

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

**SUMMARY  
OF  
COVERAGE**

P L A N   V I



REVISED SEPTEMBER 2014



## SUMMARY OF COVERAGE—PLAN VI

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 employment.

### **Enrollment**

You can enroll if you are covered under a Union Contract that provides for TBT Plan VI 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 a Kaiser application if you choose the Kaiser 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 (currently the Kaiser HMO option) by completing a *Medical Option Form* (see the *Enrollment Materials* folder). The *Comparison of Medical Benefits* folder highlights coverage under the Indemnity Medical option and the Kaiser HMO option. The Kaiser HMO option provides a separate *Evidence of Coverage* available through the TBT Plan Administration Office. **Note:** *To choose the Kaiser HMO option, you must live within the HMO's service area. To determine whether you qualify for HMO coverage, call the Kaiser 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 network of preferred providers (called a PPO). 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.

### **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 at (800) 274-7767. To locate the nearest PPO hospital, you must call the 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 are required to determine medical necessity for all non-emergency hospital stays and within 72 hours of an emergency admission. California and non-California participants must call Anthem Blue Cross Life and Health 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.

### **When to Call**

Notify Anthem Blue Cross (or TAP 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 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 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 other 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 first Open Enrollment period, which begins 12 months after your initial hire date (unless you meet one of the exceptions 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 and Disclosure* form provided by the 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 VI requires that participants who enroll in the Kaiser HMO use only Kaiser facility pharmacies (except for an eligible out-of-area emergency). Outpatient prescription drug benefits are only provided by the Kaiser HMO facility or mail service (after the applicable copayment)—rather than through the TBT Indemnity Medical option prescription drug benefits.

See the Plan VI *Comparison of Medical Benefits* and the separate Kaiser material including the *Evidence of Coverage and Disclosure* 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.

### **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 TBT Plan VI.**

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.

### **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. See the *Guide to Your Benefits*, page 8.

### **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.

# TEAMSTERS BENEFIT TRUST (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 (combined medical/prescription drug)

PPO **\$250 per covered person/  
\$500 family maximum**  
Non-PPO **\$500 per covered person/  
\$1,000 family maximum**

Carryover **Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible**

### A. HOSPITAL BENEFITS

Note: All in-hospital care must be pre-authorized and monitored by the Plan's Review Organization. Pre-admission certification is required for all non-emergency hospital stays. In an emergency, call within 72 hours.

Inpatient

PPO (not subject to deductible) **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO (subject to deductible) **50% of UCR**

Outpatient

PPO (subject to deductible) **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO (subject to deductible) **50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

Emergency Care (If accident, within 24 hours)

Inpatient

PPO (not subject to deductible) **100%**  
Non-PPO (not subject to deductible) **80% of UCR**

Outpatient

PPO (not subject to deductible) **80%**  
Non-PPO (not subject to deductible) **80% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

### B. AMBULANCE

PPO **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO **80% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

### C. SURGERY (PHYSICIAN SERVICES)

PPO **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO **50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

### D. DOCTOR VISITS

Inpatient

PPO **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO **50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

Outpatient

PPO (after \$10 copayment) **100%**  
Non-PPO **50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

### E. PREVENTIVE CARE

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

Calendar year maximum **None**  
PPO **100%**  
Non-PPO **80% of UCR**

### F. DIAGNOSTIC X-RAY AND LAB

PPO **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO **50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

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

Per disability maximum **60 days**  
PPO **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO **80% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

### H. MENTAL HEALTH SERVICES —IN-HOSPITAL

Maximum inpatient days

Per calendar year **30 days**  
Per lifetime **60 days**  
PPO (not subject to deductible) **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO (subject to deductible) **50% of UCR**

### I. MENTAL HEALTH SERVICES —IN MEDICAL OFFICES

Up to 20 visits per calendar year

PPO **50% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO **50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

### J. ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT (Not Subject to Deductible)

Must be pre-authorized and monitored by Teamsters Assistance Program (TAP)

Lifetime maximum **2 treatments subject to UCR**  
Per treatment covered expense max. **None**  
First treatment **100%**  
Second treatment **80%**

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

### K. CHIROPRACTIC TREATMENT

Calendar year maximum **None**  
Per visit covered expense **None**  
PPO (not subject to deductible) **80% to \$15,000 per calendar year; 100% thereafter**  
Non-PPO (subject to deductible) **50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter**

## 2. PRESCRIPTION DRUGS THROUGH PRESCRIPTION SOLUTIONS OPTUM Rx (For You and Your Covered Dependents)

Under the Indemnity Medical option, outpatient prescription drugs are provided by reimbursement through the TBT Plan Administration Office (after medical/prescription drug deductible is met) through OptumRx as follows:

- Drugs from Prescription Solutions retail or mail service pharmacy (by reimbursement through TBT) **80% to \$15,000 per calendar year; 100% thereafter**
- 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.

**Mail Service Program:** Prescriptions ordered through the Prescription Solutions Mail Service Program (100-day supply). After the first two prescriptions/refills are ordered through retail, future refills must be ordered through mail service.

Outpatient drugs through non-Prescription Solutions pharmacy **50% of UCR**

**Specialty Pharmacy Program:** Most injectable medications are only covered through the mail order Specialty Pharmacy Program (30-day supply). 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. See Prescription Drugs for Kaiser Participants on previous page.

## 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. Contact the TBT Plan Administration Office for information about dental eligibility and enrollment packets for Dental Options 2 and 3.

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

Note: Dental benefits for new employees are limited during the first six months of coverage to exams, cleanings, x-rays and simple fillings.

