

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

COMPARISON OF MEDICAL BENEFITS

P L A N I - A



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COMPARISON OF MEDICAL BENEFITS—PLAN I-A

SUMMARY: This brochure provides a brief summary of medical benefits offered by each medical option. 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. Your Plan offers Kaiser and United HealthCare HMOs. Refer to each HMO's *Evidence of Coverage* for details and enrollment requirements.

PPO: A PPO is a Preferred Provider Organization (hospital, physician or other provider) belonging to the Anthem Blue Cross PPO network. A non-PPO is a provider that does not belong to the Anthem Blue Cross PPO network. PPO claims are paid based on contract rates. All 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). Your *Summary of Coverage* shows the difference between PPO and non-PPO coverage under Your Plan. Covered persons are responsible for being treated by 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 Anthem Blue Cross toll-free at (888) 887-3725. 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).

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

TAP: Teamsters Assistance Program (TAP) must oversee and pre-approve all alcohol and drug dependency treatment. Call (800) 253-TEAM or (510) 562-3600.

SELF-FUNDED OPTION INDEMNITY MEDICAL PLAN	
MEDICAL BENEFITS	Calendar year maximum \$2,000,000 Deductible per calendar year: Per covered person \$100 Family maximum \$300 Carryover: <i>Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible.</i>
HOSPITAL <i>Note: Under the Indemnity Medical option, all in-hospital care must be pre-authorized and monitored by the Plan's Review Organization. In an emergency, call within 72 hours.</i>	INPATIENT (Not subject to deductible): PPO 100% Non-PPO 50% of UCR OUTPATIENT (Subject to deductible): PPO 80% to \$10,000 per calendar year; 100% thereafter Non-PPO 80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter Exception: Accidental injury within 24 hours with no deductible 100% of PPO or UCR
ACCIDENT EXPENSE BENEFIT	PPO 100% to \$300 Non-PPO 100% of UCR to \$300 First \$300 not subject to deductible. Treatment within 3 months of accident.
AMBULANCE	PPO 100% Non-PPO 80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter
SURGERY PHYSICIAN SERVICES	PPO 100% Non-PPO 80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter
DOCTOR VISITS	PPO 100% Non-PPO 80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter
PREVENTIVE CARE	<i>Routine physical exams and related x-ray and lab work, pap tests, routine mammograms, PSA tests for detection of prostate cancer, flu shots and routine pediatric exams and shots as recommended by the U.S. Preventive Services TaskForce.</i> Calendar year maximum PPO 100% Non-PPO 90% of UCR
DIAGNOSTIC X-RAY AND LAB	PPO 100% Non-PPO 80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter <i>Note: Mammograms follow American Cancer Society guidelines. Routine mammograms are covered annually beginning at age 40.</i>
NURSING HOME CARE	Per disability maximum 60 days Room and board (within seven days of in-hospital stay of five or more days) PPO 100% Non-PPO 80% of UCR to \$20,000 per calendar year; 100% of UCR thereafter
MENTAL HEALTH SERVICES IN HOSPITAL	Calendar year maximum 30 days PPO 100% Non-PPO 50% of UCR
MENTAL HEALTH SERVICES IN MEDICAL OFFICES	Outpatient mental health and nervous disorder benefit: Per visit covered expense maximum PPO \$80 Non-PPO 80% of UCR
TREATMENT FOR ALCOHOL AND CHEMICAL DEPENDENCY	Maximum treatments per lifetime Two Maximum covered expenses per treatment None First treatment—TAP-approved 100% Second treatment—TAP-approved 80% <i>Note: The 20% copayment owed for a second treatment at a pre-approved TAP facility is not a covered expense and will not apply toward the hospital copayment maximum for the calendar year.</i>
CHIROPRACTIC (Not Subject to Deductible)	<i>Initial visit and diagnostic x-rays do not count against the maximums below and are subject to the deductible:</i> PPO 100% up to \$25 Non-PPO 100% of UCR up to \$25 Per visit maximum \$25 Calendar year maximum \$1,250 <i>Note: Separate \$300 calendar year maximum for muscle spasms, soft tissue or back strain.</i>
PRESCRIPTION DRUGS —OUTPATIENT	Using OptumRx plastic ID card, generic drugs from OptumRx pharmacies \$5 Generics/\$10 Brand <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.</i> Mail Service and Specialty Pharmacy: <i>For information regarding OptumRx Mail Service benefits, injectable medications and Specialty Pharmacy program, see your Plan's Summary of Coverage.</i>
MEDICAL COPAYMENT LIMIT (per calendar year)	PPO claims 80% of PPO to \$10,000; 100% over \$10,000 Non-PPO claims 80% of UCR to \$20,000; 100% of UCR over \$20,000

TEAMSTERS BENEFIT TRUST (TBT)

