
TEAMSTERS BENEFIT TRUST

SUMMARY OF COVERAGE



JULY 2023

Summary of Coverage—Plan I-85

This brochure is a summary of your Teamsters Benefit Trust (TBT) Plan benefits and is intended only to highlight core 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 I-85 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 under your Plan by completing a *Medical Option Form* (mailed to you with your TBT enrollment materials). The *Comparison of Medical Benefits* 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 the HMO's service area, call the HMO's customer service number printed on page 8.

Preferred Provider Organization (PPO) Network

The Indemnity Medical option pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury. If you choose the Indemnity Medical option, your out-of-pocket costs will be lower when you take

advantage of the Anthem Blue Cross preferred provider network (PPO). PPO hospitals, doctors, clinics and medical labs agree by contract to accept reduced rates and fee ceilings (which means important savings to you and TBT).

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 when you do not use PPO providers.

It is your responsibility to make sure that you are treated by PPO providers if you want medical claims to be paid at the PPO rates. The chart on page 5 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 or www.anthem.com. 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 PPO, TBT will coordinate benefits as if you received benefits from the primary plan under the primary plan's ordinary level of payment for PPO 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, there is a network of preferred providers outside of California. To locate the nearest PPO hospital, doctor, clinic or medical lab, you must call the Blue Card National Network at (800) 810-2583. For Pre-admission Certification, except for alcoholism or chemical dependency, call Anthem Blue Cross at (800) 274-7767.

No Surprises Act (Effective October 2022)

If you are treated at an out-of-network hospital or urgent care center, you must generally pay more out of pocket than if treated in a PPO hospital or urgent care center. The federal No Surprises Act provides that your out-of-pocket costs for the following out-of-network emergency claims will not be greater than if you were treated in-network:

- Emergency services.
- Services provided by an *out-of-network* doctor or other health care provider at an *in-network* hospital or urgent care center.
- Air ambulance services.

For claims subject to the No Surprises Act, the Plan's payment shall be applied to make what you and the Plan pay comparable to what would have been paid had the claim been incurred in a PPO facility. However, Non-PPO treatment that is not subject to the No Surprises Act will be paid as shown in the Schedule on page 5.

Pre-admission Certification and Utilization Review

Pre-admission Certification and Utilization Review are required to determine medical necessity for all non-emergency hospital stays and within 72 hours of an emergency admission. If your hospital stay is extended, you must request Pre-admission Certification for any extended days by calling Anthem Blue Cross at the number listed on page 8.

If your eligibility for coverage ends after you are admitted to the hospital, you must call the TBT Plan Administration Office to ask about options for extended eligibility.

Pre-admission Certification does not mean that your eligibility will be extended if you lose eligibility while in the hospital. California and non-California participants must call Anthem Blue Cross at (800) 274-7767.

Failure to obtain Pre-admission Certification and Utilization Review may result in a reduction of benefits. Charges for non-certified hospital days are not covered under the Plan.

When to Call

For inpatient admission or procedures, your provider must call Anthem Blue Cross before scheduling an inpatient stay (or to extend an existing 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 with Anthem Blue Cross in advance that Pre-admission Certification has been conducted before going to the hospital.

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. **Remember, non-emergency days in a hospital must be certified in advance by Anthem Blue Cross or the charges will not be covered.**

Alcohol or Chemical Dependency Benefit Review

The Teamsters Assistance Program (TAP) or Teamsters Alcohol/Drug Rehabilitation Program (TARP) are the Plan's review organizations to oversee all *alcohol and chemical dependency* treatment. TAP or TARP provide a network of alcohol or chemical dependency professionals and facilities in California.

Before seeking treatment for alcohol or chemical dependency, call TAP at (510) 562-3600 or (800) 253-TEAM. In the Central Valley, call TARP at (209) 572-6966 or (800) 522-8277.

Note: All Pre-admission Certification and Utilization Review procedures (described on this page) must also be met.

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 to you with your TBT enrollment materials) to apply for dental coverage. **Note:** New employees may only choose Option 2 (Bright Now! Dental) or Option 3 (United Healthcare 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 limitations and exclusions and claim review and denial procedures that are described in the enclosed *Guide to Your Benefits, Comparison of Medical Benefits* and *Comparison of Dental Benefits*. HMO limitations are described in the *Evidence of Coverage* brochures provided by each HMO. Copies of these materials are also 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.

