

TEAMSTERS BENEFIT TRUST

# COMPARISON OF MEDICAL BENEFITS

RETIREMENT SECURITY PLAN



REVISED JANUARY 2008

# COMPARISON OF MEDICAL BENEFITS—RETIREMENT SECURITY PLAN

**SUMMARY:** This brochure provides a brief summary of medical benefits offered by each medical option under TBT's Retirement Security Plan (RSP). For a full Plan description, refer to the specific Plan materials (*Guide to Your Benefits, Summary of Coverage, Plan Change Notices, Summary of Material Modifications*, or HMO disclosure information).

**HMO:** An HMO is a Health Maintenance Organization. Under the RSP, TBT offers the Kaiser Permanente and PacifiCare HMOs. Certain other benefits may be available under an HMO's Medicare Plan (Kaiser's Senior Advantage or PacifiCare's Secure Horizons). Please refer to HMO materials for details and enrollment requirements.

**PPO:** A PPO is a Preferred Provider Organization (hospital, physician or other provider) belonging to the Blue Cross Prudent Buyer network. A non-PPO is a provider that does not belong to the Blue Cross Prudent Buyer network. PPO claims are based on contract rates. Non-PPO claims are paid based on Usual, Customary and Reasonable (UCR) charges, that are usually higher than the PPO contract rates (resulting in higher out-of-pocket expenses). The RSP *Summary of Coverage* shows the difference between PPO and non-PPO coverage under the Plan. Non-Medicare entitled persons are responsible for using PPO providers to reduce out-of-pocket costs. Since participating providers change often, check that a doctor or hospital is a PPO provider before receiving services by calling toll-free at (888) 887-3725. (*Does not apply if Medicare-entitled.*) Call (800) 810-2583 for providers outside of California.

**UCR:** All non-PPO claims are paid based on Usual, Customary and Reasonable (UCR) charges (see *PPO* above).

**Blue Cross Life and Health:** Notify Blue Cross Life and Health at (800) 274-7767 in advance of a non-emergency hospital stay and within 72 hours of an emergency admission or benefits will be reduced by 20% or more. (*Does not apply if Medicare-entitled.*)

**TAP:** Teamsters Assistance Program (TAP) must oversee and pre-approve all alcohol and chemical dependency treatment. Call (800) 253-TEAM or (510) 562-3600. (*Does not apply if Medicare-entitled.*)

<b>SELF-FUNDED OPTION INDEMNITY MEDICAL PLAN</b>	
<b>MEDICAL BENEFITS</b>	<i>Pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury for you and your covered spouse.</i> Lifetime maximum <b>\$1,000,000</b> Deductible per calendar year per covered person ( <i>Retiree and covered spouse only</i> ) <b>\$250</b>
<b>HOSPITAL</b>	<b>Non-Medicare entitled</b> <i>Note: In-hospital care must be pre-authorized and monitored by Blue Cross Life and Health at (800) 274-7767. In an emergency, Blue Cross must be notified within 72 hours.</i> Inpatient ( <i>Not subject to deductible</i> ) PPO <b>100%</b> Non-PPO <b>80% of UCR</b> Outpatient ( <i>Subject to deductible</i> ) PPO <b>80%</b> Non-PPO <b>80% of UCR</b> <i>Exception: Surgery or accident within 24 hours (not subject to deductible) 100% of PPO or UCR</i> <b>Medicare-entitled</b> Plan covers 20% of Medicare-approved amount after RSP deductible is satisfied
<b>AMBULANCE</b>	<b>Non-Medicare entitled</b> PPO <b>80%</b> Non-PPO <b>80% of UCR</b> <b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied
<b>SURGERY</b>	<b>Non-Medicare entitled</b> PPO <b>80%</b> Non-PPO <b>80% of UCR</b> <b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied
<b>DOCTOR VISITS</b>	<b>Non-Medicare entitled</b> PPO <b>80%</b> Non-PPO <b>80% of UCR</b> <b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied
<b>PREVENTIVE CARE</b>	<i>Routine physical exams and related x-ray and lab work, pap tests, routine mammograms, PSA tests for detection of prostate cancer and flu shots.</i> <b>Non-Medicare entitled</b> Calendar year maximum PPO <b>\$250</b> Non-PPO <b>90%</b> <b>90% of UCR</b> <b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied
<b>DIAGNOSTIC X-RAY AND LAB</b>	<b>Non-Medicare entitled</b> PPO <b>80%</b> Non-PPO <b>80% of UCR</b> <b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied
<b>NURSING HOME CARE</b>	Room and board (within seven days of inpatient stay of five or more days) <b>Non-Medicare entitled</b> Per disability maximum <b>60 days</b> PPO <b>80%</b> Non-PPO <b>80% of UCR</b> <b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied
<b>(benefits continued on back side)</b>	

