difference between dentist's fees and allowance.	**Pre-paid HMO type Plan**. No pre-selection is necessary for a UnitedHealthcare Direct Compensation dentist who provides all services including referrals to Specialists.	**Pre-paid HMO type Plan.** You select a DeltaCare 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 toll free at 1-888-335-8227.	For list of PPO dentists in your area, call Delta Dental at toll free number 1-888-335-8227 or use www.deltadentalins.com (Network is limited).	Dental Offices throughout Northern California. Call 1-800-999-3367 for a UnitedHealthcare Direct Compensation dentist in your area.	Dental Offices throughout Northern California. Call 1-800-422-4234 or use www.deltadentalins.com 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.	UnitedHealthcare Direct Compensation dentist only. All services and referrals must be provided by a UnitedHealthcare Direct Compensation dentist. No benefits will be paid if dental services are performed by other than a UnitedHealthcare Direct Compensation 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	$0 per person, $0 per family Diagnostic and preventative services not subject to Plan Year Deductible.	$100 per person, $300 per family Diagnostic and preventative services not subject to Plan Year Deductible.	None	None
Annual Maximum	$2,000 per person Diagnostic and Preventative Benefits provided by any dentist are not counted towards the annual maximum.	$2,000 per person Diagnostic and Preventative Benefits provided by any dentist are not counted towards the annual maximum.	No maximum	No maximum
Out of Pocket Costs	Diagnostic and Preventative Benefits are covered at 100% UCR. All other covered services are paid on the TOA. You pay the difference between dentist's fees and allowance.	Diagnostic and Preventative Benefits are covered at 100% UCR. All other covered services are paid on the TOA. You pay the difference between dentist's fees and allowance.	Minimal co-payments	Minimal co-payments
Orthodontic Benefits	$1,500 lifetime maximum for Active employees and their dependent children who have enrolled in the Trust's Promise Program.	Not Covered	Startup fee of $350.00. Ortho Retention (Removal of Appliances, Construction and Placement of Retainers) $150. Member's total copayment is $2,000.00 for 24 months of standard Ortho treatment. Coverage for member, spouse and Children starting at age 10.	Startup fee of $350.00. Coverage for adults is up to $1,800.00 and for children is up to $1,600.00.

CEMENT MASONS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
4160 Dublin Blvd, Suite 100
Dublin, CA 94568
Telephone: (707) 864-3300 or (888) 245-5005
E-Mail Address: nccminfo@hsba.com

FUND OFFICE USE ONLY
EFF. DATE:
HCID: **HA**
ELIGIBILITY CODE/GROUP NO.:

ACTIVE & RETIRED PLANS DENTAL ENROLLMENT FORM

PARTICIPANT INFORMATION (Please print or type in black ink only)

SOCIAL SECURITY NUMBER	NAME: FIRST MIDDLE LAST				
RESIDENCE ADDRESS (not Post Office Box)	CITY			STATE	ZIP CODE
TELEPHONE NO. ( )	LOCAL UNION	DATE OF BIRTH MONTH	DAY	YEAR	GENDER ☐ MALE ☐ FEMALE / MARITAL STATUS ☐ SINGLE ☐ MARRIED

DENTAL PLAN OPTIONS

IMPORTANT: You and your Dependents must be enrolled in the same Dental Plan. Check only one box.

☐ **Delta Dental.** You may seek dental care from any dentist but, your out-of-pocket expense is lower if you use a participating Delta Dental dentist.

☐ **DeltaCare USA**. You must select a Dental Office from Delta Care Participating Dental Offices Directory:

Name of Dental Office: _____ Facility No.: _____

☐ **UnitedHealthcare Dental.** You must select a dentist or dental group from UnitedHealthcare Dental Provider Directory:

Name of Dentist: _____ Dentist No.: _____

DEPENDENT INFORMATION (List all eligible dependents to be enrolled. Use back page if more space needed.)

FIRST NAME AND MIDDLE INITIAL (AND LAST NAME IF DIFFERENT FROM EMPLOYEE)	DATE OF BIRTH MO / DY / YR	DEPENDENT RELATIONSHIP	FUND OFFICE USE ONLY
1.		SPOUSE	
2.		☐SON ☐DAUGHTER	☐STUDENT
3.		☐SON ☐DAUGHTER	☐STUDENT
4.		☐SON ☐DAUGHTER	☐STUDENT
5.		☐SON ☐DAUGHTER	☐STUDENT

I understand that once I have selected a Plan, I cannot change to another Plan until the next Open Enrollment. I agree to be bound by the benefits, deductions, co-payments, exclusions and other terms of the Plan group agreement. **Your application will not be accepted without your signature below. Please return this Enrollment Form to the Fund Office.**

Important: If you enroll in DeltaCare USA or UnitedHealthcare Dental, any dispute that may arise between you and the Dental Plan will be subject to binding arbitration.

Date:_____ Participant's Signature:_____

FUND OFFICE USE ONLY (Please do not write in this space)

☐ NEW EMPLOYEE ☐ OPEN ENROLLMENT

☐ COBRA - DATE OF QUALIFYING EVENT_____

REMARKS:

DATE:_____ BY:_____