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TEAMSTERS BENEFIT TRUST

# COMPARISON OF MEDICAL BENEFITS

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JULY 2023

# Comparison of Medical Benefits—Plan III-A

**SUMMARY:** Read this *Comparison of Medical Benefits* to choose your medical option when filling out your **TBT Enrollment Form**. Your medical option must be the same for you and your covered dependents.

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 Evidence of Coverage*).

**HMO:** Your Plan offers Kaiser and Anthem Blue Cross HMOs. Refer to each HMO's *Evidence of Coverage* for details and enrollment requirements.

**PPO/Non-PPO:** Your *Summary of Coverage* shows the difference between PPO and non-PPO coverage under the Indemnity Medical Plan. PPO claims are paid based on PPO contract rates. All non-PPO claims are paid based on Usual, Customary and Reasonable (UCR) charges, usually resulting in higher out-of-pocket expenses for you. Check that a doctor, hospital, lab or clinic is a PPO provider before receiving services by calling Anthem Blue Cross at (888) 887-3725. Outside California, call (800) 810-2583 for PPO Providers.

**Anthem Blue Cross:** Your doctor must notify Anthem Blue Cross at (800) 274-7767 in advance of a non-emergency hospital stay and within 72 hours of an emergency admission.

**NO SURPRISES ACT:** Non-PPO emergency treatment is paid as required by the No Surprises Act (explained on last page).

**MENTAL HEALTH PARITY ACT:** Coverage for mental health and alcohol or chemical dependency treatment should be no more restrictive than coverage for other medical conditions. Indemnity medical claims for mental health and alcohol or chemical dependency are accumulated to meet the same medical benefit deductible and out-of-pocket limit applicable to claims for other types of medical care.

<b>SELF-FUNDED OPTION: INDEMNITY MEDICAL PLAN ANTHEM BLUE CROSS PPO</b>	
<b>MEDICAL BENEFITS</b>	Deductible per calendar year: Per covered person <b>\$100</b> Family maximum <b>\$300</b> Carryover: Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible.
<b>A. Hospital Benefits</b> <i>Note: Under the Indemnity Medical option, all in-hospital care must be pre-certified and monitored by Anthem Blue Cross at (800) 274-7767. In an emergency, call within 72 hours of admission.</i>	INPATIENT: (Not subject to deductible) PPO <b>100%</b> Non-PPO <b>50% of UCR</b> OUTPATIENT: (Subject to deductible) PPO <b>80% to \$10,000 per calendar year; 100% thereafter</b> Non-PPO <b>80% to \$20,000 per calendar year; 100% of UCR thereafter</b> <i>Exception: Accidental injury within 24 hours with no deductible 100% of PPO or UCR</i>
<b>B. Accident Expense Benefit</b>	PPO <b>100% to \$300</b> Non-PPO <b>100% of UCR to \$300</b> First \$300 not subject to deductible. Treatment within 3 months of accident.
<b>C. Ambulance</b>	PPO <b>100%</b> <i>Note: Air ambulance claims are protected by the No Surprises Act (explained on this page).</i> Non-PPO <b>80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter</b>
<b>D. Surgery (Physician Services)</b>	PPO <b>100%</b> Non-PPO <b>80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter</b>
<b>E. Doctor Visits</b>	PPO <b>100%</b> Non-PPO <b>80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter</b>
<b>F. Preventive Care</b>	All applicable preventive care services required by the Affordable Care Act for you and your dependents. PPO <b>100%</b> Non-PPO <b>90% of UCR</b>
<b>G. Diagnostic X-Ray and Lab</b>	PPO <b>100%</b> Non-PPO <b>80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter</b> <i>Note: For preventive care services, see G. Preventive Care (above). Routine mammograms follow American Cancer Society guidelines.</i>
<b>H. Skilled Nursing Facility</b>	Per disability maximum <b>60 days</b> Room and board (within seven days of an in-hospital stay) PPO <b>100%</b> Non-PPO <b>80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter</b>
<b>I. Mental Health Services in Hospital</b>	Same as <b>A. Hospital Benefits</b> (above). <i>Note: Pre-admission Certification by Anthem Blue Cross is required for all non-emergency hospital stays and within 72 hours of emergency admission. See your Summary of Coverage.</i>
<b>J. Mental Health Services in Medical Offices</b>	Same as <b>E. Doctor Visits</b> (above).
<b>K. Treatment for Alcohol or Chemical Dependency</b> Call TAP: (800) 253-TEAM or (510) 562-3600. In Central Valley, call TARP: (800) 522-8277 or (209) 572-6966.	Same as <b>A. Hospital Benefits</b> and <b>E. Doctor Visits</b> (above). <i>Note: Hospital admission must be pre-certified and monitored by Teamsters Assistance Program (TAP) or Teamsters Alcohol/Drug Rehabilitation Program (TARP) for all non-emergency stays and within 72 hours of emergency admission. All Pre-admission Certification and Utilization Review procedures must also be met. See your Summary of Coverage.</i>
<b>L. Chiropractic</b> (Not Subject to Deductible)	Initial visit and diagnostic x-rays do not count against the maximums and are subject to the deductible: PPO <b>100% to \$25</b> Non-PPO <b>100% of UCR to \$25</b> Per visit maximum <b>\$25</b> Calendar year maximum <b>\$1,250</b> <i>Note: Separate \$300 calendar year maximum for muscle spasms, soft tissue or back strain.</i>
<b>M. Prescription Drugs—Outpatient</b>	Generic drugs from Anthem Carelon Rx participating pharmacies <b>\$5 Generic/\$10 Brand</b> <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> <b>Mail Service and Specialty Drugs:</b> For details about these prescription drug benefits through Anthem CarelonRx, see your <i>Summary of Coverage and Guide to Your Benefits</i> . <i>Note: Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.</i>