# PLAN (RSP)

## HMO OPTIONS

### KAISER

### PACIFICARE

Maximum lifetime benefit Calendar year deductible Copayments apply to specified services	<b>none</b> <b>none</b>	Maximum lifetime benefit Calendar year deductible Copayments apply to specified services	<b>none</b> <b>none</b>
Physician and surgeon services Intensive care/cardiac care Room and board Laboratory and x-ray Physical therapy Administered medications Other necessary services and supplies Emergency room	<b>no charge</b> <b>no charge</b> <b>no charge</b> <b>no charge</b> <b>no charge</b> <b>no charge</b> <b>no charge</b> <b>\$15</b>	Physician and surgeon services Intensive care/cardiac care Room and board <i>Secure Horizons</i> Other plans Laboratory and x-ray Physical therapy Administered medications Early retiree Other plans Other necessary services and supplies Emergency room Early retiree (waived if admitted) <i>Secure Horizons</i> /other Medicare plans (waived if admitted) Outpatient surgery and services ( <i>Secure Horizons</i> ) Outpatient hospital services ( <i>Secure Horizons</i> )	<b>no charge</b> <b>no charge</b> <b>\$250/admission</b> <b>no charge</b> <b>no charge</b> <b>no charge</b> <b>no charge</b> <b>\$50/injection</b> <b>no charge</b> <b>charges may apply</b> <b>\$35</b> <b>\$50</b> <b>\$125 copayment/surgery</b> <b>\$125 copayment/surgery</b>
Within Kaiser's service area when approved by a Kaiser physician	<b>no charge</b>	In connection with an authorized confinement/valid emergency ( <i>Secure Horizons</i> )	<b>\$50 if no admission</b>
Physician and surgeon services	<b>no charge</b>	Physician and surgeon services	<b>no charge</b>
Office visits, check-ups, exams, OB/GYN Hearing and vision exams Physical therapy visits Allergy test injection visits Early retiree <i>Senior Advantage</i> Administered medications, injections Laboratory and x-ray	<b>\$15/visit</b> <b>\$15/visit</b> <b>\$15/visit</b> <b>\$3/visit</b> <b>no charge</b> <b>no charge</b> <b>no charge</b>	Office visits, check-ups, exams, OB/GYN Hearing and vision exams Physical therapy visits Allergy test injection visits Administered medications Early retiree Other plans Laboratory and x-ray	<b>\$15/visit</b> <b>\$15/visit</b> <b>\$15/visit</b> <b>\$15/visit</b> <b>\$50/visit for injections</b> <b>no charge</b> <b>no charge</b>
Similar preventive care	<b>\$15/visit</b>	Similar preventive care	<b>no charge</b>
Laboratory, x-ray and other tests	<b>no charge</b>	Laboratory, x-ray and other tests	<b>no charge</b>
Skilled nursing facility care at authorized facility <b>no charge up to 100 days per benefit period</b>		Skilled nursing facility care at authorized facility	<b>1-20 days: no copayment</b> <b>21-100 days: \$50 per day</b> <b>100 days: maximum benefit</b>

