TEAMSTERS BENEFIT TRUST

SUMMARY OF COVERAGE

COMPREHENSIVE RETIREE PLAN

REVISED MAY 2009

SUMMARY OF COVERAGE—COMPREHENSIVE RETIREE PLAN (CRP

This brochure is a summary of Teamster Benefit Trust (TBT) benefits under the Comprehensive Retiree Plan (CRP) and is intended only to highlight benefits. For a more complete description of Plan benefits and eligibility or benefits rules, refer to the enclosed *Guide to Your Benefits*. This brochure is not a guarantee of eligibility or benefits.

PLAN BENEFITS

Indemnity Medical Benefits

Indemnity Medical option benefits are briefly described on the following pages and listed in the *Schedule of Benefits* inside.

Section 1 in the Schedule of Benefits describes benefits for CRP participants who are *not* entitled to Medicare and the difference between PPO and non-PPO benefits. Section 2 describes benefits for CRP participants who are entitled to Medicare.

Medicare-Entitled Retiree or Spouse

If you (or your covered spouse) are age 65 or older or otherwise entitled to Medicare, contact your local Social Security Administration Office about Medicare and enrollment procedures. To make sure that you receive the full benefits offered by the CRP, contact the Social Security Administration office no less than three months before your 65th birthday (or, if disabled, as soon as you are eligible).

The CRP integrates benefits with Medicare and pays benefits as if you are fully Medicare-entitled, even if you are not yet enrolled. Therefore, to receive maximum benefits, you must enroll in both Medicare Parts A and B as soon as you are entitled.

If you are entitled to Medicare, Medicare is primary and the Plan pays second (as the secondary carrier). It is to your advantage to seek services from a doctor, hospital or other provider who is eligible to receive reimbursement from Medicare, because the Plan will only pay 20% of the Medicare-approved amount of any claim even if the provider may not or does not accept payment from Medicare. Other restrictions and limitations apply. The Plan does not cover charges higher than Medicare-approved amounts.

The Plan expressly disallows payment as the primary payer to all providers to whom payment would not be made under Medicare, including payment under Medicare Parts A or B, a Medicare HMO or a Medicare+ Choice plan.

Medical Options

You may choose between the Indemnity Medical option or one of the Health Maintenance Organizations (HMOs) available where you live by completing a TBT *Retiree Medical Option Form*. The *Comparison of Medical Benefits* highlights coverage under the Indemnity Medical option and HMOs. Each HMO option provides a separate *Evidence of Coverage* that is available through the TBT Plan Administration Office.

PPO Network

If you choose the Indemnity Medical option and are not yet Medicare-entitled, amounts paid on your claims are higher when you take advantage of the Anthem Blue Cross Prudent Buyer network of preferred providers (called a PPO). PPO hospitals, doctors, clinics and medical labs agree by contract to accept reduced rates and fee ceilings (which means important savings to TBT and to you).

When you use non-PPO providers, claims are paid based on a percentage of Usual, Customary and Reasonable (UCR) charges—which usually means that you will pay more out of pocket when you do not use PPO providers.

It's your responsibility to make sure that you are using PPO providers if you want benefits to be paid at the PPO rates. The *Schedule of Benefits* inside shows the difference between PPO and non-PPO benefits under the Indemnity Medical option.

To locate the nearest PPO hospitals, surgery centers, doctors, medical labs and clinics, check the Anthem Blue Cross Prudent Buyer network directory available through the TBT Plan Administration Office.

Since participating providers change often, always confirm that a doctor or hospital is a PPO provider before receiving services by calling the PPO Network toll-free at (888) 887-3725.

PPO Network for Non-California Residents

If you live outside California, the Indemnity Medical option participates in another network of preferred providers outside of California called the Blue Cross Blue Shield Nationwide Network. The toll-free number is (800) 810-2583.

Pre-admission Certification and Utilization Review

If you are not Medicare-eligible, Pre-admission Certification and Utilization Review are required for all non-emergency hospital stays and within 72 hours of an emergency admission. You must also make sure the Plan's Utilization Review Organization monitors in-hospital services and related charges even if you are admitted in an emergency.

