SUMMARY OF COVERAGE—PLAN V-A

This brochure is a summary of Teamsters Benefit Trust (TBT) benefits and is intended only to highlight benefits. For a more complete description of Plan benefits and eligibility rules, refer to the enclosed Guide to Your Benefits. This brochure is not a guarantee of eligibility or benefits.

Enrollment
You can enroll if you are covered under a Union Contract that provides for TBT Plan V-A participation as long as you satisfy the eligibility requirements described in the enclosed Guide to Your Benefits and your Employer makes the required contributions. All required enrollment forms (including an HMO application if you choose an HMO) must be received by the TBT Plan Administration Office before coverage begins.

Medical Options
You may choose the Indemnity Medical option or one of the Health Maintenance Organizations (HMOs) available where you live by completing a Medical Option Form (mailed to you with your TBT enrollment materials). The Comparison of Medical Benefits folder highlights coverage under the Indemnity Medical option and HMOs. Each HMO option provides a separate Evidence of Coverage available through the TBT Plan Administration Office.

Note: To choose an HMO option, you must live within the HMO’s service area. To determine whether you qualify for HMO coverage, call the HMO’s customer service number printed on the last page.

Preferred Provider Organization (PPO) Network
If you choose the Indemnity Medical option, amounts paid on your claims are higher when you take advantage of the Anthem Blue Cross PPO network of preferred providers. PPO hospitals, doctors, clinics and medical labs agree by contract to accept reduced rates and fee ceilings (which means important savings to TBT and you).

Note: The PPO coverage rates only apply when you are treated by PPO providers who have agreed to accept lower contracted rates. See the Guide to Your Benefits for more information.

When you are treated by non-PPO providers, claims are paid based on a percentage of Usual, Customary and Reasonable (UCR) charges—which usually means you will pay more out-of-pocket costs when you do not use PPO providers.

It's your responsibility to make sure that you are treated by PPO providers if you want benefits to be paid at the PPO rates. The chart inside 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, contact Anthem Blue Cross at (888) 887-3725. Since participating providers change often, always confirm that a doctor or hospital is a PPO provider before receiving services.

Note: If your TBT coverage is secondary and your primary plan denies your claim for benefits because you have elected to receive treatment from a provider or facility outside of your primary plan’s preferred provider network, TBT will coordinate benefits as though you received benefits from the primary plan under the primary plan’s ordinary level of payment for preferred network hospitals or doctors. See the Guide to Your Benefits for more details about Coordination of Benefits.

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. For Pre-admission Certification, except for alcoholism or chemical dependency, phone Anthem Blue Cross (the Plan’s Utilization Review Organization) at (800) 274-7767. To locate the nearest PPO Hospital, you must call the

Anthem Blue Cross Blue Shield Nationwide Network toll-free at (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
The Indemnity Medical option pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury. Pre-admission Certification and Utilization Review procedures to determine medical necessity are required for all non-emergency hospital stays and within 72 hours of an emergency admission. California and non-California participants must call Anthem Blue Cross at (800) 274-7767. (For alcoholism or chemical dependency treatment, see the next page).

Failure to obtain Pre-admission Certification may result in a reduction of benefits. Charges for non-certified hospital days are not covered under the Plan. Utilization Review is also required by Anthem Blue Cross to monitor in-hospital services and related charges even if you were admitted in an emergency.

Alcohol or Chemical Dependency Benefit Review
The Teamsters Assistance Program (TAP) is the Plan’s review organization to oversee all alcohol and chemical dependency treatment. TAP must pre-authorize and review such treatment or it will not be covered. Before seeking treatment, call the Teamsters Assistance Program (TAP) at (510) 562-3600 or (800) 253-TEAM.
Note: Joint Council 38 participants call Teamsters Alcohol/Drug Rehabilitation Program (TARP) at (209) 572-6966 or (800) 522-8277.

