

**CEMENT MASONS HEALTH AND WELFARE TRUST FUND  
ACTIVE CEMENT MASONS AND THEIR ELIGIBLE DEPENDENTS  
EFFECTIVE JANUARY 1, 2011**

**COMPARISON OF  
BENEFIT PLANS**

<b>PLAN FEATURES</b>	<b>DIRECT PAYMENT PLAN</b>	<b>KAISER PERMANENTE</b>
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, <a href="http://www.norcalcementmasons.org">www.norcalcementmasons.org</a> , 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	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 or work within Kaiser Service Area.
Choice of Physicians	Unlimited. Use of Prudent Buyer Plan physician results in lower out-of-pocket expenses.	Members must use a Kaiser Permanente Physician.
Specialized Care In-Network	You select any specialist. A referral is not required from your primary physician	Self-referral to specialists such as psychiatry and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.
Specialized Care Outside Network	You select any specialist. A referral is not required from your primary physician	Covered after coinsurance and copayments are met if a Kaiser Permanente Physician refers you to outside specialist.
Out-Of-Area Care	Normal benefits apply to treatment anywhere in the world.	80% payable after deductible for worldwide emergency coverage for unforeseen illness or injury. Waived if admitted.
Claim Forms	None.	Required for emergency care from non-Kaiser Permanente providers.
<b>COMPREHENSIVE MEDICAL BENEFITS</b>		
Plan Deductible	\$150 per individual, maximum of \$450 per family per Plan Year. <b>Does not apply to Prescription Drugs, Physical Exam and Inpatient Hospital benefits.</b>	\$250 per individual, maximum of \$500 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 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 or 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.

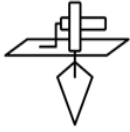
<b>PLAN FEATURES</b>	<b>DIRECT PAYMENT PLAN</b>	<b>KAISER PERMANENTE</b>
<p>Inpatient Hospital Medical/Surgery</p> <p>Skilled Nursing Facility</p> <p>Mental Health</p> <p>Substance Abuse</p> <p>Utilization Review</p>	<p>Prudent Buyer Plan - 80% of the first \$15,000 of negotiated rates, 100% thereafter – no deductible. Subject to \$2 million Plan Maximum.</p> <p>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 – no deductible. Subject to \$2 million Plan Maximum.</p> <p>Exception: For emergencies and participants residing outside of service area, benefits are payable at 80% of first \$15,000 of covered charges.</p> <p>Same as Medical/Surgical above.</p> <p>Same as Medical/Surgical above.</p> <p>Same as Medical/Surgical above.</p> <p>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.</p>	<p>80% payable after deductible for all covered benefits and services at Kaiser Permanente medical facilities.</p> <p>80% payable after deductible for up to 100 days per Calendar Year.</p> <p>Same as Medical/Surgical above.</p> <p>Same as Medical/Surgical above.</p> <p>Automatic part of Plan procedures.</p>
<p>Outpatient Hospital Care</p>	<p>Prudent Buyer Plan - 80% of negotiated rates. Non-Prudent Buyer Plan – 60% of covered charges.</p>	<p>80% payable after deductible for most outpatient services.</p>
<p>Emergency Room Hospital</p>	<p>Prudent Buyer Plan - 80% of negotiated rate after \$100 copayment. Non-Prudent Buyer Plan - 60% of covered charges after \$100 copayment. Copayment waived under certain circumstances.</p>	<p>80% payable after deductible. Waived if admitted.</p>
<p>Ambulatory Surgical Facility</p>	<p>Prudent Buyer Plan facility - 80% of negotiated rate. Non-Prudent Buyer Plan facility - \$500 maximum per case.</p>	<p>80% payable after deductible at a Kaiser Permanente medical facility.</p>
<p>Home Health Care</p>	<p>80% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.</p>	<p>100% payable up to 100 2-hour visits per Calendar Year when authorized by Plan physician for part-time, intermittent care.</p>
<p>Hospice Care</p>	<p>80% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.</p>	<p>100% payable when selected as alternative to traditional services and authorized by a Plan physician.</p>
<p>Physician Office Visit</p>	<p>Prudent Buyer Plan - 90% of negotiated rate after \$20 copayment per visit. Non-Prudent Buyer Plan – 60% of UC&amp;R after deductible \$20 copayment per visit.</p>	<p>\$20 copayment per visit – no deductible. Specialized Care - \$40 copayment per visit – no deductible.</p>