For Pre-admission Certification and Utilization Review, California and non-California participants must call Blue Cross Life and Health at (800) 274-7767. (For alcoholism or chemical dependency treatment, see below.)

Alcohol or Chemical Dependency Benefit Review

The Teamsters Assistance Program (TAP) oversees all *alcohol or chemical dependency* treatment (except for Medicare-entitled participants).

TAP must pre-authorize and review such treatment or it will not be covered.

For Pre-admission Certification and Utilization Review of alcoholism or chemical dependency, call the Teamsters Assistance Program (TAP) at (510) 562-3600 or (800) 253-TEAM.

When to Call

The best time to notify Blue Cross (or TAP if applicable) is before your doctor schedules an inpatient hospital stay (unless Medicare-entitled).

You, your doctor and the hospital will receive a written follow-up notice from Blue Cross by mail. If you have not received a notice, you should verify that Pre-admission Certification has been conducted before going to the hospital. Check with Blue Cross (or TAP if applicable) in advance.

Failure to obtain Pre-admission Certification and Utilization Review will result in a reduction of benefits. Charges for non-certified hospital days are not covered under the Plan (unless Medicare-entitled).

Medicare Part D

If you are Medicare-eligible and currently covered under TBT's Medical Indemnity Plan, Kaiser Senior Advantage or PacifiCare Secure Horizons, *do not enroll in a Medicare Part D program*. Your current TBT prescription drug coverage (or your coverage under an HMO through TBT) is at least as good, on average, as Medicare Part D. *If you enroll in a Medicare Part D program, you will lose your TBT prescription drug coverage.*

Prescriptions: Medicare Indemnity Plan

If you or your covered spouse are Medicare-eligible, do *not* enroll in a Medicare Part D program or you will lose your TBT prescription drug coverage through Prescription Solutions. Prescription Solutions will ***automatically*** enroll you in their Medicare Part D prescription drug plan (PDP). See Section 4 of the *Schedule of Benefits* (inside) for more information.

Prescriptions: Medicare HMO Plan

If you are enrolled in a Medicare HMO plan, prescription drug benefits are provided by that HMO rather than by TBT.

Limitations and Exclusions

The Indemnity Medical option and prescription drug benefits have unique limitations, exclusions, claim review and denial procedures and exclusions that are described in detail in the CRP *Guide to Your Benefits*. HMO limitations are described in their *Evidence of Coverage* provided by each HMO.

Copies of these materials are provided inside *Your Benefits Package* folder or by contacting the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119.

See the *Claiming Benefits* section of the CRP *Guide to Your Benefits* for the Plan's claim review and denial procedures.

Plan Change or Termination

TBT reserves the right to change or terminate the Plan at any time. If benefit changes are made, you will be notified at the home mailing address you have listed with the TBT Plan Administration Office.

If your covered spouse does not live with you, let him or her know that all TBT mail will be sent to your address.

Open Enrollment

You can change your TBT medical option once a year. TBT's Open Enrollment takes place from January 1 through December 31. After your initial election of medical option, you may change your medical option once every 12 months. See the *Guide to Your Benefits*, *Open Enrollment—Changing Your Medical Option*.

Eligibility and Benefit Questions

Contact the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119 for more information.

SCHEDULE OF BENEFITS

1. INDEMNITY MEDICAL OPTION
(For You and Your Covered Spouse)
If not Medicare-entitled

Pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury for you and your covered spouse.

Lifetime maximum **$2,000,000**

Deductible per calendar year
Per covered person **$250**

A. HOSPITAL BENEFITS

Note: *All in-hospital care must be pre-authorized and monitored by the Plan's review organization. In an emergency, contact the Plan's review organization within 72 hours.*

Inpatient (not subject to deductible)
PPO **100%**
Non-PPO **80% of UCR**

Outpatient (subject to deductible)
PPO **80%**
Non-PPO **80% of UCR**

Exception: Surgery or accident within 24 hours (not subject to deductible)
100% of PPO or UCR

B. AMBULANCE

PPO **80%**
Non-PPO **80% of UCR**

C. SURGERY

PPO **80%**
Non-PPO **80% of UCR**

D. DOCTOR VISITS

PPO **80%**
Non-PPO **80% of UCR**

E. PREVENTIVE CARE

Routine physical exams and related x-ray and lab work, pap tests, routine mammograms, PSA tests for detection of prostate cancer and flu shots.

