

CEMENT MASONS AND PLASTERERS TRUST FUNDS

TELEPHONE (206) 441-7574 • TOLL-FREE (800) 732-1121 • FAX (206) 505-WPAS (9727) • www.cementmasonstrust.com
2815 SECOND AVENUE • SUITE 300 • P.O. BOX 34203 • SEATTLE, WASHINGTON 98124-1203

Administered by
Welfare & Pension Administration Service, Inc.

SUMMARY OF MATERIAL MODIFICATION

March 4, 2014

**TO: All Active Employees, Beneficiaries and Retirees of the
Cement Masons and Plasterers Health and Welfare Plan**
RE: Summary of Material Modifications – Plan Changes Effective April 1, 2014

This notice will advise you of certain material modifications that will be made to the Cement Masons and Plasterers Health & Welfare Trust effective April 1, 2014. **This information is VERY IMPORTANT for you and your dependents.** Please read it carefully and keep it with your Plan Booklet.

CHANGES TO YOUR MEDICAL AND PRESCRIPTION DRUG PLAN

Annual Maximum Benefits: Currently, the Plan has an annual maximum amount of \$2,000,000 that it will pay in benefits for any single plan participant. Effective April 1, 2014, the annual maximum will be removed. There will be no annual maximum on benefits.

Clinical Trials: The Plan will cover routine patient costs for items and services furnished in connection with an approved clinical trial that would otherwise be covered by the Plan for a patient (or participant) who is *not* participating in a clinical trial. The Plan will not cover:

- The actual clinical trial or the investigational item;
- Items and services solely for data collection that are not directly used in the clinical management of the patient; or
- Services that are clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

An approved clinical trial is a phase I, II, III, or IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition.

CHANGES TO YOUR MEDICAL PLAN

In-Network (Preferred Provider) Coinsurance Maximum: Currently, the Plan has an In-Network Coinsurance maximum of \$3,000 per individual and no family coinsurance maximum. The Plan is implementing a family coinsurance maximum of \$12,000.

Out-of-Network (Non-preferred Provider) Coinsurance Maximum: Currently, the Plan has an Out-of-Network Coinsurance Maximum of \$12,500 per person. This coinsurance maximum on out-of-network will be removed. With this change it will be very important for you to use in-network (preferred) providers. Use of an out-of-network provider may result in significant out of pocket expenses to you and your family.

Out-of-Pocket Maximum - (Applies to in-network Preferred Medical Providers only):

Currently, the Medical Plan has no overall annual out-of-pocket maximum, which includes deductibles, co-payments and co-insurance. The Plan is implementing a calendar year overall out-of-pocket maximum of \$6,350 per individual and \$12,700 per family for the Medical Plan. Your in-network coinsurance, annual deductible, emergency room copayment, and any other copayments will count toward your annual out-of-pocket maximum. Once the out-of-pocket maximum is reached, no additional cost sharing will be required for in-network services under the Plan for the balance of the calendar year when the benefits are paid.

Any penalties, fees or out-of-network coinsurance will not count toward your annual out-of-pocket maximum.

Chemical Dependency: The Plan will remove the limits on the number of covered outpatient visits and inpatient days for chemical dependency treatment. Your Plan will cover medically necessary outpatient visits and inpatient stays. Inpatient care must be preauthorized by First Choice.

Mental Health Treatment: The Plan will remove the annual and lifetime visit limits and days for inpatient and outpatient mental health treatment. Your Plan will cover medically necessary outpatient mental health treatment. Inpatient treatment must be preauthorized by First Choice.

Additionally, the Plan's current coinsurance for mental health treatment is 50% for outpatient treatment. The coinsurance for outpatient mental health treatment will increase to 80% for in-network providers and 60% for out-of-network providers.

Durable Medical Equipment: The \$2,000 calendar year maximum benefit per person is removed. Charges in excess of \$200 must be preauthorized by the Plan.

CHANGES TO YOUR PRESCRIPTION DRUG PLAN

Prescription Drug Maximum Coinsurance: Currently, the Plan's maximum coinsurance for prescription drugs is \$7,000 per individual for Tiers 1 and 2 drugs (Generics and Preferred Brand Names, respectively). The Plan will reduce the maximum coinsurance to \$6,350 per individual for Tiers 1 and 2 drugs. Presently, the Prescription Drug Plan has no coinsurance maximum per family. The Plan is implementing a family coinsurance maximum of \$12,700 for Tiers 1 and 2 drugs (Generics and Preferred Brand Names, respectively).

The maximum co-insurance per individual or family does not apply for Tier 3 drugs (Non-Preferred Brand Name Drugs).

The above changes are reflected on the enclosed Summary of Benefits and Coverage. If you have questions regarding the above changes, please contact the Trust Office.

Sincerely,

**Board of Trustees
Cement Masons and Plasterers Health and Welfare Trust**

MRBC\CJ :imm opeiu#8
S:\Mailings\Individual Trust Fund Mailings (SMM, Benefit Changes, etc.)\F16\F16-02 - Mailings - 2014 - 02.28 - SMM - Benefit Changes Eff 04.01.docx

Please read this notice carefully and keep it with your benefit booklet or insurance records for future reference.