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<b>SELF-FUNDED OPTION INDEMNITY MEDICAL PLAN</b>	
<b>MENTAL HEALTH SERVICES IN HOSPITAL</b>	<p><b>Non-Medicare entitled</b> Maximum inpatient days per calendar year PPO Non-PPO</p> <p style="text-align: right;"><b>30 100% 80% of UCR</b></p> <p><b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied</p>
<b>MENTAL HEALTH SERVICES IN MEDICAL OFFICES</b>	<p><b>Non-Medicare entitled</b> Per visit covered expense maximum PPO Non-PPO</p> <p style="text-align: right;"><b>\$80 80% 80% of UCR</b></p> <p><b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied</p>
<b>TREATMENT FOR ALCOHOL AND CHEMICAL DEPENDENCY</b>	<p>(<i>Not subject to deductible</i>) Teamsters Assistance Program (TAP) Lifetime maximum Covered expense maximum Non-Medicare and Medicare-entitled (TAP-approved facility)</p> <p style="text-align: right;"><b>One treatment \$7,500 100%</b></p>
<b>CHIROPRACTIC</b>	<p>(<i>Not subject to deductible</i>) <b>Non-Medicare entitled</b> Per visit covered expense maximum Calendar year maximum benefit PPO and non-PPO (<i>Initial visit and diagnostic x-rays do not count against the maximums above and ARE subject to the deductible. There is a separate \$300 maximum per covered person per calendar year for treatment of muscle spasms, soft tissue or back strain.</i>)</p> <p><b>Medicare-entitled:</b> Plan covers Medicare deductible and 20% of Medicare-approved amount after RSP deductible is satisfied</p> <p style="text-align: right;"><b>\$25 \$1,250 100%</b></p>
<b>PRESCRIPTION DRUGS—OUTPATIENT</b>	<p><b>Note:</b> The Indemnity Medical option provides prescription drug coverage through Prescription Solutions for Medicare and non-Medicare eligible retirees and their covered spouses.</p> <p><b>Non-Medicare and Medicare-entitled</b> when using Prescription Solutions plastic ID card: Generic drugs from Prescription Solutions pharmacies Brand name drugs from Prescription Solutions pharmacies <i>NOTE: If you or your doctor order a brand name drug when a generic is available, you also pay the cost difference between generic and brand name. The Plan pays full price of brand name drugs only when there is no generic equivalent.</i></p> <p>Outpatient drugs at non-Prescription Solutions pharmacies Direct reimbursement by Prescription Solutions. Rate payable is usually less than retail charges at non-Prescription Solutions pharmacy. (<i>Note: If you or your doctor order a brand name drug when a generic is available, you also pay the cost difference between generic and brand name.</i>)</p> <p><b>Specialty Pharmacy Program:</b> Most injectable medications are only covered through the mail order Specialty Pharmacy Program (30-day supply). See RSP <i>Guide to Your Benefits</i>.</p> <p><b>Mail Service Program:</b> Prescriptions ordered through the Prescription Solutions Mail Service Program (100-day supply). See rules above about brand name drugs. <b>85%</b></p> <p><b>Medicare Part D:</b> If you are Medicare-eligible and currently covered under TBT's Indemnity Medical option, do not enroll in a Medicare Part D program. Calendar year maximum <b>none</b></p>
<b>VISION CARE</b>	<p><b>Maximum benefit</b> (<i>For all professional services including exam, lenses and frames</i>) <b>\$250</b> <b>Benefit Period</b> <b>24 months</b></p> <p><i>Paid on a reimbursement basis under medical benefits (not subject to deductible).</i></p>

**HMO OPTIONS**

**KAISER**

**PACIFICARE**

Early retiree  
Senior Advantage **Up to 45 days per calendar year**  
**First 190 days per lifetime covered by Medicare;**  
**then up to 45 days per calendar year**

Early retiree **no charge**  
Secure Horizons **\$250 copayment/admission**

Early retiree and Senior Advantage  
Individual care **\$15/visit**  
Group therapy **\$7/visit**  
Up to 20 visits per calendar year (combined)

Note: Combined total for both mental health and chemical dependency treatment  
Early retiree and Secure Horizons **\$15/visit up to**  
**30 visits per calendar year**

Treatment, including counseling for dependency and medical management of withdrawal symptoms, is provided in medical offices in group or individual sessions at \$15/visit. Hospitalization provided at no charge for detox only. (RSP Indemnity Medical option benefits also payable)

See *Mental Health Services above*  
Hospitalization provided at no charge for detox only  
No outpatient care  
(RSP Indemnity Medical option benefits also payable)

Not covered

Early retiree **not covered**  
Secure Horizons **\$15/visit up to 12 visits per calendar year**

Senior Advantage through Kaiser (Kaiser pharmacies only)  
Copayment per prescription **\$10/generic, \$20/brand name**  
Calendar year maximum **none**

Secure Horizons through PacifiCare (PacifiCare pharmacies only)  
Copayment per prescription **\$10/generic, \$20/brand name**  
Calendar year maximum benefit **none**

NOTE: Early retirees enrolled in Kaiser's non-Medicare HMO option have prescription drug coverage through Prescription Solutions (explained under the Indemnity Medical Plan option to the left). Medicare-eligible RSP participants enrolled in Kaiser's Medicare HMO option (Senior Advantage), receive prescription drugs through the HMO.

NOTE: Early retirees enrolled in PacifiCare's non-Medicare HMO option have prescription drug coverage through Prescription Solutions (explained under the Indemnity Medical Plan option to the left). Medicare-eligible RSP participants enrolled in PacifiCare's Medicare HMO options (currently Secure Horizons), receive prescription drugs through the HMO.

**Medicare Part D:** If you are Medicare-eligible and currently covered under Senior Advantage through Kaiser, do not enroll in any other Medicare Part D program.

**Medicare Part D:** If you are Medicare-eligible and currently covered under either Secure Horizons or other PacifiCare Medicare Risk plan, do not enroll in any other Medicare Part D program.

Senior Advantage through Kaiser  
No charge for lenses  
\$150 eyewear allowance every 24 months  
Early retiree through TBT  
See Vision Care Benefits under Indemnity Medical Plan.

See Vision Care Benefits under Indemnity Medical Plan.