Calendar year maximum **$250**
PPO **90%**
Non-PPO **90% of UCR**

F. DIAGNOSTIC X-RAY AND LAB

PPO **80%**
Non-PPO **80% of UCR**

G. NURSING HOME CARE

Room and board (within seven days of inpatient stay of five or more days).

PPO **80%**
Non-PPO **80% of UCR**
Per disability maximum **60 days**

H. MENTAL HEALTH SERVICES —IN-HOSPITAL

Maximum inpatient days per calendar year **30**
PPO **100%**
Non-PPO **50% of UCR**

I. MENTAL HEALTH SERVICES —IN MEDICAL OFFICES

Per visit covered expense maximum **$80**
PPO **80%**
Non-PPO **80% of UCR**

J. ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT
(Not Subject to Deductible)

Must be pre-authorized and monitored by Teamsters Assistance Program (TAP).

Lifetime maximum **One treatment**
Covered expense maximum **$7,500**
TAP-approved facility **100%**

K. CHIROPRACTIC TREATMENT
(Not Subject to Deductible)

Initial visit and diagnostic x-rays do not count against the maximums below and are subject to the deductible:

Calendar year maximum **$1,250**
Per visit covered expense **$25**
PPO and non-PPO **100% to $25**

Note: *There is a separate $300 maximum per covered person per calendar year for treatment of muscle spasms, soft tissue or back strain.*

2. INDEMNITY MEDICAL OPTION
(For You and Your Covered Spouse)
If Medicare-entitled

Covered medical expenses are the same for participants who are entitled to Medicare and those who are not. However, the Plan pays for certain benefits otherwise covered by the Plan that may not be covered by Medicare (such as physical exams or stop-smoking benefits). When this happens, the Plan pays its normal benefit as if you were not entitled to Medicare. Any amounts payable by Medicare will be subtracted from amounts payable by the Plan.

Lifetime maximum **$2,000,000**

Deductible per calendar year
per covered person **$250**

Medicare is the primary source of medical benefits; the Indemnity Medical option is secondary. *The Plan integrates benefits with Medicare* and does not cover charges that are higher than Medicare-approved amounts.

A. HOSPITAL BENEFITS
Medicare Part A

In general, Medicare Part A provides coverage for hospital benefits after you pay the Medicare hospital deductible. The Plan pays Medicare deductibles (after you satisfy the Plan's calendar year deductible).

Note: *The Plan's Pre-admission Certification, Utilization Review, Case Management and Preferred Provider Organization (PPO hospital, physician or other provider) and Teamsters Assistance Program (TAP) procedures are NOT required. Once you are age 65 or otherwise entitled to Medicare, benefits are determined by Medicare.*

B. OUTPATIENT HOSPITAL AND DOCTOR VISITS
Medicare Part B

Medicare Part B covers outpatient hospital and doctors' services. Medicare's Part B schedule reflects the amounts that Medicare believes are reasonable charges for specific services (the Medicare approved amount). Many doctors and other providers agree to *take assignment*. This means that they will accept the Medicare-approved amounts as payment in full. It is to your advantage to seek services from a doctor and other providers who take assignment.

The Indemnity Medical option generally covers the Medicare Part B deductible (after your Plan's calendar year deductible is satisfied) and 20% of the Medicare-approved amount for Part B services. Your share of the cost for these services depends on whether or not your doctor takes assignment (as explained above). Whenever a provider's charges are higher than allowed under the Medicare Part B schedule, your out-of-pocket costs go up.

3. INDEMNITY PLAN PRESCRIPTION DRUGS
(For You and Your Covered Spouse)
If NOT Medicare-entitled

Prescription drug coverage is provided through Prescription Solutions even if you choose an HMO.