Calendar year maximum per covered person **\$1,000**  
Deductible per calendar year (except routine preventive care):

Per covered person **\$100**  
Family maximum **None**  
Delta participating dentist  
Covered services for preventive and basic dental expenses **80%**  
Covered services for major expenses **70%**  
Non-Delta participating dentist  
Covered services for preventive, basic and major care **70% of UCR**

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

Orthodontia  
Covered services (only under dental options 2 or 3): See the Comparison of Dental Benefits for age limits and details.

## 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.

Deductible **None**  
VSP eye care professional **100% of covered charges**

Frequency of service:

Vision exam **once in 12 months**  
Lenses **once in 12 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.

## 5. LIFE INSURANCE BENEFIT (For You Only)

Survivors must file claim within 12 calendar months of event  
Your death **\$5,000**

## 6. ACCIDENTAL DEATH & DISMEMBERMENT (For You Only)

Survivors must file claim within 12 calendar months of event  
Your accidental dismemberment:

Your accidental death **\$5,000**  
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

## *Union Trustees*

**Rome A. Aloise, Co-Chairman**  
Teamsters Benefit Trust  
Secretary-Treasurer  
Warehouse, Mail Order, Retail Employees  
and Wholesale Liquor Salespersons  
Teamsters Local Union No. 853  
2100 Merced Street, Suite B  
San Leandro, CA 94577-3247

**Carlos Borba**  
President  
Teamsters, Chauffeurs, Warehousemen  
and Helpers  
Teamsters Local Union No. 315  
445 Nebraska Street  
Vallejo, CA 94590-3830

**Don E. Garcia**  
Secretary-Treasurer  
General Truck Drivers, Warehousemen,  
Helpers and Automotive Employees  
Teamsters Local Union No. 315  
2727 Alhambra Avenue  
Martinez, CA 94553-3120

**Bill Hoyt**  
Secretary-Treasurer  
Teamsters, Freight, Construction, General  
Drivers, Warehousemen and Helpers  
Teamsters Local Union No. 287  
1452 North Fourth Street  
San Jose, CA 95112-4778

**Robert Morales**  
Secretary-Treasurer  
Sanitary Truck Drivers and Helpers  
Teamsters Local Union No. 350  
295 89th Street, Suite 304  
Cedar Hill Office Building  
Daly City, CA 94015-1656

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

**Sam Rosas**  
Secretary-Treasurer  
General Teamsters  
Teamsters Local Union No. 439  
1531 E. Fremont Street  
Stockton, CA 95205-4458

## *Employer Trustees*

**Keith Fleming, Co-Chairman**  
Teamsters Benefit Trust  
Chairman of the Board  
IEDA  
2200 Powell Street, Suite 1000  
Emeryville, CA 94608-1809

**William Albanese**  
President  
Central Concrete Supply  
755 Stockton Avenue  
San Jose, CA 95126-1839

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

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

**Jeanette Paige**  
Director of Human Resources  
Southern Wine & Spirits of  
Northern California  
33321 Dowe Avenue  
Union City, CA 94587-2033

**Bill Rossi**  
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](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 localisado 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

Organization	Phone Numbers	Address	Reasons To Call
<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 (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 & dismemberment claims and other questions.
<b>Anthem Blue Cross</b> <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	(800) 274-7767	P.O. Box 60007 Los Angeles, CA 90060	Hospital Pre-admission Certification and Utilization Review.
<b>Anthem Blue Cross PPO Network</b> <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	(888) 887-3725	P.O. Box 60007 Los Angeles, CA 90060	Preferred Provider hospitals, PPO network physicians and other PPO providers.
<b>Anthem Blue Cross Blue Shield National Network (Outside CA)</b> <a href="http://www.bcbs.com">www.bcbs.com</a>	(800) 810-2583	P.O. Box 60007 Los Angeles, CA 90060	Outside California: Preferred Provider hospitals, PPO network physicians and other PPO providers.*
<b>Kaiser Member Services</b> <a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>	(800) 464-4000	1800 Harrison, 9th Floor Oakland, CA 94612-2998	HMO benefit questions.*
<b>Prescription Solutions OptumRx</b> <a href="http://www.optumrx.com">www.optumrx.com</a> Mail Service Program Specialty Pharmacy	(800) 797-9791  (800) 562-6223 or (877) 889-2802 (800) 711-4555	3515 Harbor Boulevard Costa Mesa, CA 92626	Pharmacy and medication questions.* Contact the TBT Plan Administration Office for all other prescription-related matters.
<b>Delta Dental</b> <a href="http://www.deltadentalca.org">www.deltadentalca.org</a>	(800) 765-6003 or (888) 335-8227	P.O. Box 997330 Sacramento, CA 95999-7330	Dental Option 1 benefit questions.* For Delta Dental provider finder service, call (800) 427-3237.
<b>Bright Now! Dental Newport Option</b>	(800) 497-6453 (714) 668-1300	8105 Irvine Center Dr. Irvine, CA 92618	Dental Option 2 benefit questions.*
<b>Pacific Union Dental (PUD)</b>	(800) 999-3367	P.O. Box 30567 Salt Lake City, UT 84130-0567	Dental Option 3 benefit questions.*
<b>Teamsters Assistance Program (TAP)</b>	(510) 562-3600 (800) 253-TEAM	300 Pendleton Way Oakland, CA 94621-2109	Substance abuse matters including inpatient programs.
<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.
<b>Prudential Life Insurance</b>	(800) 524-0542	P.O. Box 1215 Newark, NJ 07101-1215	First call the TBT Plan Administration Office.

\* 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.