

August 20, 2004

**If you are not changing your medical or dental options, YOU DO NOT HAVE TO DO ANYTHING. *Your current coverage will continue without change.* THIS DOES NOT APPLY IF YOU ARE ENROLLED IN HEALTH NET.**

To: **Retirement Security Plan (RSP) Retirees and Spouses**

Re: **MEDICAL & DENTAL OPTIONS - 2004 OPEN ENROLLMENT**

Dear Retiree and Spouse:

You may change your medical and/or dental option during the annual TBT Open Enrollment period (during August and September). **ALL CHANGES ARE EFFECTIVE OCTOBER 1, 2004.**

**ATTENTION HEALTH NET AND SENIORITY PLUS PARTICIPANTS:** All active and retired Health Net participants were notified by notice dated July 23, 2004 that Health Net will not be one of the Options offered by Teamsters Benefit Trust, and will be replaced by *PacifiCare*, effective October 1, 2004, because Health Net priced its renewal at an unaffordable level. Therefore, effective October 1, 2004 Health Net will no longer be available to TBT participants. **IF YOU ARE ENROLLED IN HEALTH NET or SENIORITY PLUS, and you have not already responded to the July 23 notice, YOU MUST CHOOSE ONE OF THE OTHER TBT MEDICAL OPTIONS (Indemnity Plan, *PacifiCare* or *PacifiCare's Secure-Horizons* or Kaiser or Kaiser's *Senior Advantage*) and submit a *PacifiCare / SecureHorizons* or Kaiser / *Senior Advantage* application. If you do not make an election, your coverage will automatically change October 1, 2004 from Health Net to the TBT Indemnity Plan. Indemnity Plan benefits are described in your Plan's Guide to Your Benefits and Summary of Coverage. See "Changing Options – Step 1" on page 2 to order Kaiser and/or *PacifiCare* enrollment packets.**

In most areas, the *PacifiCare* provider network is the same or very similar to Health Net's. If you want to compare, call the TBT Plan Administration Office at one of the above numbers to request a copy of *PacifiCare's* provider directory (*at no charge*) or if you are a pre-Medicare retiree, phone *PacifiCare's* member services at 1-800-624-8822 (between 7:00 a.m. and 8:00 p.m. Monday – Friday) for information on *PacifiCare* providers. If you are Medicare-entitled (enrolled in Medicare Parts A and B), there is a separate *SecureHorizons* member services number. Call 1-800-228-2144.

The Blue Cross Prudent Buyer Plan PPO network for the Indemnity Plan has a large number of PPO hospitals, physicians, labs., etc. to choose from. You may contact the TBT Plan Administration Office to request a Blue Cross provider directory.

**TBT  
MEDICAL  
OPTIONS**

- **Indemnity Medical Option** - Benefits as described in the *Guide to Your Benefits* and *Summary of Coverage*. As of October 1, 2001, the Blue Cross PPO Prudent Buyer Plan is the PPO for TBT California residents and ppoNEXT is the PPO for TBT participants residing outside of California. If you are age 65 or over, Medicare is primary payer.
- **Kaiser Foundation Health Plan (HMO)** and **Kaiser's Senior Advantage** (Medicare HMO Plan)
- **PacifiCare (HMO)** and **PacifiCare's SecureHorizons** (Medicare HMO Plan)

**TBT  
DENTAL  
OPTIONS**

- **Delta Dental (Indemnity Dental Option)** - Benefits described in the *Guide to Your Benefits* and *Summary of Coverage*.
- **Bright Now! Dental (Pre-Paid)**
- **Pacific Union Dental (PUD) (Pre-Paid)**

**CHANGING OPTIONS - Step 1:**

1. Review this letter.
2. To order HMO packets (*with applications*), dental provider information and other Open Enrollment forms and information,
  - Return the enclosed **2004 Open Enrollment – Order Form**, or
  - Phone the TBT Plan Administration Office (*at the above numbers*) and tell the receptionist that you are calling to order Open Enrollment material or because you have Open Enrollment questions and ask to speak to John Holloman, Debbie Hernandez or Adrianna Mercado.

**CHANGING OPTIONS - Step 2:**

After you have received the Open Enrollment items that you ordered (*see above*):

1. Complete the required form(s):
  - **Medical Option Form**
  - **HMO Application** (*if changing to an HMO*)
  - **Dental Option Form.**
2. Return the form(s) to the TBT Plan Administration Office.

**INFORMATION SOURCES:** Benefits, copayments, exclusions and limitations differ between the three medical and three dental options. Before making a change, carefully review the Indemnity medical and dental options by referring to the following items in *Your Benefits Package: Guide to Your Benefits, Summary of Coverage, Summary of Material Modifications, Comparison of Medical Benefits* and *Comparison of Dental Benefits*. The TBT Plan Administration Office, upon request, will provide HMO packets (with applications) and information on the pre-paid dental providers.

**RESIDENCE:** In order to change from the Indemnity medical option to an HMO, or from one HMO to another, you and your spouse must reside in a zip code within the HMO's service area. (*Service areas are listed in the HMO packets.*) **Note:** If you are age 65 or over and elect one of the HMO medical options, you must enroll in the HMO's Medicare plan (*Senior Advantage* for Kaiser and *SecureHorizons* for *PacifiCare*). **Phone the TBT Plan Administration Office for further information.**

**You and your spouse must be covered under the same medical and dental option, even though one of you may be in a Medicare HMO plan and the other in the HMO's standard plan (Medicare or non-Medicare).**

**Note to Medicare Eligible Retirees:** If you are enrolled in (or want to change to) one of the Medicare HMO Plans, call the TBT Plan Administration Office to discuss your individual needs. *Here are some of the things you need to know:*

- **Separate Application: Required** for *Senior Advantage* or *SecureHorizons*.
- **Disenrollment Form: Required** if changing from a Medicare HMO Plan to a non-Medicare HMO Plan; **not required** if changing from one Medicare HMO Plan to another Medicare HMO Plan.
- **Effective Date:** For a first of the month effective date, the HMO application must be dated during the prior month (ex. *For an October 1 effective date, the application must be dated September 30<sup>th</sup> or before.*)

**ALL FORMS MUST BE RETURNED TO TBT NO LATER THAN  
SEPTEMBER 28, 2004. Please order and submit your forms as soon as  
possible; don't wait for the deadline!**

**ALL CHANGES ARE EFFECTIVE OCTOBER 1, 2004,  
including changes to an HMO, whether or not you have received an HMO  
membership card by that date.**

**IN SUMMARY, to order HMO packets or other Open Enrollment items,**

Return the enclosed "2004 Open Enrollment – Order Form" (*pre-addressed envelope provided*) or phone the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119. Please tell the receptionist that you are calling to order Open Enrollment material or that you have Open Enrollment questions and ask to speak to John Holloman, Debbie Hernandez or Adrianna Mercado.

Sincerely,

Martin R. Lowy  
Fund Manager

MRL/mr

***HEALTH NET PARTICIPANTS***

**See the notice on page one. You must change your medical option.**