# Teamsters Benefit Trust (TBT)

## HEALTH MAINTENANCE ORGANIZATION (HMO) OPTIONS

KAISER		ANTHEM BLUE CROSS HMO	
Deductible per calendar year Copayments apply to specified services	<b>none</b>	Deductible per calendar year Copayments apply to specified services	<b>none</b>
Physician and surgeon services	<b>\$10/visit</b>	Physician and surgeon services	<b>\$10/visit</b>
Intensive care/cardiac care	<b>no charge</b>	Intensive care/cardiac care	<b>no charge</b>
Room and board	<b>no charge</b>	Room and board	<b>no charge</b>
Laboratory and x-ray	<b>no charge</b>	Laboratory and x-ray	<b>no charge</b>
Physical therapy	<b>\$10/visit</b>	Physical therapy	<b>\$10/visit</b>
Administered medications	<b>no charge</b>	Administered medications	<b>no charge</b>
Other necessary services and supplies	<b>no charge</b>	Other necessary services and supplies	<b>no charge</b>
Emergency room ( <i>Note:</i> Waived if admitted to hospital)	<b>\$10 copayment</b>	Emergency room	<b>\$35—Waived if admitted</b>
No similar benefit		No similar benefit	
Within Kaiser's service area when approved by a Kaiser physician	<b>no charge</b>	In connection with an authorized confinement/valid emergency	<b>no charge</b>
Physician and surgeon services	<b>\$10/visit</b>	Physician and surgeon services	<b>\$10/visit</b>
Office visits, check-ups, exams, OB/GYN	<b>\$10/visit</b>	Office visits, check-ups, exams, OB/GYN	<b>\$10/visit</b>
Hearing and vision exams	<b>\$10/visit</b>	Hearing and vision exams	<b>\$10/visit</b>
Physical therapy visits	<b>\$10/visit</b>	Physical therapy visits	<b>\$10/visit</b>
Allergy test injection visits	<b>\$10/visit</b>	Allergy test injection visits	<b>\$10/visit</b>
Administered medications, injections	<b>no charge</b>	Administered medications, injections	<b>\$50/visit</b>
Laboratory and x-ray	<b>no charge</b>	Laboratory and x-ray	<b>no charge</b>
Similar preventive care	<b>no charge</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>no charge up to 100 days per benefit period</b>
In-hospital care	<b>no charge</b>	In-hospital care Severe mental health illness benefits	<b>no charge</b> <b>unlimited days</b>
Individual care	<b>\$10/visit</b>	Outpatient care	<b>\$10/visit</b>
Group therapy	<b>\$5/visit</b>	Severe mental health illness benefits	<b>unlimited visits</b>
Inpatient detox	<b>no charge</b>	Inpatient hospitalization	<b>no charge</b>
Individual substance use disorder evaluation and treatment	<b>\$10/visit</b>	Individual substance use disorder treatment	<b>\$10/visit</b>
Group substance use disorder evaluation and treatment	<b>\$5/visit</b>	Group substance use disorder evaluation and treatment	<b>\$10/visit</b>
Intensive outpatient and day treatment programs	<b>\$5/day</b>	Intensive outpatient and day treatment programs	<b>\$10/day</b>
Residential substance use disorder treatment	<b>no charge</b>	Residential substance use disorder treatment	<b>no charge</b>
See Kaiser <i>Evidence of Coverage and Disclosure</i> Form.		See Anthem Blue Cross HMO <i>Evidence of Coverage and Disclosure</i> form.	
Not covered See Kaiser <i>Evidence of Coverage and Disclosure</i> form.		Covered See Anthem Blue Cross <i>Evidence of Coverage and Disclosure</i> form.	<b>\$10/visit</b>
Kaiser enrollees must use Kaiser pharmacy only. You must also use their drug formulary's list of drugs that are approved by their pharmacy in your service area. To request a current copy, contact their member services call center at (800) 464-4000. <b>\$5 Generic/\$10 Brand</b>		Generic drugs from Anthem CarelonRx participating pharmacies <b>\$5 Generics/\$10 Brand</b> <i>Note:</i> 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. <b>Mail Service and Specialty Pharmacy:</b> For details about these prescription drug benefits through Anthem CarelonRx, see your <i>Summary of Coverage and Guide to Your Benefits</i> . <i>Note:</i> Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.	