# TEAMSTERS BENEFIT TRUST (TBT)

INDEMNITY MEDICAL PLAN (Self-Funded)		HMO OPTIONS	
		KAISER	PACIFICARE
<b>TELEPHONE NUMBERS FOR ADDITIONAL INFORMATION</b>	TBT Plan Administration Office: <b>(510) 796-4676</b> <b>(800) 533-0119</b>	<b>(800) 464-4000</b>	<b>(800) 624-8822</b>
<b>SERVICE AREA</b>	Worldwide coverage	<p>The service area of this Plan is the geographical area within a 30-mile radius of any Kaiser Permanente medical facility in the following counties:</p> <p><b>Alameda</b> <b>Amador*</b> <b>Contra Costa</b> <b>El Dorado*</b> <b>Fresno*</b> <b>Imperial</b> <b>Kern</b> <b>Kings</b> <b>Los Angeles</b> <b>Madera</b> <b>Marin</b> <b>Mariposa</b> <b>Napa</b> <b>Orange</b> <b>Placer</b> <b>Riverside</b> <b>Sacramento</b> <b>San Bernardino</b> <b>San Diego</b> <b>San Francisco</b> <b>San Joaquin</b> <b>San Mateo</b> <b>Santa Clara</b> <b>Solano</b> <b>Sonoma</b> <b>Stanislaus</b> <b>Sutter</b> <b>Tulare</b> <b>Ventura</b> <b>Yolo</b> <b>Yuba</b></p> <p><i>For information about services available where you live, contact Membership Services toll-free at (800) 464-4000.</i></p> <p><i>NOTE: Senior Advantage (Kaiser's Medicare HMO Plan) benefits may be different than described here.</i></p>	<p>Pacificare is offered in the following counties:</p> <p><b>Alameda</b> <b>Contra Costa</b> <b>El Dorado</b> <b>Fresno</b> <b>Imperial*</b> <b>Kern</b> <b>Kings</b> <b>Los Angeles</b> <b>Madera*</b> <b>Marin</b> <b>Merced</b> <b>Nevada</b> <b>Orange</b> <b>Placer*</b> <b>Riverside</b> <b>Sacramento</b> <b>San Bernardino*</b> <b>San Diego</b> <b>San Francisco</b> <b>San Joaquin</b> <b>San Luis Obispo</b> <b>San Mateo</b> <b>Santa Barbara</b> <b>Santa Clara</b> <b>Santa Cruz</b> <b>Solano</b> <b>Sonoma</b> <b>Stanislaus</b> <b>Tulare</b> <b>Ventura</b> <b>Yolo</b></p> <p><i>* Only portions of these counties are within the Pacificare service area.</i></p> <p><i>Under Secure Horizons or any other Pacificare Medicare HMO Plan, benefits may be different than described here.</i></p>

**IF YOU ARE  
MEDICARE-ENTITLED  
(Usually Age 65 or Over)**

**NOTE:** *If either you or your covered spouse is age 65 or older (or otherwise entitled to Medicare), but not enrolled, contact your local Social Security Administration Office for details about Medicare and enrollment procedures. It's best to inquire about three months before your 65th birthday (or, if disabled, as soon as you are eligible).*

*The Plan integrates benefits with Medicare and pays benefits as if you are fully Medicare-entitled, even if you are not. Therefore, to receive maximum benefits, you must be enrolled in both Medicare Part A and Part B.*

Hospital Pre-Admission Certification, Utilization Review, Case Management, Preferred Provider Organization (PPO hospital, physician or other provider) and Teamsters Assistance Program (TAP) requirements do *not* apply to Medicare-entitled participants. See the RSP Guide to Your Benefits for details.

**IF YOU ARE  
NOT MEDICARE-ENTITLED  
(Usually Under Age 65)**

The Plan requires Hospital Pre-Admission Certification of all non-emergency hospital stays as well as Utilization Review, Case Management and Teamsters Assistance Program (TAP) approval procedures. See the RSP Guide to Your Benefits for details.

**NOTE:** *Failure to obtain Pre-admission Certification results in a separate 20% reduction of benefits otherwise payable. It's also your responsibility to use Preferred Provider Organization providers (PPO hospital, physician or other providers) if you are not yet Medicare-entitled and you want to reduce your out-of-pocket costs.*

*This Comparison of Medical Benefits is only a summary of the coverage actually provided by each of the above-specified programs. All exclusions and limitations of benefit coverage have not been included and may vary by TBT Plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Rules and Regulations of the Teamsters Benefit Trust or the contracts with Kaiser Permanente or Pacificare, which control in case of conflict. See each HMO's Evidence of Coverage and Disclosure form for the most current details. To maintain the financial stability of the Plan, the Trustees must reserve the right to change the benefits, deductibles or copayments or to terminate the Plan at any time.*