

PENSION

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

VESTING REQUIREMENTS

- 5 years credited service at age 65 after January 1, 1997
- 10 years credited service at age 55 before January 1, 1997

BENEFIT UNIT

- One benefit unit is earned when you work 1,200 or more hours in a plan credit year

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 TYPES AND REQUIREMENTS

- **Regular:** Age 65 with 5 Years of credited service
- **Early Retirement:** Ages 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

BENEFIT AMOUNT

The monthly benefit amount of a regular pension is based on:

- \$50 for each benefit unit earned between February 1, 1959 and January 31, 1980, if applicable, plus
- Percent of employer contributions for work after February 1, 1980 - provided you work a minimum of 300 hours within the plan credit year, plus
- Amount of supplemental benefit

SUSPENSION

- Pensioners under age 65 cannot work in the Building and Construction Industry
- Pensioners between ages 65-70½ are prohibited from working 40 or more hours per month in the Building and Construction Industry

DEATH BENEFITS

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



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VACATION/HOLIDAY

STATEMENT OF ACCOUNT

Statement lists reported hours and employer contributions.

Retain statements and paycheck stubs to verify all hours worked.

Statement is mailed:

- **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

APPRENTICESHIP & TRAINING

APPRENTICESHIP

Basic and advanced skills to master the tools of the trade by working on the job.

TRAINING

COURSES

Various training facilities, local unions, or mobile services in Northern California. For a complete list of courses visit:

www.NorCalCementMasonsApprenticeship.org

REQUIREMENTS

- 18 years of age
- California driver license
- Able to communicate on the job site
- Able to perform the work of the trade

CEMENT MASONS TRUST FUNDS FOR NORTHERN CALIFORNIA

SUMMARY OF BENEFITS

for Active Participants

HEALTH & WELFARE PENSION VACATION/HOLIDAY APPRENTICESHIP & TRAINING

DISCLAIMER

This summary is not a complete list of benefits available, nor does it include the rules and regulations that govern the various 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.

APRIL 2014

HEALTH & WELFARE

ELIGIBILITY

Initial eligibility begins the first day of the second month after 330 work hours are accumulated in a participant's hour bank. A deduction of 110 hours is applied monthly 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 (PPO)

Anthem Blue Cross Advantage PPO Plan

Plan Year: January 1 - December 31

Participant's Responsibility

ANNUAL DEDUCTIBLE

PREMIER PLAN

- \$300/person up to \$900/family
(Healthy Structures Promise Program required)

BASIC PLAN

- \$1,000/person up to \$3,000/family

COPAYMENTS

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

COINSURANCE

- 20% of negotiated rate (PPO)
- 50% of allowed charges (NON-PPO)

ANNUAL OUT-OF-POCKET MAXIMUM

- \$3,000/individual/plan year
- \$6,000/family/plan year

DOCTOR VISITS, LABORATORY SERVICES AND SUBSTANCE ABUSE TREATMENT

- 20% of negotiated rate (PPO)
- 50% of allowed charges (NON-PPO)

PREVENTIVE CARE SERVICES

- 0% of negotiated rate (PPO)
- 50% of allowed charges (NON-PPO)

INPATIENT HOSPITAL

- 20% of first \$15,000 negotiated rate (PPO), 0% thereafter for necessary services
- 50% of first \$15,000 allowed charges (NON-PPO), 0% thereafter for necessary services up to the allowed amount, any amount in excess of the allowed amount is your responsibility

PRESCRIPTION DRUG (OPTUMRx)

RETAIL PHARMACY

COPAYMENTS (30-day supply)

1st through 3rd fill 4th fill and thereafter

- \$10 formulary generic \$20
- \$25 formulary brand name* \$50

MAIL SERVICE

COPAYMENTS (90-day supply)

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

*You pay the difference in cost if brand name is chosen when generic is available

**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 (HMO)

Plan Year: January 1 - December 31

Participant's Responsibility

ANNUAL DEDUCTIBLE

PREMIER PLAN

- \$300/person up to \$900/family
(Healthy Structures Promise Program required)

BASIC PLAN

- \$1,000/person up to \$3,000/family

COPAYMENT

- \$25 office visit

COINSURANCE

- 20% after deductible is met

ANNUAL OUT-OF-POCKET PLAN MAXIMUM

- \$3,000/individual/calendar plan
- \$6,000/family/calendar plan

INPATIENT HOSPITAL AND EMERGENCY VISIT

- 20% after deductible is met

SUBSTANCE ABUSE TREATMENT

- \$25 copayment (individual therapy)
- \$ 5 copayment (group therapy)

PRESCRIPTION DRUG

KAISER PHARMACY

COPAYMENTS (30-day supply)

- \$15 generic
- \$30 brand name

MAIL ORDER

COPAYMENTS (100-day supply)

- \$30 generic
- \$60 brand name

ADDITIONAL BENEFITS

(Available to all participants)

DENTAL

(Choose one Plan)

DELTA DENTAL

- \$ 100 per person up to \$300/family deductible each plan year
- No fee for basic services (diagnostic/preventive)
- \$2,000 plan year allowance/person

DeltaCare USA

- No deductible
- Minimal copayments on certain procedures

PACIFIC UNION DENTAL

- No deductible
- Minimal copayments on certain procedures

VISION - VSP Value Plan

- Exam and lenses every 12 months
- Frames every 24 months
- \$ 120 frame allowance
- \$ 120 contacts allowance

COPAYMENTS

- \$ 20 exam
- \$ 20 lenses or frames

DEATH, ACCIDENTAL DEATH AND DISMEMBERMENT

- \$10,000 cement mason
- \$10,000 (additional) cement mason's accidental death
- \$ 5,000 spouse
- \$ 100 - \$500 dependent child
- \$ 5,000 - \$10,000 cement mason's dismemberment