<b>PLAN FEATURES</b>	<b>DIRECT PAYMENT PLAN</b>	<b>KAISER PERMANENTE</b>
Surgery Physician Fee	Prudent Buyer Plan - 80% of negotiated rate. Non-Prudent Buyer Plan - 60% of UC&R. Exception: Emergency Room Physician at a Prudent Buyer Plan Hospital payable at 80% of UC&R.	Inpatient - 80% payable after deductible.  Outpatient - 80% payable after deductible.
Diagnostic Lab Tests, X-Ray, MRI, CT Scan	Prudent Buyer Plan facility - 80% 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 after deductible.
Physical Exam Well Baby	Member or Spouse - \$300 maximum per Plan Year. Child older than age 2 - \$200 maximum per Plan Year. No deductible and Physician Office Visit copayment.  Well Baby charges for dependent children up to age 2 are payable as office visit and not subject to \$200 maximum per Plan Year.	Adult - \$20 copayment per visit – no deductible. Children up to 23 months old/Prenatal - \$10 copayment per visit – no deductible.
Immunizations and Inoculations (Shots)	Prudent Buyer Plan provider - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R.	100% payable.
Outpatient Mental Health Visit	Prudent Buyer Plan - 80% of negotiated rate after deductible and \$20 copayment per visit. Non-Prudent Buyer Plan – 60% of UC&R after deductible and \$20 copayment per visit.	\$40 copayment per visit – no deductible.
Outpatient Substance Abuse Treatment	Prudent Buyer Plan facility - 80% of negotiated rate. Non-Prudent Buyer Plan facility - 60% of UC&R.	\$40 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. Physician Office Visit copayment does not apply.	\$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 - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R. Must be prescribed by a physician.	\$40 copayment per visit after deductible.
Hearing Aids/Device	\$1,000 maximum payable per ear/device every 36 months. Must be prescribed by a physician.	Hearing aids/device not covered. \$20 copayment for hearing test only – no deductible.
Ambulance	Prudent Buyer Plan provider - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 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 copayment per trip after deductible when medically necessary and authorized by a Kaiser Permanente Physician.
Durable Medical Equipment	Prudent Buyer Plan provider - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R. Must be prescribed by a physician.	80% payable when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines. No deductible.

<b>PLAN FEATURES</b>	<b>DIRECT PAYMENT PLAN</b>	<b>KAISER PERMANENTE</b>
<b>OTHER BENEFITS</b>		
Death, Accidental Death and Dismemberment	Benefits will be provided whether you enroll in Direct Payment Plan or Kaiser Permanente Plan. <b>Employee Death:</b> \$10,000 plus additional \$10,000 if death is a result of an accident. <b>Spouse Death:</b> \$5,000 <b>Child Death:</b> \$100 for age 24 hours but less than 6 months old; \$500 for age 6 months but less than 19 years old. <b>Employee Injury/Dismemberment:</b> \$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 #9525-0001. 2. DeltaCare USA. Refer to Group #05566-0001. 3. Pacific Union Dental. Refer to Group #95450.	
Vision Care	Vision Service Plan (VSP) "Signature Choice" benefits provided through Fund. Toll-Free No.: (800) 877-7195 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 10, Class 10.	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.
Prescription Drugs	Prescription Solutions benefits provided through Fund.  <u>Retail</u> – Participant pays copayment below per prescription. 30 day supply maximum per prescription. Generic - \$10; Formulary Brand Name - \$25 Non-Formulary Brand Name - \$50 (Effective 2/1/2011)  <u>Mail Order</u> – Participant pays copayment below per prescription. 90 day supply maximum per prescription. Generic - \$20; Formulary Brand Name - \$50 Non-Formulary Brand Name - \$100 (Effective 2/1/2011) Mail Order is preferred for maintenance drugs.  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.
Toll-Free Numbers	<b>1-888-245-5005</b>	<b>1-800-464-4000; 1-800-788-0616 (Spanish)</b> (Refer to Group 500-0000 when calling)

Revised: 11/2/2010

**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.**



**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		
<b>Type of Plan</b>	<b>Traditional FEE-FOR-SERVICE Plan.</b> Dental procedures paid according to a Table of Allowances. You pay the difference between the allowance and the dentist's fees.	<b>PPO Plan.</b> 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.	<b>Pre-paid HMO type Plan.</b> You select a Pacific Union dentist who provides all services including referrals to Specialists.	<b>Pre-paid HMO type Plan.</b> You select a PMI dentist who provides all services including referrals to Specialists.
<b>Area Covered</b>	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.
<b>Choice of Dentists</b>	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.
<b>Annual Deductible</b>	\$100 per person, \$300 per family Diagnostic and preventative services not subject to Plan Year Deductible.	\$100 per person \$300 per family	None	None
<b>Annual Maximum</b>	\$2,000 per person	\$2,000 per person	No maximum	No maximum
<b>Out of Pocket Costs</b>	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
<b>Orthodontic Benefits</b>	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.

