



CEMENT MASONS HEALTH AND WELFARE TRUST FUND
ACTIVE CEMENT MASONS AND THEIR ELIGIBLE DEPENDENTS
EFFECTIVE APRIL 1, 2025

**COMPARISON OF
BENEFIT PLANS**

PLAN FEATURES	DIRECT PAYMENT PLAN	KAISER PERMANENTE
When You Can Change Plans	You are free to change plans (from Direct Payment Plan to Kaiser Permanente or vice versa) 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	The Plan provides traditional self-funded medical benefits and offers higher coverage when you use Anthem Blue Cross Advantage PPO network providers and receive prior authorization when you are required to do so.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.
Geographical Area Covered	Expenses incurred outside the United States and its Territories are covered if due to Emergency Services. If the expense is covered, normal benefits will apply.	You may enroll in Kaiser Permanente if you live or work within a Kaiser Service Area. 80% payable after deductible for worldwide emergency coverage for unforeseen illness or injury. Waived if admitted.
Choice of Physicians	You may select any Physician but, to lower your out-of-pocket expense, choose an in-network provider.	Members must use a Kaiser Permanente Physician.
Specialized Care In-Network	You may select any specialist but, to lower your out-of-pocket expense, use an in-network provider. Contact Anthem at 800-274-7767 to discuss the different provider options available in your area, the various costs for services you need and whether the services require pre- authorization by Anthem.	Self-referral to specialists such as psychiatry and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.
Specialized Care Outside Network		Covered after coinsurance and copayments are met if a Kaiser Permanente Physician refers you to outside specialist.
Pre-Authorization Requirement For Outpatient Services	Pre-authorization from Anthem is required for non-emergency outpatient services including arthroscopy surgery; cataract surgery; diagnostic imaging, MRI, CT, PET scans; chemotherapy; radiation therapy; genetic testing; sleep studies; Durable Medical Equipment (DME) of \$500 or more; and routine costs associated with an approved clinical trial. 20% penalty of payable charges for non-compliance (up to \$2,000).	Referral is required from a Kaiser Permanente Plan Physician.
Healthy Structures Participant Promise Program	Regardless of which hospital-medical plan you have chosen (as an Active Participant), you and your spouse, if any, are eligible to participate in the Healthy Structures Promise program. If you and your spouse decide not to participate in this program when you first become eligible for benefits, you will remain in the higher Deductible Basic Plan. If you and your spouse change your mind about participating in the Promise program, you will be given another opportunity during the annual Open Enrollment (OE). The Promise program Open Enrollment starts on October 1 st and ends on December 31 st . When you complete all aspects of the program by the end of the OE, you will have the lower annual Deductible beginning on January 1 st . See Annual Deductible category below for deductible amounts.	

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Inpatient Hospital for Mental Health or Substance Use Disorder	Optum Behavioral Health provider: No cost sharing, Deductible waived if using a network provider	Subject to deductible. 80% payable.
Emergency Room Outpatient Hospital	\$100 copay (waived under certain circumstances). The Fund will pay 80% of the Allowed Charge (85% if you participate in the Promise Program) and you will pay the remaining charges.	Subject to deductible. 80% payable.
Outpatient Hospital Care (Facility Charges)	Subject to deductible. Anthem Blue Cross Hospital - 80% of negotiated rates (85% if you participate in the Promise Program). Non-Anthem Blue Cross Hospital – 50% of allowed charges	Subject to deductible. 80% payable for most outpatient services
Outpatient Hospital (Facility Charges) For Arthroscopic, Cataract, Colonoscopy	Subject to deductible. Anthem Blue Cross Hospital - 80% of negotiated rates (85% if you participate in the Promise Program) and subject to Maximum Plan Allowance (MPA) below. Exception: The MPA will not apply if you use an Anthem Blue Cross Ambulatory Surgery Center . Non-Anthem Blue Cross Hospital – 50% of allowed charges and subject to MPA below. You will be responsible for any amounts over the MPA for the procedures listed below. Arthroscopy \$6,000 MPA, Cataract \$2,000 MPA, Colonoscopy (non-routine) \$1,500 MPA	Subject to deductible. 80% payable for most outpatient services.
Ambulatory Surgical Facility	Subject to deductible. Anthem Blue Cross Facility - 80% of the negotiated rate (85% if you participate in the Promise Program). Non-Anthem Blue Cross Facility - \$500 maximum allowable charges.	Subject to deductible. 80% payable at a Kaiser Permanente medical facility.
Home Health Care	Subject to deductible. 80% of the negotiated rate (85% if you participate in the Promise Program). Must be pre-authorized by Anthem 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	Subject to deductible. 80% of the negotiated rate (85% if you participate in the Promise Program). Must be pre-authorized by Anthem Blue Cross of California.	100% payable when selected as alternative to traditional services and authorized by a Plan physician.
Physician Office Visit	Subject to deductible (waived if you participate in the Promise Program) and \$20 copayment per visit. Anthem Blue Cross Physician - 100% of negotiated rate. Non-Anthem Blue Cross Physician – 50% of allowed charge.	No deductible. \$25 copayment per visit. Specialized Care - \$45 copayment per visit.