Generic or brand name drugs from a Prescription Solutions pharmacy **70%**

Note: *If you (or your doctor) order a brand name drug when a generic equivalent is available, you'll pay the cost difference between generic and brand name—in addition to the copayment above.*

Specialty Pharmacy Program: Most injectable medications are only covered through the mail order Specialty Pharmacy Program (30-day supply). See CRP *Guide to Your Benefits*. **70%**

Mail Service Program: Prescriptions ordered through the Prescription Solutions Mail Service Program. **85%**
*(See **note** above about brand name drugs.)*

4. INDEMNITY PLAN PRESCRIPTION DRUGS
(For You and Your Covered Spouse)
If Medicare-entitled

Medicare Part D: If you or your spouse are Medicare-entitled, Prescription Solutions *automatically* enrolls you in their *Medicare Part D Prescription Drug Plan (PDP)*. They also send you a new ID number and prescription drug card. See the *Guide to Your Benefits* or your Prescription Solutions member packet for details. ***Do not enroll in a Medicare Part D program or you will lose your Prescription Solutions coverage.***

Medicare Part D is primary payer for Medicare-allowable prescription costs after the applicable Medicare copayment is met. Medications that are not Medicare-allowable may be covered under Prescription Solutions program minus a 30% copayment. TBT follows the days supply allowed by Medicare Part D.

Medicare HMO Participants: Prescription drug benefits are provided by that HMO rather than by TBT.

BOARD OF TRUSTEES

Union Trustees

Rome A. Aloise, Co-Chairman
Teamsters Benefit Trust
Secretary-Treasurer
Warehouse, Mail Order, Retail Employees and Wholesale Liquor Salespersons
Teamsters Local Union No. 853
2100 Merced Street, Suite B
San Leandro, CA 94577-3247

Van Beane
Secretary-Treasurer
Brotherhood of Teamsters and Auto Truck Drivers
Teamsters Local Union No. 85
850 Harrison Street
San Francisco, CA 94107-1125

Carlos Borba
President
General Truck Drivers, Warehousemen, Helpers and Automotive Employees
Teamsters Local Union No. 315
445 Nebraska Street
Vallejo, CA 94590-3830

Robert Morales
Secretary-Treasurer
Sanitary Truck Drivers and Helpers
Teamsters Local Union No. 350
295 89th Street, Suite 304
Cedar Hill Office Building
Daly City, CA 94015-1656

Douglas O'Neal
Trustee, Teamsters Benefit Trust
c/o Lipman Insurance Administrators, Inc.
39420 Liberty Street, Suite 260
Fremont, CA 94538-2200

Ron Paredes
Business Representative
Warehouse, Mail Order, Retail Employees and Wholesale Liquor Salespersons
Teamsters Local Union No. 853
2100 Merced Street, Suite B
San Leandro, CA 94577-3247

Dale Robbins
Secretary-Treasurer
General Truck Drivers, Warehousemen, Helpers and Automotive Employees
Teamsters Local Union No. 315
2727 Alhambra Avenue
P.O. Box 3010
Martinez, CA 94553-8020

Employer Trustees

Keith Fleming, Co-Chairman
Teamsters Benefit Trust
President
IEDA
2200 Powell Street, Suite 1000
Emeryville, CA 94608-1809

William Albanese
President
Central Concrete Supply
755 Stockton Avenue
San Jose, CA 95126

Richard Jordan
Trustee, Teamsters Benefit Trust
c/o Lipman Insurance Administrators, Inc.
39420 Liberty Street, Suite 260
Fremont, CA 94538-2200

Richard Murphy
Group Controller
United Parcel Service
2574 Barrington Court, Building A
Hayward, CA 94545-1133

Jeanette Paige
Director of Human Resources
Southern Wine & Spirits of Northern California
33321 Dowe Avenue
Union City, CA 94587

Bill Rossi
Trustee, Teamsters Benefit Trust
c/o Lipman Insurance Administrators, Inc.
39420 Liberty Street, Suite 260
Fremont, CA 94538-2200

Open Seat

If You Need Help

If you need help understanding your Plan benefits, the Board of Trustees encourages you to call or write the TBT Plan Administration Office.