When to Call
Notify Anthem Blue Cross (or TAP or TARP if applicable) when your doctor schedules an inpatient stay. You, your doctor and the hospital will receive a written follow-up notice from Anthem 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 Anthem Blue Cross (or TAP or TARP if applicable) in advance. Remember, if Anthem Blue Cross determines that hospitalization is not necessary—or that hospital services are not medically necessary—you, your doctor and the hospital will be informed by Anthem Blue Cross.

Anthem Blue Cross will contact your doctor to confirm the need for hospitalization and write to tell you whether your hospital stay has been certified and, if so, for how long. The Plan does not cover charges for days in a hospital that have not been pre-certified by Anthem Blue Cross.

Dental Options
Your TBT Plan offers a choice of dental options. The Indemnity Dental option (Delta Dental) is explained in this summary. See the Comparison of Dental Benefits for highlights of all your dental options.

You must complete the Dental Option Form (mailed with your TBT enrollment materials) to apply for dental coverage. Note: New employees may only choose Option 2 (Bright Now! Dental) or Option 3 (Pacific Union Dental) until a waiting period is satisfied. Option 1 (the Indemnity Dental option) is not available until one year following your initial hire date (unless you meet an exception listed on the back of your Dental Option Form).

Limitations and Exclusions
Each TBT medical and dental option has unique limitations and exclusions and claim review and denial procedures that are described in the Guide to Your Benefits. HMO limitations are described in the Evidence of Coverage brochures provided by each HMO. Copies of these materials are available through the TBT Plan Administration Office. If you have questions about your eligibility or benefits, contact the TBT Plan Administration Office at (510) 796-4676 or (800) 533-0119.

Prescription Drugs for Kaiser Participants
Plan V-A requires that participants who enroll in the Kaiser HMO option use only Kaiser facility pharmacies or mail service. The Kaiser HMO requires that you use their drug formulary’s list of medications that are approved by their pharmacy in your service area. For details, contact Kaiser member services at the number listed on the last page.

See the enclosed Comparison of Medical Benefits and the separate Kaiser material including the Evidence of Coverage and Disclosure form.

Extension of Benefits While Totally Disabled
If you are eligible but rendered unable to work because you become totally disabled as a result of an illness or injury (see What is Total Disability? in the Guide to Your Benefits), coverage for you and your covered dependents will continue for up to three months.

Coverage is not automatic. You must apply for the extension of benefits by filling out and submitting the required forms to the TBT Plan Administration Office. Contact the Administration office at (800) 533-0119 and ask for the disability department as soon as your physician has determined you will be out on disability.

Extension of Benefits Requirements
You must become totally disabled while eligible under your TBT Employer-paid Plan. Proof of disability must be provided by your doctor before benefits begin. Periods of disability from the same condition that are not separated by two weeks of full-time covered work, or from two or more conditions not separated by return to full-time covered work, are considered to be one period of disability.

Benefits are not paid for any injury or illness while you are not under a doctor’s care or for any period of disability that began before you were eligible for coverage.

In all cases, benefits are not paid for a disability that begins in a month when you were not eligible under your Plan.

Filing a Claim
1. Request a Proof of Disability Claim Form by calling the TBT Plan Administration Office at 800-533-0119.

2. Fill out your portion of the form and have your doctor complete the bottom portion.

3. Send the completed form to the TBT Plan Administration Office at the address printed on the form.

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 or dependents do not live with you, let them 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. Note: Only the TBT Plan Administration Office can verify eligibility and coverage. Statements or documents provided by other sources such as your Employer or Local Union are not binding on TBT.
### 1. INDEMNITY MEDICAL OPTION

(For You and Your Covered Dependents)

**Pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury for you and your covered dependents.**

- **Calendar year maximum**: $2,000,000
- **Deductible per calendar year**:
  - Per covered person: $100
  - Family maximum: $300
- **Carryover**: Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible

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### A. HOSPITAL BENEFITS

**Note:** All in-hospital care must be pre-authorized and monitored by the Plan’s Review Organization. In an emergency, call within 72 hours.

