

T E A M S T E R S B E N E F I T T R U S T

**SUMMARY
OF
COVERAGE**

P L A N V



R E V I S E D S E P T E M B E R 2 0 1 4

SUMMARY OF COVERAGE—PLAN V

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

Enrollment

You can enroll if you are covered under a Union Contract that provides for TBT Plan V participation as long as you satisfy the eligibility requirements described in the enclosed Plan V *Guide to Your Benefits* and your Employer makes the required contributions. All required enrollment forms (including an HMO application if you choose an HMO) must be received by the TBT Plan Administration Office before coverage begins.

Medical Options

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

Note: *To choose an HMO option, you must live within the HMO's service area. To determine whether you qualify for HMO coverage, call the HMO's customer service number printed on the last page.*

Preferred Provider Organization (PPO) Network

If you choose the Indemnity Medical option, amounts paid on your claims are higher when you take advantage of the Anthem Blue Cross PPO network of preferred providers. PPO hospitals, doctors, clinics and medical labs agree by contract to accept reduced rates and fee ceilings (which means important savings to TBT and you).

Note: The PPO coverage rates only apply when you are treated by PPO providers who have agreed to accept lower contracted rates. See the *Guide to Your Benefits* for more information.

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

It's your responsibility to make sure that you are treated by PPO providers if you want benefits to be paid at the PPO rates. The chart 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, contact Anthem Blue Cross at (888) 887-3725. Since participating providers change often, always confirm that a doctor or hospital is a PPO provider before receiving services.

Note: If your TBT coverage is secondary and your primary plan denies your claim for benefits because you have elected to receive treatment from a provider or facility outside of your primary plan's preferred provider network, TBT will coordinate benefits as though you received benefits from the primary plan under the primary plan's ordinary level of payment for preferred network hospitals or doctors. See the *Guide to Your Benefits* for more details about *Coordination of Benefits*.

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. For Pre-admission Certification, except for alcoholism or chemical dependency, phone Anthem Blue Cross at (800) 274-7767. To locate the nearest PPO Hospital, you must call the Blue Cross Blue Shield Nationwide Network toll-free at (800) 810-2583.

Out-of-State Providers

California residents can verify that their provider is in the PPO by calling (888) 887-3725 toll-free. Non-California residents can verify that their provider is in the PPO by calling (800) 810-2583 toll-free.

Pre-admission Certification and Utilization Review

The Indemnity Medical option pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury. Pre-admission Certification and Utilization Review procedures are required to determine medical necessity for all non-emergency hospital stays and within 72 hours of an emergency admission. California and non-California participants must call Anthem Blue Cross at (800) 274-7767. (For alcoholism or chemical dependency treatment, see the next page).

Failure to obtain Pre-admission Certification may result in a reduction of benefits. Charges for non-certified hospital days are not covered under the Plan. Utilization Review is also required by Anthem Blue Cross to monitor in-hospital services and related charges even if you were admitted in an emergency.

Alcohol or Chemical Dependency Benefit Review

The Teamsters Assistance Program (TAP) is the Plan's review organization to oversee all *alcohol and chemical dependency* treatment. **TAP must pre-authorize and review such treatment or it will not be covered.** Before seeking treatment, call the Teamsters Assistance Program (TAP) at (510) 562-3600 or (800) 253-TEAM.

When to Call

Notify Anthem Blue Cross (or TAP if applicable) when your doctor schedules an inpatient stay. You, your doctor and the hospital will receive a written follow-up notice from Anthem 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 Anthem Blue Cross (or TAP if applicable) in advance. Remember, if Anthem Blue Cross determines that hospitalization is not necessary—or that hospital services are not medically necessary—you, your doctor and the hospital will be informed by Anthem Blue Cross.

Anthem Blue Cross will contact your doctor to confirm the need for hospitalization and write to tell you whether your hospital stay has been certified and, if so, for how long. **The Plan does not cover charges for days in a hospital that have not been pre-certified by Blue Cross.**

Dental Options

Your TBT Plan offers a choice of dental options. The Indemnity Dental option (Delta Dental) is explained in this summary. See the *Comparison of Dental Benefits* for highlights of all your dental options.

You must complete the *Dental Option Form* (mailed with your TBT enrollment materials) to apply for dental coverage. **Note:** New employees may only choose Option 2 (Bright Now! Dental) or Option 3 (Pacific Union Dental) until a waiting period is satisfied. Option 1 (the Indemnity Dental option) is not available until one year following your initial hire date (unless you meet an exception listed on the back of your *Dental Option Form*).

Limitations and Exclusions

Each TBT medical and dental option has unique limitations and exclusions and claim review and denial procedures that are described in the *Guide to Your Benefits*. HMO limitations are described in the *Evidence of Coverage* brochures provided by each HMO. Copies of these materials are available through the TBT Plan Administration Office. If you have questions about your eligibility or benefits, contact the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119.

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 or dependents do not live with you, let them know that all TBT mail will be sent to your address.

