

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

**SUMMARY  
OF  
COVERAGE**

S U P P L E M E N T A L   R E T I R E E   P L A N



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# **SUMMARY OF COVERAGE—SUPPLEMENTAL RETIREE PLAN (SRP)**

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

## **Supplemental Retiree Plan (SRP)**

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

## **Plan Contributions**

No self-payments are required. The Plan is funded by your former Employer's contributions on behalf of active employees.

If your former Employer bargains out of TBT and into another group health plan and stops contributing to the Plan on behalf of active employees, you will lose your SRP eligibility.

However, if your former Employer leaves the area or terminates operations altogether, TBT allows you to enroll in the Comprehensive Retiree Plan (CRP) by self-payment. You must elect and pay for this coverage within 30 days of the last date covered under the terminated plan. Since there may be no gap in coverage, retroactive payment may be required.

## **PLAN BENEFITS**

### **Indemnity Medical Plan**

Indemnity Medical benefits under the Supplemental Retiree Plan (SRP) are briefly described on the following pages and 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 TBT Indemnity Medical Plan. There is no HMO coverage under the SRP.

### **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 SRP, 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 SRP 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, Medicare is primary and the Plan pays second (as the secondary carrier). 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 one-half of 20% of the Medicare-approved amount of any claim even if the provider may not or does not accept payment from Medicare. Other restrictions and limitations apply. The Plan does not cover charges higher than Medicare-approved amounts.

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. You must 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.

If you are not Medicare-entitled, you must also make sure the Plan's Utilization Review Organization monitors 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.

**Failure to obtain Pre-admission Certification and Utilization Review will result in a reduction of benefits. Charges for non-certified hospital days are not covered under the Plan (unless Medicare-entitled).**

### **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.**

#### **Medicare Part D**

If you are Medicare-eligible and currently covered under TBT's Indemnity Medical Plan, *do not enroll in a Medicare Part D program.* Your current TBT prescription drug coverage is at least as good, on average, as Medicare Part D. *If you enroll in a Medicare Part D program, you will lose your TBT prescription drug coverage.*

#### **Limitations and Exclusions**

The Plan's medical, dental, vision and prescription drug benefits have unique limitations, exclusions, claim review and denial procedures that are described in detail in the SRP *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 SRP *Guide to Your Benefits* for the Plan's claim review and denial procedures.

#### **Coordination of Benefits**

The way many group benefit plans handle payments when there is coverage under more than one plan. Benefit payments are coordinated between the plans so a covered person does not receive more than 100% of the cost of the covered treatment. If you have additional coverage under the Comprehensive Retiree Plan (CRP), Retirement Security Plan (RSP) or the Basic Retiree Plan (BRP), benefits will be coordinated between this Plan and the other TBT Plans. The CRP or RSP will be the primary payer, the SRP the secondary payer and the BRP the third payer.

For retirees ages 65 and older, Medicare is primary. The SRP will cover one-half of the CRP/RSP 20% copayment in most cases. Other restrictions and limitations apply. See the CRP, RSP and/or the BRP *Guide to Your Benefits* and the *Summary of Coverage* for details.

#### **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 for more information. You should also check the SRP *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.

Lifetime maximum **\$10,000**

**Note:** The maximum renews up to \$1,000 each year per covered person.

### A. BASIC MEDICAL BENEFITS (Not Subject to Deductible)

**Note:** All in-hospital care must be pre-authorized and monitored by the Plan's Utilization Review Organization. In an emergency, call (800) 533-0119 within 72 hours.

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

Semi-private room and board	<b>100%</b>
Maximum stay	<b>70 days</b>

Miscellaneous in-hospital services **100%**

Other covered expenses:

- Surgery

Surgeon	<b>\$32.10 per CPT unit</b>
Assistant surgeon	<b>15% of scheduled fees for surgeon</b>

- Anesthesia **\$32.10 per CPT unit**

- Injections **Not covered**

- X-rays and lab tests **\$50 maximum each six months per covered person**

- Ambulance **\$10 per trip**

- Doctor visits **\$1.46 per CPT unit**

Maximum each six months:

For you **\$300**

For your covered spouse **\$250**

**Note:** Each calendar year, doctor visit benefits begin from the first hospital visit (including emergency care if an accidental injury) and from the third visit for illness.

### 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**

### C. MAJOR MEDICAL BENEFITS (Subject to Deductible)

The Plan pays covered expenses for the following services and supplies (unless otherwise excluded). Once the calendar year deductible is met, Major Medical Benefits are paid in addition to the benefits explained above.

Deductible per calendar year  
Per covered person **\$100**

Outpatient surgery in acute care hospital **80% of UCR charges**

**Note:** UCR stands for Usual, Customary and Reasonable. If charges are higher than UCR, you pay the difference. Amounts above UCR don't count toward meeting deductibles, copayments or maximums. See the Guide to Your Benefits for more information.