**Inpatient (not subject to deductible)**

- **PPO**: 100% (No Deductible)
- **Non-PPO**: 80% of UCR to $2,000,000 per calendar year; 100% of UCR thereafter

**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:** Accident within 24 hours with no deductible: 100% of PPO or UCR

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### B. AMBULANCE

- **PPO**: 100%
- **Non-PPO**: 80% of UCR to $20,000 per calendar year; 100% of UCR thereafter

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### C. SURGERY (PHYSICIAN SERVICES)

- **PPO**: 100%
- **Non-PPO**: 80% of UCR to $20,000 per calendar year; 100% of UCR thereafter

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### D. DOCTOR VISITS

- **PPO**: 100%
- **Non-PPO**: 80% of UCR to $20,000 per calendar year; 100% of UCR thereafter

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### E. PREVENTIVE CARE

Routine physical exams and related x-ray and lab work, pap tests, routine mammograms (see Section F. below), PSA test for detection of prostate cancer, flu shots, routine pediatric exams and shots recommended by the U.S. Preventive Services TaskForce.

- **Calendar year maximum**:
  - None
  - **PPO**: 100%
  - **Non-PPO**: 90% of UCR

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### F. DIAGNOSTIC X-RAY AND LAB

- **PPO**: 100%
- **Non-PPO**: 80% of UCR to $20,000 per calendar year; 100% of UCR thereafter

*Note: Mammograms follow guidelines of American Cancer Society. Routine mammograms are covered annually beginning at age 40.*

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### G. NURSING HOME CARE

Room and board (within 7 days of in-hospital stay of 5 or more days)

- **PPO**: 100%
- **Non-PPO**: 80% of UCR to $20,000 per calendar year; 100% of UCR thereafter
- **Per disability maximum**: 60 days

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### H. MENTAL HEALTH SERVICES

- **IN-HOSPITAL**
  - Maximum inpatient days per calendar year
    - **30 days**
    - **PPO**: 100%
    - **Non-PPO**: 50% of UCR
  - Per person maximum
    - **$80**
    - **PPO**: 100%
    - **Non-PPO**: 80% of UCR

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### I. MENTAL HEALTH SERVICES

- **IN MEDICAL OFFICES**
  - Per visit covered expense maximum
    - **$80**
    - **PPO**: 100%
    - **Non-PPO**: 80% of UCR

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### J. ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT

(Not Subject to Deductible)

Must be pre-authorized and monitored by Teamsters Assistance Program (TAP) or Teamsters Alcohol/Drug Rehabilitation Program (TARP).

- **Lifetime maximum**: 2 treatments subject to UCR
  - **Per treatment covered expense maximum**:
    - First treatment: 100%
    - Second treatment: 80%

*Note: The 20% copayment owed for second treatment is not a covered expense and will not apply toward your copayment maximum for the calendar year.*

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### K. CHIROPRACTIC TREATMENT

(Not Subject to Deductible)

Initial visit and diagnostic x-rays do not count against the maximum below and are subject to the deductible:

- **Calendar year maximum**: $1,250
- **Per covered person**
  - **PPO**: $25
  - **Non-PPO**: $125
- **Per disability maximum**: $80

*Note: There is a separate $300 maximum per covered person per calendar year for treatment of muscle spasms, soft tissue or back strain.*

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### 2. PRESCRIPTION DRUGS THROUGH OPTUM Rx

(For You and Your Covered Dependents)

Outpatient prescription drugs using plastic OptumRx ID card:

- **Generic drugs from OptumRx pharmacy**: 100% after $5 copayment
- **Brand name drugs from OptumRx pharmacy**: 100% after $10 copayment

*Note: If you or your doctor order a brand name drug (when a generic equivalent is available), you also pay the difference between generic and brand name. The Plan pays full price of brand name drugs (minus your copayment) only when there is no generic equivalent.*

- **Mail Service Program**: Prescriptions ordered through the OptumRx Mail Service Program have the same coverage and copayments as above.

- **Specialty Pharmacy Program**: Most injectable medications are only covered through the mail order Specialty Pharmacy Program (30-day supply) unless your injectable medications are covered under your HMO. See Guide to Your Benefits.