TBT Pharmacy Benefit Manager (PBM)

TBT uses a Pharmacy Benefit Manager (PBM) that administers the retail pharmacy network and mail service program for Plan participants. The PBM is Anthem CarelonRx.

Prescription Drug ID Card and Welcome Packet

When the TBT Plan Administration Office processes your enrollment forms and sends your eligibility status to Anthem CarelonRx, a PBM welcome packet is mailed to your home (including program information, prescription ID cards, mail service details and formulary details).

What is Covered:

The Plan covers most medicines and drugs that are (1) prescribed under federal and state laws by a licensed doctor or dentist, (2) Medically Necessary for the patient's illness or injury, (3) fully approved by the U.S. Food and Drug Administration (FDA), (4) covered under the Anthem National Direct Formulary, and (5) not on the exclusion list called "What is Not Covered" in the *Guide to Your Benefits*.

Summary of Coverage—Plan I-85

Anthem National Direct Formulary

Your Plan has a formulary of preferred or non-preferred drugs called the Anthem National Direct Formulary maintained by Anthem CarelonRx. If you have formulary questions, call Anthem CarelonRx Customer Service at (833) 308-3034.

Medications Requiring Preauthorization

Certain medications (such as those listed below) require preauthorization:

- Opioids (including but not limited to fentanyl, oxycodone, hydrocodone, codeine and morphine).
- Non-Formulary drugs.
- Specialty drugs.
- Certain injectable drugs.

Preauthorization Process

The pharmacist will explain if the PBM billing program requests preauthorization for your medication. Your doctor must call the Anthem CarelonRx Customer Service at (833) 308-3034 and request preauthorization.

Specialty Drugs Pharmacy—Accredo

Specialty pharmaceuticals are new or expensive medications that may require special storage, handling, administration and education. They require preauthorization, are limited to a 30-day supply and must be processed through a *special pharmacy* called “Accredo.” Your doctor must call the Anthem CarelonRx Customer Service at (833) 308-3034 and request a Specialty Drug preauthorization. Anthem CarelonRx will coordinate the pre-authorization process with the Accredo pharmacy that will contact you to make delivery arrangements.

Extension of Coverage 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 *Extension of Coverage*

while Totally Disabled in the *Guide to Your Benefits*), coverage for you and your covered dependents may 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. Call TBT 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 Coverage 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*.

Disability Income Benefit for Plan I-85 Employees

You may be eligible for a weekly income benefit if you become Totally Disabled while eligible under your TBT Plan (see definition below).

The Plan pays you a disability income of \$40 per week for up to 26 weeks as long as you were eligible for benefits at the time you became disabled. The daily rate is one-seventh of the weekly rate.

Filing a Disability Claim

1. Request a *Proof of Disability Claim Form* by calling the TBT Plan Administration Office at 800-533-0119 or downloading from www.tbtfund.org/forms.
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.

Life Insurance

Your Plan provides life insurance benefits. Be sure to complete the Plan’s *Beneficiary Designation Form*. Contact the TBT Plan Administration Office for details.

Dependent Life Insurance

Your Plan also provides dependent life insurance benefits. Enrollment is automatic for your covered dependents. Contact the TBT Plan Administration Office 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 or dependents do not live with you, let them know that all TBT mail will be sent to your address.

Open Enrollment

You can change your TBT medical and dental options once a year. After your initial election of medical and dental options, you may change them once every 12 months. See the *Guide to Your Benefits* or contact the TBT Plan Administration Office for details.

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)