# Comparison of Medical Benefits—Plan III-A (Continued)

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<b>Telephone Numbers for Additional Information</b>	TBT Plan Administration Office: <b>(510) 796-4676</b> <b>(800) 533-0119</b>  Anthem Blue Cross: PPO Network: <b>(888) 887-3725</b>	<b>(800) 464-4000</b> Refer to the HMO's <i>Evidence of Coverage</i> for details and enrollment requirements.	<b>(800) 624-8822</b> Refer to the HMO's <i>Evidence of Coverage</i> for details and enrollment requirements.																																																																																										
<b>Service Area</b>	No geographic limitations in the United States.	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:  <table border="0"> <tr><td><b>Alameda</b></td><td><b>Sacramento</b></td></tr> <tr><td><b>Amador</b></td><td><b>San Bernardino</b></td></tr> <tr><td><b>Contra Costa</b></td><td><b>San Diego</b></td></tr> <tr><td><b>El Dorado</b></td><td><b>San Francisco</b></td></tr> <tr><td><b>Fresno</b></td><td><b>San Joaquin</b></td></tr> <tr><td><b>Imperial</b></td><td><b>San Mateo</b></td></tr> <tr><td><b>Kern</b></td><td><b>Santa Clara</b></td></tr> <tr><td><b>Kings</b></td><td><b>Santa Cruz</b></td></tr> <tr><td><b>Los Angeles</b></td><td><b>Solano</b></td></tr> <tr><td><b>Madera</b></td><td><b>Sonoma</b></td></tr> <tr><td><b>Marin</b></td><td><b>Stanislaus</b></td></tr> <tr><td><b>Mariposa</b></td><td><b>Sutter</b></td></tr> <tr><td><b>Napa</b></td><td><b>Tulare</b></td></tr> <tr><td><b>Orange</b></td><td><b>Ventura</b></td></tr> <tr><td><b>Placer</b></td><td><b>Yolo</b></td></tr> <tr><td><b>Riverside</b></td><td><b>Yuba</b></td></tr> </table> For information about services available where you live, contact Kaiser Membership Services at (800) 464-4000.	<b>Alameda</b>	<b>Sacramento</b>	<b>Amador</b>	<b>San Bernardino</b>	<b>Contra Costa</b>	<b>San Diego</b>	<b>El Dorado</b>	<b>San Francisco</b>	<b>Fresno</b>	<b>San Joaquin</b>	<b>Imperial</b>	<b>San Mateo</b>	<b>Kern</b>	<b>Santa Clara</b>	<b>Kings</b>	<b>Santa Cruz</b>	<b>Los Angeles</b>	<b>Solano</b>	<b>Madera</b>	<b>Sonoma</b>	<b>Marin</b>	<b>Stanislaus</b>	<b>Mariposa</b>	<b>Sutter</b>	<b>Napa</b>	<b>Tulare</b>	<b>Orange</b>	<b>Ventura</b>	<b>Placer</b>	<b>Yolo</b>	<b>Riverside</b>	<b>Yuba</b>	Anthem Blue Cross HMO is offered in the following counties:  <table border="0"> <tr><td><b>Alameda</b></td><td><b>Orange</b></td></tr> <tr><td><b>Alpine</b></td><td><b>Placer</b></td></tr> <tr><td><b>Amador</b></td><td><b>Plumas</b></td></tr> <tr><td><b>Butte</b></td><td><b>Riverside</b></td></tr> <tr><td><b>Calaveras</b></td><td><b>Sacramento</b></td></tr> <tr><td><b>Colusa</b></td><td><b>San Benito</b></td></tr> <tr><td><b>Contra Costa</b></td><td><b>San Bernardino</b></td></tr> <tr><td><b>Del Norte</b></td><td><b>San Diego</b></td></tr> <tr><td><b>El Dorado</b></td><td><b>San Francisco</b></td></tr> <tr><td><b>Fresno</b></td><td><b>San Joaquin</b></td></tr> <tr><td><b>Glenn</b></td><td><b>San Luis Obispo</b></td></tr> <tr><td><b>Humboldt</b></td><td><b>San Mateo</b></td></tr> <tr><td><b>Imperial</b></td><td><b>Santa Barbara</b></td></tr> <tr><td><b>Inyo</b></td><td><b>Santa Clara</b></td></tr> <tr><td><b>Kern</b></td><td><b>Santa Cruz</b></td></tr> <tr><td><b>Kings</b></td><td><b>Shasta</b></td></tr> <tr><td><b>Lake</b></td><td><b>Sierra</b></td></tr> <tr><td><b>Lassen</b></td><td><b>Siskiyou</b></td></tr> <tr><td><b>Los Angeles</b></td><td><b>Solano</b></td></tr> <tr><td><b>Madera</b></td><td><b>Sonoma</b></td></tr> <tr><td><b>Marin</b></td><td><b>Stanislaus</b></td></tr> <tr><td><b>Mariposa</b></td><td><b>Sutter</b></td></tr> <tr><td><b>Mendocino</b></td><td><b>Tehama</b></td></tr> <tr><td><b>Merced</b></td><td><b>Trinity</b></td></tr> <tr><td><b>Modoc</b></td><td><b>Tulare</b></td></tr> <tr><td><b>Mono</b></td><td><b>Tuolumne</b></td></tr> <tr><td><b>Monterey</b></td><td><b>Ventura</b></td></tr> <tr><td><b>Napa</b></td><td><b>Yolo</b></td></tr> <tr><td><b>Nevada</b></td><td><b>Yuba</b></td></tr> </table> For information about services available where you live, contact Anthem Blue Cross HMO at (800) 624-8822.	<b>Alameda</b>	<b>Orange</b>	<b>Alpine</b>	<b>Placer</b>	<b>Amador</b>	<b>Plumas</b>	<b>Butte</b>	<b>Riverside</b>	<b>Calaveras</b>	<b>Sacramento</b>	<b>Colusa</b>	<b>San Benito</b>	<b>Contra Costa</b>	<b>San Bernardino</b>	<b>Del Norte</b>	<b>San Diego</b>	<b>El Dorado</b>	<b>San Francisco</b>	<b>Fresno</b>	<b>San Joaquin</b>	<b>Glenn</b>	<b>San Luis Obispo</b>	<b>Humboldt</b>	<b>San Mateo</b>	<b>Imperial</b>	<b>Santa Barbara</b>	<b>Inyo</b>	<b>Santa Clara</b>	<b>Kern</b>	<b>Santa Cruz</b>	<b>Kings</b>	<b>Shasta</b>	<b>Lake</b>	<b>Sierra</b>	<b>Lassen</b>	<b>Siskiyou</b>	<b>Los Angeles</b>	<b>Solano</b>	<b>Madera</b>	<b>Sonoma</b>	<b>Marin</b>	<b>Stanislaus</b>	<b>Mariposa</b>	<b>Sutter</b>	<b>Mendocino</b>	<b>Tehama</b>	<b>Merced</b>	<b>Trinity</b>	<b>Modoc</b>	<b>Tulare</b>	<b>Mono</b>	<b>Tuolumne</b>	<b>Monterey</b>	<b>Ventura</b>	<b>Napa</b>	<b>Yolo</b>	<b>Nevada</b>	<b>Yuba</b>
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**Open Enrollment:** You can change your TBT medical and dental options once a year. After your initial election of medical and dental options, you may change them once every 12 months. You may also change your medical or dental option if you are enrolled in an HMO and move outside of the HMO service area. Contact the TBT Plan Administration Office for details.