**Kaiser Participants**: If you are enrolled in the Kaiser Medical Option, your prescriptions must be filled at a Kaiser facility pharmacy or mail service. You must also use their drug formulary's list of approved medications for their pharmacy in your service area.

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### 3. DENTAL BENEFITS

(For You and Your Covered Dependents)

See the Dental Options section on page 2 for details about your Plan’s dental options and the waiting period for new TBT participants. The Comparison of Dental Benefits folder briefly explains each dental option.

**Provided through the Indemnity Dental option—Option 1**

*Note: For newly eligible employees, dental benefits (including orthodontia) are limited during the first 6 months of coverage to exams, cleanings, x-rays and simple fillings.*

- **Calendar year maximum per covered person**: $1,500
- **Deductible per calendar year** (except routine preventive care):
  - Per covered person: $90
  - Family maximum: $150
- **Delta participating dentist**
  - Preventive and basic care: 80%
  - Major care: 50%
- **Non-Delta participating dentist**
  - Preventive and basic care: 80% of UCR
  - Major care: 50% of UCR
- **Orthodontia**
  - Per covered person: 50% of covered orthodontia expenses per covered person up to the $1,200 lifetime maximum

*Note: For temporomandibular joint dysfunction, the Plan pays 50% of specific covered charges up to a lifetime maximum of $1,000. See the Guide to Your Benefits.

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### 4. VISION CARE BENEFITS

(For You and Your Covered Dependents)

Provided through the Vision Service Plan (VSP) network See Vision Care section of the Guide to Your Benefits.

- **VSP eye care professional**: 100% of covered charges after $25 copayment

*Frequency of service:*

- **Vision exam**: once in 24 months
- **Lenses**: once in 24 months
- **Basic frames**: once in 24 months

- **See Vision Care section of Guide to Your Benefits for:***
  - Non-VSP eye care professional benefits
  - Contact lens benefits
  - Cosmetic options

*Note: Non-VSP provider benefits are limited.*

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### 5. LIFE INSURANCE BENEFIT

(For You Only)

Survivors must file claim within 12 calendar months of event

- **Your death**: $5,000

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### 6. ACCIDENTAL DEATH & DISMEMBERMENT

(For You Only)

Survivors must file claim within 12 calendar months of event

- **Your accidental death**: $5,000
- **Your accidental dismemberment:**
  - Both hands or feet: $5,000
  - Both eyes: $5,000
  - One hand and one foot: $5,000
  - One hand and one eye: $5,000
  - One hand or one foot: $2,500
  - One eye: $2,500
BOARD OF TRUSTEES

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c/o Lipman Insurance Administrators, Inc.
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Fremont, CA 94538-2200

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Secretary-Treasurer
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Stockton, CA 95205-4458

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Trustee, Teamsters Benefit Trust
c/o Lipman Insurance Administrators, Inc.
39420 Liberty Street, Suite 260
Fremont, CA 94538-2200

Chris Servi
Group Controller
United Parcel Service (UPS)
2222 17th Street, 4th floor
San Francisco, CA 94103-5015
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

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 Administracion 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 dias festivos). Horas de Servicio al Cliente: 8:30 a.m. a 5:00 p.m. P.S.T., Lunes a Viernes (excepto dias festivos). El numero de telefono es (510) 796-4676 o (800) 533-0119.

