

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

**SUMMARY  
OF  
COVERAGE**

B A S I C   R E T I R E E   P L A N



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## **SUMMARY OF COVERAGE—BASIC RETIREE PLAN (BRP)**

This brochure is a summary of Teamster Benefits Trust (TBT) benefits under the Basic Retiree Plan (BRP) 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.

### **Basic Retiree Plan (BRP)**

The Basic Retiree Plan supplements coverage provided by other TBT Retiree Plans and Medicare. It is not designed to pay 100% of your medical expenses.

### **Self-Payment Contribution Rates**

The Basic Retiree Plan has a composite self-payment rate. The rate is the same for a single retiree or for a retiree and spouse.

Self-payment rates are established by the TBT Board of Trustees. They are evaluated on a regular basis and adjusted whenever necessary. Current self-payment rates are explained separately by the TBT Plan Administration Office.

### **Monthly Statements**

The current monthly self-payment contribution that you are required to pay for your BRP coverage is shown in your monthly statement.

## **PLAN BENEFITS**

### **Indemnity Medical Plan**

Indemnity Medical benefits under the Basic Retiree Plan (BRP) are listed in the Schedule of Benefits inside. Section 1 in the Schedule describes benefits for non-Medicare entitled participants. Section 2 in the Schedule describes benefits for Medicare-entitled participants.

**Note:** Medical coverage is provided only through the Medical Indemnity Plan. There is no HMO option under the Basic Retiree Plan.

### **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 BRP, 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 BRP 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 allow 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 or other Medicare plan.

### **Pre-admission Certification and Utilization Review**

If you are not Medicare-eligible, Pre-admission Certification and Utilization Review procedures are required for all non-emergency hospital stays and within 72 hours of an emergency admission. Call the Plan's Utilization Review Organization at (800) 333-3018 or make sure your doctor calls the Utilization Review Organization before scheduling the hospital stay.

**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 (unless Medicare-entitled).**

If you are not Medicare-entitled, Utilization Review is also required by the Plan's Utilization Review Organization 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.

### **When to Call**

The best time to notify the Plan's Utilization Review Organization 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 the Plan's Utilization Review Organization 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 the Plan's Utilization Review Organization in advance.

**The Plan does not cover any charges for days in a hospital that have not been certified by the Plan's Utilization Review Organization.**

### **Limitations and Exclusions**

The Plan's medical benefits have unique limitations, exclusions and claim payment and denial procedures that are described in detail in the *BRP Guide to Your Benefits*. Copies 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 *BRP 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.

### **Change in Marriage Status**

*It is your responsibility to notify the TBT Plan Administration Office in writing as explained below when a change occurs that affects your spouse's eligibility.*

You *must* notify the TBT Plan Administration Office **within 60 days** if:

- 1.** You get married.
- 2.** You establish a domestic partnership.
- 3.** Your spouse dies.
- 4.** You divorce or dissolve your domestic partnership. See the *Guide to Your Benefits* for details.

With your notice, send a copy of your:

- Marriage certificate
- Certification of domestic partnership
- Death certificate
- Divorce decree or domestic partner dissolution certification

...to the TBT Plan Administration Office.

### **Eligibility and Benefit Questions**

Contact the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119. You can also check the *BRP Guide to Your Benefits* for details about Plan eligibility, enrollment deadlines and benefits.

# TEAMSTERS BENEFIT TRUST (TBT)

## SCHEDULE OF BENEFITS

### 1. INDEMNITY MEDICAL PLAN

**(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.*

#### A. HOSPITAL BENEFITS (Not Subject to Deductible)

*All in-hospital care must be pre-authorized and monitored by the Plan's Utilization Review Organization. In an emergency, call (800) 333-3018 within 72 hours.*

Hospital benefits in acute care hospital (not including convalescent or nursing home care)

Semi-private room and board **\$40 per day**  
Maximum stay **70 days**

In-hospital services

**\$1,000 maximum per disability**

Ambulance

**\$15 per disability**

Other covered expenses:

- Surgery

Operating surgeon **\$32.10 per CPT unit**  
Maximum per surgery **\$1,000**

- X-rays and lab tests

**\$50 maximum each**  
**six months per covered person**

- In-hospital doctor's treatment

Calendar year maximum **\$5 per day**  
**70 visits**

#### B. ACCIDENT EXPENSE BENEFIT

**(Not Subject to Deductible)**

The Plan pays for accident-related medical expenses that exceed the covered amounts above.

Maximum amount within three months of accident date **\$300**

### 2. INDEMNITY MEDICAL PLAN

**(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, once you are age 65 or otherwise entitled to Medicare, benefits are determined by Medicare. Any amounts payable by Medicare will be subtracted from amounts payable by the Plan.*

#### A. HOSPITAL BENEFITS Medicare Part A

The Plan pays the Medicare deductibles and the per-day copayment that begins with the 61st day of hospitalization. (Medicare pays all other covered hospital expenses.)

#### B. OUTPATIENT HOSPITAL AND DOCTOR VISITS Medicare Part B

*The Plan pays the annual Medicare deductibles for you and your covered spouse. The Plan pays up to the 20% copayment up to the Medicare-approved amounts. Medicare Part B pays 80% of its approved allowances, called the Medicare-approved amounts.*

Many doctors and other providers agree to take assignment. This means they will accept the Medicare-approved amount as payment in full. Any amount above the Medicare-approved amount is your responsibility. It is to your advantage to seek services from a doctor and other providers who take assignment.

Whenever a provider's charges are higher than allowed under the Medicare Part B schedule, your out-of-pocket costs go up.

#### C. MEDICARE REIMBURSEMENT

The Plan will reimburse the retired employee with Medicare for the Part B premium up to a maximum of \$11 per month (or \$132 per year). Reimbursement is made twice annually in February and August.

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c/o Lipman Insurance Administrators, Inc.  
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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.

### **TBT 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 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 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**

<b>Organization</b>	<b>Phone Numbers</b>	<b>Address</b>	<b>Reasons To Call</b>
<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, changes in marital status, and other questions.*
<b>Medicare Hotline</b>	(800) 633-4227	Contact the Medicare hotline for address	For general Medicare information, enrollment details and claim filing.
<b>The Plan's Utilization Review Organization</b>	(800) 333-3018	6702 N. Inglewood Ave., Suite G Stockton, CA 95207	Hospital Pre-admission Certification and Utilization Review.
<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 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 and address changes, contact the TBT Plan Administration Office. Any required forms are mailed to you by TBT. For changes in marriage status, contact the TBT Plan Administration Office and provide the required certification by the deadlines explained in this **Summary of Coverage** and in the enclosed **Guide to Your Benefits**.