**No Surprises Act:** If you are treated at an out-of-network hospital or urgent care center, you must generally pay more out of pocket than if treated in a PPO hospital or urgent care center. However, the No Surprises Act provides that your out-of-pocket costs for the following out-of-network emergency claims will not be greater than if you were treated at an in-network facility:

- Emergency services
- Services provided by an out-of-network doctor or other health care provider at an in-network hospital or urgent care center, and
- Air ambulance services.

**Mental Health Parity Act:** This law requires that coverage for mental health and alcohol or chemical dependency treatment—sometimes collectively referred to as behavioral health services—should be no more restrictive than coverage for other medical conditions, as listed under *A. Hospital Benefits* and *E. Doctor Visits* inside.

Indemnity Medical claims for mental health and alcohol or chemical dependency are accumulated to meet the same medical benefit deductible and out-of-pocket limit applicable to claims for other types of medical care.

*This Comparison of Medical Benefits is only a summary of the coverage actually provided by each of the specified programs. All exclusions and limitations of benefit coverage have not been listed 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 Teamsters Benefit Trust Summary Plan Description for your TBT Plan or the contracts or Evidence of Coverage with Kaiser or Anthem Blue Cross HMO, which control in case of conflict. To maintain the financial stability of the Plan and Trust, the Board of Trustees reserves the right to change the benefits, deductibles or copayments or to terminate the Plan at any time.*