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Outpatient Mental Health or Substance Use Disorder visit	Optum Behavioral Health provider: No cost sharing, Deductible waived if using a network provider Non-Optum provider – \$20 copay plus 50% of allowed charge.	No deductible. Individual session - \$25 copayment per visit. Group Session - \$12 copayment per visit.
Surgery Physician Fee	Subject to deductible. Anthem Blue Cross Provider - 80% of negotiated rate (85% if you participate in the Promise Program). Non-Anthem Blue Cross Provider - 50% of allowed charge.	Subject to deductible. Inpatient - 80% payable. Outpatient - 80% payable.
Diagnostic Lab Tests, X-Ray, MRI & CT Scan	Subject to deductible. Anthem Blue Cross Provider - 80% of negotiated rate (85% if you participate in the Promise Program). Non-Anthem Blue Cross Provider - 50% of allowed charge.	Subject to deductible. \$10 copayment per encounter. \$50 copayment per procedure for MRI, CT and PET scans.
Physical Exam Well Baby	The following limits apply to out-of-network providers only. Member or Spouse - \$300 maximum per exam, no deductible. Child - \$200 maximum per exam, no deductible. Routine physical examinations billed as an ACA Preventive Care Service by a Participating Provider are payable by the Plan at 100%.	No deductible. Adult - \$25 copayment per visit. Children up to 23 months old/Prenatal – 100% payable.
ACA Preventive Care Services	Anthem Blue Cross Provider - 100% of negotiated rate, no deductible, copayment or coinsurance. Non-Anthem Blue Cross Provider - Subject to deductible. 50% of allowed charge, after applicable copayment.	100% payable.
Chiropractic Benefits	Subject to deductible. Visits: \$40 allowance per day up to 40 visits per calendar year. X-rays: \$300 maximum allowance per calendar 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	Subject to deductible. Anthem Blue Cross Provider - 80% of negotiated rate (85% if you participate in the Promise Program). Non-Anthem Blue Cross Provider - 50% of allowed charge. Must be prescribed by a physician.	Subject to deductible. \$25 copayment per visit
Hearing Aids/Device	Subject to deductible. \$1,000 maximum payable per ear/device every 36 months.	\$20 copayment for hearing test only – no deductible. Hearing aids/device not covered.

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Ground Ambulance	Subject to deductible. Anthem Blue Cross Provider - 80% of negotiated rate (85% if you participate in the Promise Program). Non-Anthem Blue Cross Provider - 80% of allowed charge.	Subject to deductible. 80% payable.
Air Ambulance	Subject to deductible Anthem Blue Cross Provider - 80% of negotiated rate (85% if you participate in the Promise Program). Non-Anthem Blue Cross Provider - 80% of negotiated rate. You will not be balance billed for medically necessary air ambulance.	Subject to deductible. 80% payable.
Durable Medical Equipment	Subject to deductible Charges over \$500 require Anthem authorization. Anthem Blue Cross Provider - 80% of negotiated rate (85% if you participate in the Promise Program). Non-Anthem Blue Cross Provider - 50% of allowed charge. Must be prescribed by a physician	No deductible. 80% payable when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines.
Death, Accidental Death and Dismemberment	Benefits will be provided whether you enroll in Direct Payment Plan or Kaiser Permanente Plan. Employee Death: \$10,000 plus additional \$10,000 if death is a result of an accident; Spouse Death: \$5,000; Child Death: \$100 for age 24 hours but less than 6 months old; \$500 for age 6 months but less than 26 years old; Employee Injury/Dismemberment: \$5,000 to \$10,000 depending upon part or parts of body.	
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 #09525-0001. Toll-Free No.: 1-888-335-8227. 2. DeltaCare USA - Refer to Group #09525--00002. Toll-Free No.: 1-888-335-8227. 3. UnitedHealthcare Dental - Refer to Group #95450. Toll-Free No.: 1-800-999-3367.	
Vision Care	“VSP Choice” provided through Vision Service Plan “VSP” whether you are enrolled in the Direct Payment Plan or Kaiser Permanente. Exam: Once every calendar year \$20 copayment Lenses: Once every calendar year \$20* copayment Frames: Once every other calendar year \$20* copayment * \$20 total copayment for both if taken together Refer to Group 00877000, Division 10, Class 10. Toll-Free No.: 1-800-877-7195	In addition to VSP benefits provided through Fund (see Direct Payment Plan), Kaiser provides benefit for routine eye exam with a Plan Optometrist at no charge.

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Prescription Drugs with OptumRx	<p>Drugs must be on the list of <u>Formulary Covered Drugs</u>. You pay the full cost if you take a drug that is not on the Formulary and/or not pre-authorized by OptumRx. Call 1-800-797-9791 for a copy of the formulary. Participant pays copayment outlined below:</p> <p>Retail Generic: \$10 (\$5 if you participate in the Promise Program) Brand:\$25 You pay double copayment after 3rd fill for drugs that can be purchased through Mail Order.</p> <p>Mail Order Generic: \$20 (\$10 if you participate in the Promise Program) Brand: \$50</p> <p>Specialty Drugs Non-Injectable Generic: \$20 (\$10 if you participate in the Promise Program) Non-Injectable Brand: \$50 Injectable: \$25</p> <p>Annual Out-of-Pocket Maximum - \$1,000 per individual up to \$3,000 per family. Out-of-Pocket expenses are the regular copayments you paid to Contracting Pharmacies only.</p>	<p><u>Retail</u> – Participant pays copayment below per prescription. 30 day supply maximum per prescription. Generic - \$15 Brand Name - \$30</p> <p><u>Mail Order</u> – Participant pays copayment below per prescription. 100 day supply maximum per prescription. Generic - \$30 Brand Name - \$60</p> <p>Prescriptions written by non-Kaiser physicians are not covered.</p>

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.