Extension of Benefits While Totally Disabled

If you are eligible but rendered unable to work because you become totally disabled as a result of an illness or injury (see *What is Total Disability?* in the *Guide to Your Benefits*), coverage for you and your covered dependents will continue for up to three months.

Coverage is not automatic. You must apply for the extension of benefits by filling out and submitting the required forms to the TBT Plan Administration Office.

Contact the Administration office at (800) 533-0119 and ask for the disability department as soon as your physician has determined you will be out on disability.

Extension of Benefits Requirements

You must become totally disabled while eligible under your TBT Employer-paid Plan. Proof of disability must be provided by your doctor before benefits begin. Periods of disability

from the same condition that are not separated by two weeks of full-time covered work, or from two or more conditions not separated by return to full-time covered work, are considered to be *one period of disability*.

Benefits are not paid for any injury or illness while you are not under a doctor's care or for any period of disability that began before you were eligible for coverage.

In all cases, benefits are not paid for a disability that begins in a month when you were not eligible under your Plan.

Filing a Claim

1. Request a *Proof of Disability Claim Form* by calling the TBT Plan Administration Office at 800-533-0119.
2. Fill out your portion of the form and have your doctor complete the bottom portion.
3. Send the completed form to the TBT Plan Administration Office at the address printed on the form.

Open Enrollment

You can change your TBT medical and dental options once a year. Open Enrollment takes place from January 1 through December 31. After your initial election of medical and dental options, you may change them once every 12 months. See the *Guide to Your Benefits* or contact the TBT Plan Administration Office for details.

Eligibility and Benefit Questions

Contact the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119. **Note:** Only the TBT Plan Administration Office can verify eligibility and coverage. Statements or documents provided by other sources such as your Employer or Local Union are not binding on TBT.

TEAMSTERS BENEFIT TRUST (TBT)—PLAN V

1. INDEMNITY MEDICAL OPTION (For You and Your Covered Dependents)

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

Calendar year maximum **\$2,000,000**

Deductible per calendar year
Per covered person **\$200**
Family maximum **\$600**

Carryover **Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible**

A. HOSPITAL BENEFITS

Note: All in-hospital care must be pre-authorized and monitored by the Plan's Review Organization. In an emergency, call within 72 hours.

Inpatient (not subject to deductible)
PPO **100%**
Non-PPO **50% of UCR**

Outpatient (subject to deductible)
PPO **80% to \$10,000 per calendar year; 100% thereafter**
Non-PPO **80% of UCR to \$10,000 per calendar year; 100% of UCR thereafter**

Exception: Surgery or accident within 24 hours—
with no deductible **100% of PPO or UCR**

B. AMBULANCE

PPO **100%**
Non-PPO **80% of UCR to \$10,000 per calendar year; 100% of UCR thereafter**

C. SURGERY (PHYSICIAN SERVICES)

PPO **100%**
Non-PPO **80% of UCR to \$10,000 per calendar year; 100% of UCR thereafter**

D. DOCTOR VISITS

PPO **100%**
Non-PPO **80% of UCR to \$10,000 per calendar year; 100% of UCR thereafter**

E. PREVENTIVE CARE

Routine physical exams and related x-ray and lab work, pap tests, routine mammograms (see Section F, below), PSA tests for detection of prostate cancer, flu shots, routine pediatric exams and shots recommended by the U.S. Preventive Services TaskForce.

Calendar year maximum **None**
PPO **100%**
Non-PPO **90% of UCR**

F. DIAGNOSTIC X-RAY AND LAB

PPO **100%**
Non-PPO **80% of UCR to \$10,000 per calendar year; 100% of UCR thereafter**

Note: Mammograms follow guidelines of American Cancer Society. Routine mammograms are covered annually beginning at age 40.

G. NURSING HOME CARE

Room and board (within 7 days of in-hospital stay of 5 or more days)
PPO **100%**
Non-PPO **80% of UCR to \$10,000 per calendar year; 100% of UCR thereafter**
Per disability maximum **60 days**

H. MENTAL HEALTH SERVICES —IN-HOSPITAL

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

I. MENTAL HEALTH SERVICES —IN MEDICAL OFFICES

Per visit covered expense maximum **\$80**
PPO **100%**
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 **2 treatments subject to UCR**
Per treatment covered expense maximum **None**
First treatment **100%**
Second treatment **80%**

Note: The 20% copayment for second treatment is not a covered expense and will not apply toward your copayment maximum for the calendar year.

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 maximum **\$25**
PPO **100% to \$25**
Non-PPO **100% of UCR 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. PRESCRIPTION DRUGS THROUGH OPTUMRx (For You and Your Covered Dependents)

Outpatient prescription drugs using plastic OptumRx ID card:

Generic or brand name drugs from OptumRx pharmacy **90%**

Note: If you (or your doctor) order a brand name drug (when a generic equivalent is available), you also pay the difference between generic and brand name. The Plan pays full price of brand name drugs only when there is no generic equivalent.

Specialty Pharmacy Program: Most injectable medications are only covered through the OptumRx mail order Specialty Pharmacy Program (30-day supply); unless your injectable medications are covered under your HMO. See *Guide to Your Benefits*.

