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Open Enrollment Procedures Review

August 27, 2014

To: **Teamsters Benefit Trust Active and Retired Participants**

Re: **Open Enrollment (Changing Your Medical or Dental Option) – Procedures**

Dear Active or Retired Participant:

Once a year, during any time in the year, you can change your medical and / or dental¹ options through “**Open Enrollment**”.

The following information is being provided to remind you of how the TBT open enrollment procedures work and who to contact if you have questions.

Keep this notice and the enclosed *Medical / Dental Option Information Order Form* with your TBT benefits booklet. If and when you are ready to make a change, fill out and submit the *Order Form*. You will receive the requested benefits material / forms and may change your medical or dental¹ option once every 12 months.

When you need to make a change based on the Open Enrollment rules explained above, submit the enclosed *Medical / Dental Option Information Order Form* indicating the medical, dental or HMO material you would like to review prior to making your selection. Once you have reviewed the material, fill out and submit the *Medical Option Change Form* and / or *Dental Option Change Form* to the TBT Plan Administration Office. **Note:** If changing to an HMO, an HMO application is also required.

¹ Dental Option does not apply to Comprehensive Retiree Plan (CRP) participants.

Effective Date of Changes: Open enrollment change requests submitted on the approved medical or dental *Change Form* will be effective the first day of the **second** month following TBT's receipt of the change request. For example, if your change form is received on September 17, the change will be effective November 1 (*assuming that all the required forms have been submitted, you qualify for the open enrollment period and you are eligible for benefits*). You will receive a confirmatory notice stating that the requested change has been made. **SO, IF YOU ARE CHANGING YOUR MEDICAL OR DENTAL OPTION, DO NOT ASSUME THAT YOU ARE ENROLLED IN YOUR NEW COVERAGE UNTIL YOU RECEIVE CONFIRMATION.** You may also contact the TBT Plan Administration Office to confirm your coverage option has been changed.

Questions: All change requests must be submitted to the TBT Plan Administration Office using the required form. However, you may phone the Administration Office (at one of the above numbers) to,

- request information on the available medical and / or dental options;
- request HMO or DMO enrollment material;
- request medical or dental change forms;
- consult with a customer service representative regarding your specific circumstances; or
- confirm the effective date of new coverage (as noted above).

When you call... if you are an active participant (or eligible dependent), ask for the Open Enrollment Unit. If you are a retiree (or eligible spouse) ask for the Retiree Unit.

Unless you make changes your current medical and dental options will remain in effect.

If you have any questions about the contents of this letter or require assistance with the open enrollment procedures, please call the TBT Plan Administration office and ask to speak to the ***Enrollment Unit.***

Sincerely,



Nora Johnson
Fund Manager

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TEAMSTERS BENEFIT TRUST

Medical / Dental Option Information Order Form

Date	Social Security Number	Employer <i>(If retiree, former employer)</i>
Name (Please Print)		Phone Number
Address (street, city, state, zip code):		

ITEMS REQUESTED

1. **MEDICAL:** Please send me a **Medical Option Change Form** and the following items:
Note: All HMO packets include applications. *(PacifiCare not available to Plan VI participants)*
 - Kaiser Foundation Health Plan Packet (HMO - Actives and Pre-Medicare Retirees). (Calif.)
 - Kaiser Senior Advantage Packet (HMO - Medicare Retirees). (Calif.)
 - United HealthCare / PacifiCare Packet (HMO - Actives and Pre-Medicare Retirees). (Calif.)
 - United HealthCare / PacifiCare SecureHorizons Packet (HMO - Medicare Retirees). (Calif.)
 - Indemnity Plan Blue Cross Prudent Buyer PPO network Directory. (Calif.)
 - Indemnity Plan BCBS out-of-state PPO network Directory. (All states)

2. **DENTAL:** Please send me a **Dental Option Change Form** and the following items:
(Active employees and Retirement Security Plan (RSP) participants only.)
 - Bright Now! / Newport Dental brochure.
 - Delta Dental brochure.
 - Pacific Union Dental (PUD) brochure.

3. **BROCHURES:** Please send me the following TBT medical and/or dental benefits items:
 - Comparison of Dental Benefits *(Active and RSP participants only)*.
 - Comparison of Medical Benefits.
 - Summary of Coverage.

Participant's Signature	Date
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Please return this form to:
 Teamsters Benefit Trust, P.O. Box 5820, Fremont, CA 94537-5820
 (pre-addressed envelope enclosed)

All completed change request forms and applications (including HMO and Medicare HMO Plan applications) are to be sent to TBT. **Do not send anything directly to an HMO or dental provider!**