PLAN I-85 SCHEDULE OF BENEFITS: YOUR MEDICAL BENEFITS

<p>1. INDEMNITY MEDICAL OPTION (For You and Your Covered Dependents)</p> <p>Pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury for you and your covered dependents.</p> <table border="0"> <tr> <td>Calendar year maximum</td> <td style="text-align: right;">None</td> </tr> <tr> <td>Deductible per calendar year</td> <td></td> </tr> <tr> <td> Per covered person</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td> Family maximum</td> <td style="text-align: right;">\$150</td> </tr> <tr> <td>Carryover</td> <td></td> </tr> </table> <p style="text-align: center;">Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible</p>	Calendar year maximum	None	Deductible per calendar year		Per covered person	\$50	Family maximum	\$150	Carryover		<p>F. PREVENTIVE CARE</p> <p>All applicable preventive care services required by the Affordable Care Act for you and your dependents.</p> <table border="0"> <tr> <td>Calendar year maximum</td> <td style="text-align: right;">None</td> </tr> <tr> <td>PPO</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Non-PPO</td> <td style="text-align: right;">90% of UCR</td> </tr> </table>	Calendar year maximum	None	PPO	100%	Non-PPO	90% of UCR	<p>L. CHIROPRACTIC TREATMENT (Not Subject to Deductible)</p> <p>Initial visit and diagnostic x-rays do not count against the maximums below and are subject to the deductible:</p> <table border="0"> <tr> <td>Calendar year maximum</td> <td style="text-align: right;">\$1,250</td> </tr> <tr> <td>Per visit covered expense maximum</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td>PPO</td> <td style="text-align: right;">100% to \$25</td> </tr> <tr> <td>Non-PPO</td> <td style="text-align: right;">100% of UCR to \$25</td> </tr> </table> <p><i>Note: There is a separate \$300 maximum per covered person per calendar year for treatment of muscle spasms, soft tissue or back strain.</i></p>	Calendar year maximum	\$1,250	Per visit covered expense maximum	\$25	PPO	100% to \$25	Non-PPO	100% of UCR to \$25
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<p>NO SURPRISES ACT Some emergency services may be subject to the No Surprises Act (explained in column 3).</p>	<p>G. DIAGNOSTIC X-RAY AND LAB</p> <table border="0"> <tr> <td>PPO</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Non-PPO</td> <td style="text-align: right;">80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</td> </tr> </table> <p><i>Note: For preventive care services, see Section F. above. Routine mamograms follow guidelines of American Cancer Society.</i></p>	PPO	100%	Non-PPO	80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter	<p>NO SURPRISES ACT If you are treated at an out-of-network hospital or urgent care center, you must generally pay more out of pocket than if treated in a PPO hospital or urgent care center. The federal No Surprises Act provides that your out-of-pocket costs for the following out-of-network emergency claims will not be greater than if you were treated in-network:</p> <ul style="list-style-type: none"> • Emergency services • Services provided by an out-of-network doctor or other health care provider at an in-network hospital or urgent care center, and • Air ambulance services. <p><i>For claims subject to the No Surprises Act, the Plan's payment shall be applied to make what you and the Plan pay comparable to what would have been paid had the claim been incurred in a PPO facility.</i></p> <p><i>However, Non-PPO treatment that is not subject to the No Surprises Act will be paid as shown on this page.</i></p>																				
