

TEAMSTERS BENEFIT TRUST

**SUMMARY  
OF  
COVERAGE**

RETIREMENT SECURITY PLAN



REVISED JANUARY 2008

# SUMMARY OF COVERAGE—RETIREMENT SECURITY PLAN (RSP)

This brochure is a summary of Teamster Benefits Trust (TBT) benefits under the Retirement Security Plan (RSP) 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.

## **Monthly Contributions During Active Enrollment**

Monthly or hourly Plan contributions are required to participate in the RSP (as listed in your Union contract).

**Note:** These amounts are higher for bargaining units that do not participate in a TBT Plan for active employees.

Plan contributions are funded through Employer payment, wage deferral or self-payment. Your Union Contract and TBT's Subscriber's Agreement state how RSP contributions are funded. The amounts required are subject to change and will increase based on the number of covered persons and the Plan's experience.

## **Enrollment**

At retirement, you can enroll in the Retirement Security Plan (RSP) if you are covered under a Union contract that provides for Plan participation and you satisfy all of the eligibility requirements described in the RSP *Guide to Your Benefits*. Because participation is paid for while you work, you must meet all the Plan eligibility rules to enroll. If your Employer terminates Plan participation before you retire, you will not be eligible to enroll in the Plan. See the RSP *Guide to Your Benefits* for more details about Plan eligibility, enrollment and benefits.

## **PLAN BENEFITS**

### **Indemnity Medical Benefits**

Indemnity Medical option benefits are briefly described on the following pages and listed in the chart inside.

Section 1 in this chart describes benefits for RSP participants who are *not* entitled to Medicare and the difference between PPO and non-PPO benefits. Section 2 describes benefits for RSP 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 RSP, 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 RSP 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, 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.

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 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 at right 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 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 Blue Cross Prudent Buyer 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.

### **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**

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.

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.)

**Failure to obtain Pre-admission Certification will result in a reduction of benefits. Charges for non-certified hospital days are not covered under the Plan.**

If you are not Medicare-eligible, Utilization Review is also required by Blue Cross to monitor in-hospital services and related charges even if you were admitted in an emergency.

Because Medicare benefits are determined by Medicare, you do not have to pre-certify or obtain utilization review once you are Medicare-eligible.

### **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.

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.

**The Plan does not cover any charges for days in a hospital that have not been certified by Blue Cross.**

### **Medicare Part D**

If you are Medicare-eligible and currently covered under TBT's 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.*

### **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, dental benefit options and prescription drug benefits all have unique limitations, exclusions and claim payment and denial procedures and exclusions that are described in detail in the *RSP Guide to Your Benefits*. HMO limitations are described in their *Evidence of Coverage* provided by each HMO. Copies of these materials are available through the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119.

See the *Claiming Benefits* section of the *RSP 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.

### **Eligibility and Benefit Questions**

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

### **Open Enrollment**

You can change your TBT medical and dental options once a year. TBT's 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*, page 9.

# TEAMSTERS BENEFIT TRUST (TBT)

## 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	<b>\$1,000,000</b>
Deductible per calendar year Per covered person	<b>\$250</b>

### 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	<b>100%</b>
Non-PPO	<b>80% of UCR</b>
Outpatient (subject to deductible)	
PPO	<b>80%</b>
Non-PPO	<b>80% of UCR</b>

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

### B. AMBULANCE

PPO	<b>80%</b>
Non-PPO	<b>80% of UCR</b>

### C. SURGERY

PPO	<b>80%</b>
Non-PPO	<b>80% of UCR</b>

### D. DOCTOR VISITS

PPO	<b>80%</b>
Non-PPO	<b>80% of UCR</b>

### 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	<b>\$250</b>
PPO	<b>90%</b>
Non-PPO	<b>90% of UCR</b>

### F. DIAGNOSTIC X-RAY AND LAB

PPO	<b>80%</b>
Non-PPO	<b>80% of UCR</b>

### G. NURSING HOME CARE

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

PPO	<b>80%</b>
Non-PPO	<b>80% of UCR</b>
Per disability maximum	<b>60 days</b>

### H. MENTAL HEALTH SERVICES —IN-HOSPITAL

Maximum inpatient days per calendar year	<b>30</b>
PPO	<b>100%</b>
Non-PPO	<b>80% of UCR</b>

### I. MENTAL HEALTH SERVICES —IN MEDICAL OFFICES

Per visit covered expense maximum	<b>\$80</b>
PPO	<b>80%</b>
Non-PPO	<b>80% of UCR</b>

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

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

Lifetime maximum	<b>One treatment</b>
Covered expense maximum	<b>\$7,500</b>
TAP-approved facility	<b>100%</b>

### 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	<b>\$1,250</b>
Per visit covered expense	<b>\$25</b>
PPO and non-PPO	<b>100% to \$25</b>

**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	<b>\$1,000,000</b>
Deductible per calendar year per covered person	<b>\$250</b>

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 100% 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 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. PRESCRIPTION DRUGS THROUGH PRESCRIPTION SOLUTIONS (For You and Your Covered Spouse)

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 RSP Guide to Your Benefits. **70%**

**Mail Service Program:** Prescriptions ordered through the Prescription Solutions Mail Service Program (100-day supply). **85%**  
(See rules above about brand name drugs.)