Mail Service Program: Prescriptions ordered through the OptumRx Mail Service Program are covered at 90%. If you (or your doctor) order a brand name drug when a generic equivalent is available, you pay the cost difference between generic and brand name in addition to the 10% copayment.

Outpatient drugs through non-participating pharmacy

- Direct reimbursement by OptumRx. (Amount reimbursed is usually less than retail charges at a non-participating pharmacy.)

3. DENTAL BENEFITS (For You and Your Covered Dependents)

See the Dental Options section on page 2 for details about your Plan's dental options and the waiting period for new TBT participants. The *Comparison of Dental Benefits* folder briefly explains each dental option.

Provided through the Indemnity Dental option—Option 1

Note: For newly eligible employees, dental benefits (including orthodontia) are limited during the first 6 months of coverage to exams, cleanings, x-rays and simple fillings.

Calendar year maximum per covered person **\$1,500**

Deductible per calendar year (except routine preventive care):
Per covered person **\$25**
Family maximum **\$75**

Delta participating dentist
Preventive and basic care **80%**
Major care **50%**
Non-Delta participating dentist
Preventive and basic care **80% of UCR**
Major care **50% of UCR**

Orthodontia
Per covered person **50% of covered orthodontia expenses per covered person up to the \$1,200 lifetime maximum**

Note: For temporomandibular joint dysfunction, the Plan pays 50% of specific covered charges up to a lifetime maximum of \$1,000. See the Plan V Guide to Your Benefits.

4. VISION CARE BENEFITS (For You and Your Covered Dependents)

Provided through the Vision Service Plan (VSP) network. See Vision Care section of the Guide to Your Benefits.

VSP eye care professional **100% of covered charges after \$25 copayment**

Frequency of service:
Vision exam **once in 24 months**
Lenses **once in 24 months**
Basic frames **once in 24 months**

See Vision Care section of *Guide to Your Benefits* for:
Non-VSP eye care professional benefits
Contact lens benefits
Cosmetic options

Note: Non-VSP provider benefits are limited.

5. LIFE INSURANCE BENEFIT (For You Only)

Survivors must file claim within 12 calendar months of event
Your death **\$5,000**

6. ACCIDENTAL DEATH & DISMEMBERMENT (For You Only)

Survivors must file claim within 12 calendar months of event
Your accidental death **\$5,000**
Your accidental dismemberment:
Both hands or feet **\$5,000**
Both eyes **\$5,000**
One hand and one foot **\$5,000**
One hand and one eye **\$5,000**
One hand or one foot **\$2,500**
One eye **\$2,500**

BOARD OF TRUSTEES

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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 comuníquese con la Oficina de Administración 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 días festivos). Horas de Servicio al Cliente: 8:30 a.m. a 5:00 p.m. P.S.T., Lunes a Viernes (excepto días 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), marital status and dependent changes, contributions, Anthem Blue Cross ID cards, prescription drug ID cards, Indemnity Medical option claims, vision, disability, life and accidental death & dismemberment claims and other questions.
Anthem Blue Cross Life & Health www.anthem.com/ca	(800) 274-7767	P.O. Box 60007 Los Angeles, CA 90060	Hospital Pre-admission Certification and Utilization Review.
Anthem Blue Cross PPO Network www.anthem.com/ca	(888) 887-3725	P.O. Box 60007 Los Angeles, CA 90060	Preferred Provider hospitals, PPO network physicians and other PPO providers.
Anthem Blue Cross Blue Shield National Network (Outside CA) www.bcbs.com	(800) 810-2583	P.O. Box 60007 Los Angeles, CA 90060	Outside California: Preferred Provider hospitals, PPO network physicians and other PPO providers.*
United HealthCare www.uhcwest.com	(800) 624-8822	P.O. Box 30968 Salt Lake City, UT 84130-0968	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.*
OptumRx www.optumrx.com Mail Service Program Specialty Pharmacy	(800) 797-9791 (800) 562-6223 or (877) 889-2802 (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.
Delta Dental www.deltadentalca.org	(800) 765-6003 or (888) 335-8227	P.O. Box 997330 Sacramento, CA 95999-7330	Dental Option 1 benefit questions.* For Delta Dental provider finder service, call (800) 427-3237.
Bright Now! Dental Newport Option	(800) 497-6453 (714) 668-1300	8105 Irvine Center Dr. Irvine, CA 92618	Dental Option 2 benefit questions.*
Pacific Union Dental (PUD)	(800) 999-3367	P.O. Box 30567 Salt Lake City, UT 84130-0567	Dental Option 3 benefit questions.*
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.
Prudential Life Insurance	(800) 524-0542	P.O. Box 1215 Newark, NJ 07101-1215	First call the TBT Plan Administration Office.

* Note: For general enrollment information, medical, HMO and dental option elections, address changes and changes in dependent status, contact the TBT Plan Administration Office. Any required forms (including HMO change forms) are mailed to you by TBT.