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<p>A. HOSPITAL BENEFITS</p> <p><i>Note: Pre-admission Certification by Anthem Blue Cross is required for all non-emergency hospital stays and within 72 hours of emergency admission. See page 3 and Guide to Your Benefits.</i></p> <table border="0"> <tr> <td>Inpatient (not subject to deductible)</td> <td></td> </tr> <tr> <td> PPO</td> <td style="text-align: right;">100%</td> </tr> <tr> <td> Non-PPO</td> <td style="text-align: right;">50% of UCR</td> </tr> <tr> <td>Outpatient (subject to deductible)</td> <td></td> </tr> <tr> <td> PPO</td> <td style="text-align: right;">80%</td> </tr> <tr> <td> Non-PPO</td> <td style="text-align: right;">80% of UCR to \$5,000 per calendar year and 100% of UCR thereafter</td> </tr> </table> <p><i>Exception: Outpatient Surgery hospital charges—or charges for accident within 24 hours.</i> 100% of PPO or UCR</p>	Inpatient (not subject to deductible)		PPO	100%	Non-PPO	50% of UCR	Outpatient (subject to deductible)		PPO	80%	Non-PPO	80% of UCR to \$5,000 per calendar year and 100% of UCR thereafter	<p>H. SKILLED NURSING FACILITY</p> <p>Room and board (within 7 days of inpatient hospital stay)</p> <table border="0"> <tr> <td>PPO</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Non-PPO</td> <td style="text-align: right;">80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</td> </tr> <tr> <td>Per disability maximum</td> <td style="text-align: right;">60 days</td> </tr> </table>	PPO	100%	Non-PPO	80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter	Per disability maximum	60 days	<p>MENTAL HEALTH PARITY ACT This federal act requires that coverage for mental health and alcohol or chemical dependency treatment—sometimes collectively referred to as behavioral health services—should be no more restrictive than coverage for other medical conditions, as listed under A. Hospital Benefits and E. Doctor Visits (both in column 1).</p> <p>Medical Services, Mental Health and Alcohol or Chemical Dependency Treatment claims are accumulated to meet the same medical benefit deductible and out-of-pocket limit.</p>						
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<p>B. ACCIDENT EXPENSE BENEFIT (Not Subject to Deductible)</p> <table border="0"> <tr> <td>Treatment within three months of accident date</td> <td></td> </tr> <tr> <td> PPO</td> <td style="text-align: right;">100% to \$300</td> </tr> <tr> <td> Non-PPO</td> <td style="text-align: right;">100% of UCR to \$300</td> </tr> </table>	Treatment within three months of accident date		PPO	100% to \$300	Non-PPO	100% of UCR to \$300	<p>I. MENTAL HEALTH SERVICES—IN HOSPITAL</p> <p>Same as Section A. Hospital Benefits in column 1.</p>																			
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<p>C. AMBULANCE</p> <table border="0"> <tr> <td>PPO</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Non-PPO</td> <td style="text-align: right;">80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</td> </tr> </table> <p><i>Note: Air ambulance claims are subject to the No Surprises Act (explained in column 3).</i></p>	PPO	100%	Non-PPO	80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter	<p>J. MENTAL HEALTH SERVICES—IN MEDICAL OFFICES</p> <p>Same as Section E. Doctor Visits in column 1.</p>																					
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<p>D. SURGERY (PHYSICIAN SERVICES)</p> <table border="0"> <tr> <td>PPO</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Non-PPO</td> <td style="text-align: right;">80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</td> </tr> </table>	PPO	100%	Non-PPO	80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter	<p>K. ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT (Not Subject to Deductible)</p> <p><i>Hospital admission must be pre-certified and monitored by Teamsters Assistance Program (TAP) or Teamsters Alcohol/Drug Rehabilitation Program (TARP) for all non-emergency hospital stays and within 72 hours of emergency admission. See Guide to Your Benefits.</i></p> <p><i>Note: All Pre-admission Certification and Utilization Review procedures (described on this page and page 3) must also be met.</i></p> <p>Alcohol or Chemical Dependency Treatment benefits are the same as Section A. Hospital Benefits and Section E. Doctor Visits (both in column 1).</p>																					
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<p>E. DOCTOR VISITS</p> <table border="0"> <tr> <td>PPO</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>Non-PPO</td> <td style="text-align: right;">80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</td> </tr> </table>	PPO	100%	Non-PPO	80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter																						
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Summary of Coverage—Plan I-85