Plan Administration Office

Teamsters Benefit Trust
39420 Liberty Street, Suite 260
Fremont, CA 94538-2200

Local telephone: (510) 796-4676
Toll free: (800) 533-0119

Internet web site: www.tbtfund.org

Language Notice

If you need help understanding any part of this summary or the other materials in this package, contact the TBT Plan Administration Office at the address listed on this page. Office hours are from 8:00 a.m. to 5:00 p.m. P.S.T., Monday through Friday (except holidays). Customer service hours are from 8:30 a.m. to 5:00 p.m. P.S.T., Monday through Friday (except holidays).

Noticia en Español

Si usted tiene dificultad en entender alguna parte de este folleto, o necesita mas información comuniquese con la Oficina de Administracion del Plan TBT a el domicilio localisado abajo en esta pagina. Horas de oficina: 8:00 a.m. a 5:00 p.m. P.S.T., Lunes a Viernes (excepto dias festivos). Horas de Servicio al Cliente: 8:30 a.m. a 5:00 p.m. P.S.T., Lunes a Viernes (excepto dias festivos).

El numero de telefono es (510) 796-4676 o (800) 533-0119.

PHONE NUMBERS AND ADDRESSES

Organization	Phone Numbers	Address	Reasons To Call
TBT Plan Administration Office www.tbtfund.org	(510) 796-4676 (800) 533-0119	39420 Liberty Street, #260 Fremont, CA 94538-2200	TBT eligibility, enrollment (including HMOs), changes in marriage status, Prescription Solutions prescription cards, Blue Cross ID cards and other questions.*
Anthem Blue Cross Prudent Buyer PPO Network www.bluecrossca.com	(888) 887-3725	21555 Oxnard Street Woodland Hills, CA 91367	Preferred Provider hospitals, PPO Network physicians and other PPO providers.
Blue Cross Life and Health (Utilization Review Organization)	(800) 274-7767	21555 Oxnard Street Woodland Hills, CA 91367	Hospital Pre-admission Certification and Utilization Review (unless Medicare-entitled).
Blue Cross Blue Shield National Network (Outside CA) www.bluecares.com	(800) 810-2583	21555 Oxnard Street Woodland Hills, CA 91367	Outside California: Preferred Provider hospitals, PPO network physicians and other PPO providers.
PacifiCare www.pacificare.com	(800) 624-8822	One Market Place Spear Street Tower, 12th floor San Francisco, CA 94105-1000	HMO benefit questions*; web site has list of network physicians.
Kaiser Member Services www.kaiserpermanente.org	(800) 464-4000	1800 Harrison, 9th Floor Oakland, CA 94612-2998	HMO benefit questions.*
Medicare Hotline	(800) 633-4227	Contact the Medicare hotline for address	For general Medicare information, enrollment details and claim filing.
Prescription Solutions www.rxsolutions.com Mail Service Program Specialty Pharmacy	(800) 797-9791 (800) 562-6223 (800) 711-4555	3515 Harbor Boulevard Costa Mesa, CA 92626	Pharmacy and medication questions. Contact the TBT Plan Administration Office for all other prescription-related matters.
Teamsters Assistance Program (TAP)	(510) 562-3600 (800) 253-TEAM	300 Pendleton Way Oakland, CA 94621-2109	Substance abuse matters including inpatient programs.
Western Conference of Teamsters Pension Trust Fund www.wctpension.org	(650) 570-7300 (800) 845-4162	355 Gellert Blvd., #100 Daly City, CA 94015-2666	All pension matters.

**** Note:** For initial enrollment, you must provide the completed forms to the TBT Plan Administration Office within 30 days of your eligibility date. See the enclosed enrollment materials and **Guide to Your Benefits** for more information. For general enrollment, benefit information, medical and HMO elections and address changes, contact the TBT Plan Administration Office. Any required forms (including HMO change forms) are mailed to you by TBT. For changes in marriage status, contact the TBT Plan Administration Office and provide the required forms and certification by the deadlines explained in the enclosed **Guide to Your Benefits**.*