PHONE NUMBERS AND ADDRESSES

<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone Numbers</th>
<th>Address</th>
<th>Reasons To Call</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBT Plan Administration Office <a href="http://www.tbtfund.org">www.tbtfund.org</a></td>
<td>(510) 796-4676 (800) 533-0119</td>
<td>39420 Liberty Street, #260 Fremont, CA 94538-2200</td>
<td>TBT eligibility, enrollment (including HMOs), marital status and dependent changes, contributions, Anthem Blue Cross ID cards, prescription drug ID cards, Indemnity Medical option claims, vision, disability, life and accidental death &amp; dismemberment claims and other questions.</td>
</tr>
<tr>
<td>Anthem Blue Cross Life &amp; Health <a href="http://www.anthem.com/ca">www.anthem.com/ca</a></td>
<td>(800) 274-7767</td>
<td>P.O. Box 60007 Los Angeles, CA 90060</td>
<td>Hospital Pre-admission Certification and Utilization Review.</td>
</tr>
<tr>
<td>Anthem Blue Cross PPO Network <a href="http://www.anthem.com/ca">www.anthem.com/ca</a></td>
<td>(888) 887-3725</td>
<td>P.O. Box 60007 Los Angeles, CA 90060</td>
<td>Preferred Provider hospitals, PPO network physicians and other PPO providers.</td>
</tr>
<tr>
<td>Anthem Blue Cross Blue Shield National Network (Outside CA) <a href="http://www.bcbs.com">www.bcbs.com</a></td>
<td>(800) 810-2583</td>
<td>P.O. Box 60007 Los Angeles, CA 90060</td>
<td>Outside California: Preferred Provider hospitals, PPO network physicians and other PPO providers.*</td>
</tr>
<tr>
<td>United HealthCare <a href="http://www.uhcwest.com">www.uhcwest.com</a></td>
<td>(800) 624-8822</td>
<td>P.O. Box 30968 Salt Lake City, UT 84130-0968</td>
<td>HMO benefit questions*; Web site has list of network physicians.</td>
</tr>
<tr>
<td>Kaiser Member Services <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a></td>
<td>(800) 464-4000</td>
<td>1800 Harrison, 9th Floor Oakland, CA 94612-2998</td>
<td>HMO benefit questions.*</td>
</tr>
<tr>
<td>OptumRx <a href="http://www.optumrx.com">www.optumrx.com</a> Mail Service Program</td>
<td>(800) 797-9791 or (877) 889-2802 (800) 711-4555</td>
<td>3515 Harbor Boulevard Costa Mesa, CA 92626</td>
<td>Pharmacy and medication questions.* Contact the TBT Plan Administration Office for all other prescription-related matters.</td>
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<tr>
<td>Specialty Pharmacy</td>
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<tr>
<td>Delta Dental <a href="http://www.deltadentalca.org">www.deltadentalca.org</a></td>
<td>(800) 765-6003 or (888) 355-8227</td>
<td>P.O. Box 997330 Sacramento, CA 95999-7330</td>
<td>Dental Option 1 benefit questions.* For Delta Dental provider finder service, call (800) 427-3237.</td>
</tr>
<tr>
<td>Bright Now! Dental Newport Option</td>
<td>(800) 497-6453 (714) 668-1300</td>
<td>8105 Irvine Center Dr. Irvine, CA 92618</td>
<td>Dental Option 2 benefit questions.*</td>
</tr>
<tr>
<td>Pacific Union Dental (PUD)</td>
<td>(800) 999-3387</td>
<td>P.O. Box 30567 Salt Lake City, UT 84130-0567</td>
<td>Dental Option 3 benefit questions.*</td>
</tr>
<tr>
<td>Teamsters Assistance Program (TAP)</td>
<td>(510) 562-3600 (800) 253-TEAM</td>
<td>300 Pendleton Way Oakland, CA 94621-2109</td>
<td>Substance abuse matters including inpatient programs.</td>
</tr>
<tr>
<td>Teamsters Alcohol/Drug Rehabilitation Program (TARP)</td>
<td>(209) 572-6966 (800) 522-8277</td>
<td>1620 North Carpenter Rd., #C-12 Modesto, CA 95351-1158</td>
<td>Substance abuse matters including inpatient programs for Joint Council 38 participants.</td>
</tr>
<tr>
<td>Western Conference of Teamsters Pension Trust Fund <a href="http://www.wcptension.org">www.wcptension.org</a></td>
<td>(650) 570-7300 (800) 845-4162</td>
<td>355 Geffert Blvd., #100 Daly City, CA 94015-2666</td>
<td>All pension matters.</td>
</tr>
<tr>
<td>Prudential Life Insurance</td>
<td>(800) 524-0542</td>
<td>P.O. Box 1215 Newark, NJ 07101-1215</td>
<td>First call the TBT Plan Administration Office.</td>
</tr>
</tbody>
</table>

* 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.