Intensive care and surgery

Operating surgeon	<b>80% of scheduled fees at \$16.05 per CPT unit</b>
Assistant surgeon	<b>15% of scheduled fees for operating surgeon (above)</b>
Anesthesia	<b>80% of scheduled fees at \$16.05 per CPT unit</b>
Ambulance to nearest acute care hospital	<b>80% of UCR charges</b>
Rental of braces and durable medical equipment	<b>80% of UCR charges</b>
Initial artificial limbs, eyes or other prostheses	<b>80% of UCR charges</b>

### 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 co-insurance that begins with the 61st day of hospitalization. (Medicare pays all other covered hospital expenses.)

**Note:** The Plan's Pre-admission Certification and Utilization Review procedures are NOT required. When you are entitled to Medicare, benefits are determined by Medicare.

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

The Plan pays the annual Medicare deductibles and one-half of the 20% Medicare copayment up to the Medicare-approved amount. Medicare usually pays 80% of its approved allowances, called the Medicare-approved amount. Routine physical exams and injections are not covered.

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, in addition to one-half of the 20% copayment that Medicare does not pay. 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.

### 3. PRESCRIPTION DRUGS THROUGH PRESCRIPTION SOLUTIONS (For You and Your Covered Spouse)

The Plan pays for prescription drugs for Medicare-entitled participants in the same way as non-Medicare participants.

#### Outpatient Prescription Drugs

Generic or brand name drugs from a Prescription Solutions pharmacy

Copayment	
Generic	<b>\$5 per prescription</b>
Brand name	<b>\$10 per prescription</b>

**Note:** If you (or your doctor) order a brand name drug when a generic equivalent is available, you'll pay the cost difference between generic and brand name—in addition to the copayment above.

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

**Mail Service Program:** Prescriptions ordered through the Prescription Solutions Mail Service Program (100-day supply). (See rules above about brand name drugs.)

**Medicare Part D:** If you are Medicare-eligible and currently covered under TBT's Indemnity Plan do not enroll in a Medicare Part D program.

### 4. DENTAL BENEFITS (For You and Your Covered Spouse)

**Note:** The Plan pays for dental benefits for Medicare-entitled participants in the same way as non-Medicare participants. (In general, Medicare does NOT cover dental benefits.) The Indemnity Dental Plan pays benefits up to the maximum amounts shown in the Schedule of Dental Allowances.

Deductible per calendar year  
Per covered person **\$25**

Calendar year maximum

First year	<b>\$375</b>
Second year	<b>\$525</b>
Third year and up	<b>\$750</b>

**Note:** Amounts are also subject to your Plan's copayment percentages for the different types of dental care:

Preventive care	<b>100% of scheduled fees</b>
Restorative care	<b>75% of scheduled fees</b>
Major care	<b>50% of scheduled fees</b>

You are responsible for amounts higher than above. See the SRP Guide to Your Benefits and Schedule of Dental Allowances for details.

### 5. VISION CARE BENEFITS (For You and Your Covered Spouse)

**Note:** The Plan pays for vision care benefits for Medicare-entitled participants in the same way as non-Medicare participants. (In general, Medicare does NOT cover vision benefits.)

The Plan pays for the following vision care benefits provided by an ophthalmologist or optometrist. See the Vision Care section of the Guide to Your Benefits.

Complete eye exam **\$15**

Frequency of exam/refraction supplies

Frequency of lenses	<b>once in 12 months</b>
Frequency of frames	<b>once in 24 months</b>

Lenses (amount per visit)

Single vision	<b>\$7.50</b>
Bi-focal	<b>\$10</b>
Tri-focal	<b>\$12.50</b>
Lenticular	<b>\$20</b>

Frames **\$7.50**

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San Leandro, CA 94577-3247

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Fremont, CA 94538-2200

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2100 Merced Street, Suite B  
San Leandro, CA 94577-3247

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Fremont, CA 94538-2200

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2574 Barrington Court, Building A  
Hayward, CA 94545-1133

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39420 Liberty Street, Suite 260  
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, benefit and enrollment information, changes in marriage status, prescription cards and other questions.
<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 (unless Medicare-entitled).
<b>Medicare Hotline</b>	(800) 633-4227	Contact the Medicare hotline for address	For general Medicare information, enrollment details and claim filing.
<b>Prescription Solutions</b> <a href="http://www.rxsolutions.com">www.rxsolutions.com</a> Mail Service Program Specialty Pharmacy	(800) 797-9791  (800) 562-6223 (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>Western Conference of Teamsters Pension Trust Fund</b> <a href="http://www.wcftpension.org">www.wcftpension.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**.