**Medicare Part D:** If you are Medicare-eligible and currently covered under TBT's Indemnity Plan, Kaiser Senior Advantage or PacifiCare Secure Horizons, do not enroll in a Medicare Part D program.

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

### 4. DENTAL BENEFITS (For You and Your Covered Spouse)

**NOTE:** You may choose Option 1—the Indemnity Dental option through Delta Dental, or one of the prepaid dental options through TBT (Option 2—Bright Now! Dental/Newport Option or Option 3—Pacific Union Dental by completing the RSP Dental Option Form (see the Enrollment Materials folder).

#### Summary of Indemnity Dental—Option 1

Calendar year maximum	<b>\$1,500</b>
Deductible per calendar year (except preventive care) Per covered person	<b>\$25</b>
If Delta participating dentist	
Preventive & Basic care	<b>80%</b>
Major care	<b>50%</b>
If non-Delta participating dentist	
Preventive & Basic care	<b>80% of UCR</b>
Major care	<b>50% of UCR</b>

**NOTE:** For Temporomandibular Joint Dysfunction (TMJ), the Plan pays 50% of specific covered charges to a \$1,000 lifetime maximum. See the RSP Guide to Your Benefits and Comparison of Dental Benefits for additional details, limitations and exclusions.

### 5. VISION CARE BENEFITS (For You and Your Covered Spouse)

Paid on a reimbursement basis under medical benefits (not subject to deductible)

Maximum benefit (For all professional services including exam, lenses and frames)	<b>\$250</b>
Benefit Period	<b>24 months</b>

# **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**

Secretary-Treasurer  
Teamsters, Chauffeurs, Warehousemen  
and Helpers  
Teamsters Local Union No. 490  
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  
Teamsters Automotive Employees  
Teamsters Local Union No. 78  
492 C Street  
Hayward, CA 94541-5026

### **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  
610 McKendrie Street  
San Jose, CA 95110-1595

### **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](http://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 4:00 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 localizado 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
<b>TBT Plan Administration Office</b> <a href="http://www.tbtfund.org">www.tbtfund.org</a>	(510) 796-4676 (800) 533-0119	39420 Liberty Street, #260 Fremont, CA 94538-2200	TBT eligibility, enrollment (including HMOs), changes in marital status, Prescription Solutions prescription cards, Blue Cross ID cards and other questions.
<b>Blue Cross Life and Health</b>	(800) 274-7767	21555 Oxnard Street Woodland Hills, CA 91367	Hospital Pre-admission Certification and Utilization Review.
<b>Blue Cross Prudent Buyer PPO Network</b> <a href="http://www.bluecrossca.com">www.bluecrossca.com</a>	(888) 887-3725	21555 Oxnard Street Woodland Hills, CA 91367	Preferred Provider hospitals, PPO Network physicians and other PPO providers.
<b>Blue Cross Blue Shield National Network (Outside CA)</b> <a href="http://www.bluecares.com">www.bluecares.com</a>	(800) 810-2583	21555 Oxnard Street Woodland Hills, CA 91367	Outside California: Preferred Provider hospitals, PPO network physicians and other PPO providers.
<b>PacifiCare</b> <a href="http://www.pacificare.com">www.pacificare.com</a>	(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.
<b>Kaiser Member Services</b> <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	(800) 464-4000	1800 Harrison, 9th Floor Oakland, CA 94612-2998	HMO benefit questions. *
<b>Medicare Hotline</b>	(800) 633-4227	Contact the Medicare hotline for address	For general information, enrollment details and claim filing.
<b>Prescription Solutions</b> <a href="http://www.rxsolutions.com">www.rxsolutions.com</a> 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.
<b>Delta Dental</b> <a href="http://www.deltadentalca.org">www.deltadentalca.org</a>	(800) 765-6003 or (888) 335-8227	P.O. Box 7736 San Francisco, CA 94120-7736	Dental Option 1 benefit questions. *
<b>Bright Now! Dental Newport Option</b>	(800) 497-6453 (714) 668-1300	201 E. Sandpointe, #200 Santa Ana, CA 92707	Dental Option 2 benefit questions. *
<b>Pacific Union Dental (PUD)</b>	(800) 999-3367	1390 Willow Pass Road, #800 Concord, CA 94520-5240	Dental Option 3 benefit questions. *
<b>Teamsters Assistance Program (TAP)</b>	(510) 562-3600 (800) 253-TEAM	300 Pendleton Way Oakland, CA 94621-2109	Substance abuse matters including inpatient programs.
<b>Western Conference of Teamsters Pension Trust Fund</b> <a href="http://www.wctpension.org">www.wctpension.org</a>	(650) 570-7300 (800) 845-4162	355 Gellert Blvd., #100 Daly City, CA 94015-2666	All pension matters.

\* 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.