HMO OPTIONS

KAISER

UNITED HEALTHCARE

Calendar year maximum Deductible per calendar year Copayments apply to specified services	none none	Calendar year maximum Deductible per calendar year Copayments apply to specified services	none none
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 (<i>Note: Waived if admitted to hospital</i>)	no charge no charge no charge no charge no charge no charge no charge \$10 copayment	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	no charge no charge no charge no charge no charge no charge no charge \$35
No similar benefit		No similar benefit	
Within Kaiser's service area when approved by a Kaiser physician	no charge	In connection with an authorized confinement/valid emergency	no charge
Physician and surgeon services	\$10 copayment	Physician and surgeon services	no charge
Office visits, check-ups, exams, OB/GYN Hearing and vision exams Physical therapy visits Allergy test injection visits Administered medications, injections Laboratory and x-ray	\$10/visit \$10/visit \$10/visit \$10/visit no charge no charge	Office visits, check-ups, exams, OB/GYN Hearing and vision exams Physical therapy visits Allergy test injection visits Administered medications, injections Laboratory and x-ray	\$10/visit \$10/visit \$10/visit \$10/visit \$50/visit no charge
Similar preventive care	no charge	Similar preventive care	no charge
Laboratory, x-ray and other tests	no charge	Laboratory, x-ray and other tests	no charge
Skilled nursing facility care at authorized facility	no charge up to 100 days per benefit period	Skilled nursing care at authorized facility	no charge up to 100 consecutive days from the first treatment per disability
In-hospital care	no charge	In-hospital care Severe mental health illness benefits	no charge up to 30 days per calendar year unlimited days
Individual care Group therapy	\$10/visit \$5/visit	Outpatient care Severe mental health illness benefits See the <i>Supplement to the United HealthCare Combined Evidence of Coverage Disclosure Form</i> for details.	\$10/visit up to 30 visits per calendar year unlimited visits
Treatment, including counseling for dependency and medical management of withdrawal symptoms, is provided in medical offices in group or individual sessions at minor charge. Hospitalization provided at no charge for detox only. <i>Indemnity Medical option benefits also payable. See Kaiser Evidence of Coverage and Disclosure Form.</i>		Hospitalization provided at no charge for detox only. See United HealthCare <i>Evidence of Coverage and Disclosure form. Indemnity Medical option benefits also payable.</i>	
Not covered See Kaiser <i>Evidence of Coverage and Disclosure form.</i>		Not covered See United HealthCare <i>Evidence of Coverage and Disclosure form.</i>	
<i>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.</i>	\$5 Generics/\$10 Brand	<i>Covered under the Indemnity Medical option (see page 2).</i>	

COMPARISON OF MEDICAL BENEFITS—PLAN I-A (Continued)

	SELF-FUNDED OPTION INDEMNITY MEDICAL PLAN	HMO OPTIONS	
		KAISER	UNITED HEALTHCARE
TELEPHONE NUMBERS FOR ADDITIONAL INFORMATION	<p>TBT Plan Administration Office: (510) 796-4676 (800) 533-0119</p> <p>Anthem Blue Cross—for current PPO hospital and physician information: (888) 887-3725</p> <p>Anthem Blue Cross—for <i>required</i> Pre-admission Certification of <i>non-emergency</i> hospital confinements: (800) 274-7767</p> <p>Teamsters Assistance Program (TAP) (800) 253-TEAM (510) 562-3600</p>	<p>(800) 464-4000 Refer to the HMO's <i>Evidence of Coverage</i> for details and enrollment requirements.</p>	<p>(800) 624-8822 Refer to the HMO's <i>Evidence of Coverage</i> for details and enrollment requirements.</p>
SERVICE AREA	No geographic limitations	<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>Alameda Amador Contra Costa El Dorado Fresno Imperial Kern Kings Los Angeles Madera Marin Mariposa Napa Orange Placer Riverside Sacramento San Bernardino San Diego San Francisco San Joaquin San Mateo Santa Clara Solano Sonoma Stanislaus Sutter Tulare Ventura Yolo Yuba</p> <p>For information about services available where you live, contact Membership Services toll-free at (800) 464-4000.</p>	<p>United HealthCare is offered in the following counties:</p> <p>Alameda Contra Costa El Dorado Fresno Imperial* Kern Kings Los Angeles Madera* Marin Merced Nevada Orange Placer* Riverside Sacramento San Bernardino* San Diego San Francisco San Joaquin San Luis Obispo San Mateo Santa Barbara Santa Clara Santa Cruz Solano Sonoma Stanislaus Tulare Ventura Yolo</p> <p>* Only portions of these counties are within the United HealthCare service areas.</p>
Open Enrollment You can change your TBT medical and dental options once a year. 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. Contact the TBT Plan Administration Office for details.			

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 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 Rules and Regulations of the Teamsters Benefit Trust or the contracts with Kaiser or United HealthCare, 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.