PLAN I-85 SCHEDULE OF BENEFITS: YOUR OTHER BENEFITS

<p>2. PRESCRIPTION DRUGS THROUGH ANTHEM CARELONRx (For You and Your Covered Dependents)</p> <p>Outpatient prescription drugs using your Anthem CarelonRx ID card Generic or brand name drugs from Anthem CarelonRx retail pharmacy 100%</p> <p>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 only when there is no generic equivalent.</p> <p>Mail Service Program: Prescriptions ordered through Anthem CarelonRx Mail Service Program have the same coverage as above.</p> <p>Pre-authorization Requirements: Specialty drugs and many injectable medications require the prescribing doctor to request pre-authorization before they may be covered. These specialty drugs may also be limited to a 30-day supply (unless covered under your HMO).</p> <p>Pre-authorization Steps: Your doctor must call Anthem CarelonRx at (833) 293-0659 to request a prior authorization form. The doctor's completed form may be sent to Anthem CarelonRx in one of these ways:</p> <ul style="list-style-type: none"> • By fax to (844) 474-3347, or • Online by logging into CoverMyMeds or SureScripts. <p>Once approved, these drugs are not available through retail pharmacies. You must set up an account with Accredo to confirm shipping details by calling (800) 803-2523. Note: Accredo is a specialty drugs pharmacy managed by Anthem CarelonRx.</p> <p>See <i>Guide to Your Benefits</i> for more information about prescription drugs.</p>	<p>3. DENTAL BENEFITS (For You and Your Covered Dependents)</p> <p>See the Dental Options section on page 3 for details about your Plan's dental options and the waiting period for new TBT participants. The <i>Comparison of Dental Benefits</i> briefly explains each dental option.</p> <p>Provided through the Indemnity Dental option—</p> <table border="0"> <tr> <td>Calendar year maximum per covered person</td> <td>Option 1</td> <td>None</td> </tr> <tr> <td>Delta participating dentist</td> <td>90% of covered preventive, basic and major dental expenses</td> <td></td> </tr> <tr> <td>Non-Delta dentist</td> <td>90% of UCR charges for covered preventive, basic and major expenses</td> <td></td> </tr> <tr> <td>Orthodontia</td> <td>70% of covered orthodontia expenses per covered person up to \$2,000 lifetime maximum</td> <td></td> </tr> </table> <p>Note: Treatment for temporomandibular joint dysfunction (TMJ) must be authorized in advance. When pre-authorized, the Plan pays 70% of specific covered charges up to a lifetime maximum of \$1,000. See <i>Guide to Your Benefits</i>.</p> <p>4. VISION CARE BENEFITS (For You and Your Covered Dependents)</p> <p>Provided through the Vision Service Plan (VSP) network See <i>Vision Care</i> section of the <i>Guide to Your Benefits</i>.</p> <p>VSP eye care professional 100% of covered charges</p> <p>Frequency of service:</p> <table border="0"> <tr> <td>Vision exam</td> <td>once in 12 months</td> </tr> <tr> <td>Lenses</td> <td>once in 12 months</td> </tr> <tr> <td>Basic frames</td> <td>once in 24 months</td> </tr> </table> <p>See Vision Care section of <i>Guide to Your Benefits</i> for:</p> <ul style="list-style-type: none"> • Non-VSP eye care professional benefits • Contact lens benefits • Cosmetic options <p>Note: Non-VSP provider benefits are limited.</p>	Calendar year maximum per covered person	Option 1	None	Delta participating dentist	90% of covered preventive, basic and major dental expenses		Non-Delta dentist	90% of UCR charges for covered preventive, basic and major expenses		Orthodontia	70% of covered orthodontia expenses per covered person up to \$2,000 lifetime maximum		Vision exam	once in 12 months	Lenses	once in 12 months	Basic frames	once in 24 months	<p>5. DISABILITY INCOME BENEFIT (For You Only—See Page 4)</p> <table border="0"> <tr> <td>Weekly benefit</td> <td>\$40</td> </tr> <tr> <td>Maximum benefit period</td> <td>26 Weeks</td> </tr> </table> <p>6. LIFE INSURANCE BENEFIT (See Page 4)</p> <p>Survivors must file claim within 12 calendar months of event</p> <table border="0"> <tr> <td>Your death</td> <td>\$10,000</td> </tr> </table> <p>7. ACCIDENTAL DEATH & DISMEMBERMENT (For You Only)</p> <p>Survivors must file claim within 12 calendar months of event</p> <table border="0"> <tr> <td>Your accidental death:</td> <td></td> </tr> <tr> <td> Your accidental death</td> <td>\$10,000</td> </tr> <tr> <td> Loss of any two: Hand, foot, sight of one eye</td> <td>\$10,000</td> </tr> <tr> <td> Loss of one hand or one foot</td> <td>\$5,000</td> </tr> <tr> <td> Loss of sight in one eye</td> <td>\$5,000</td> </tr> </table> <p>8. DEPENDENT LIFE INSURANCE (See Page 4)</p> <p>Survivors must file claim within 12 calendar months of event</p> <table border="0"> <tr> <td>Death of spouse</td> <td>\$1,000</td> </tr> <tr> <td>Death of children (including legally adopted children):</td> <td></td> </tr> <tr> <td> Newborns (14 days to 6 months)</td> <td>\$100</td> </tr> <tr> <td> Other children (7 months to 21 years)</td> <td>\$1,000 each</td> </tr> </table>	Weekly benefit	\$40	Maximum benefit period	26 Weeks	Your death	\$10,000	Your accidental death:		Your accidental death	\$10,000	Loss of any two: Hand, foot, sight of one eye	\$10,000	Loss of one hand or one foot	\$5,000	Loss of sight in one eye	\$5,000	Death of spouse	\$1,000	Death of children (including legally adopted children):		Newborns (14 days to 6 months)	\$100	Other children (7 months to 21 years)	\$1,000 each
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Basic frames	once in 24 months																																											
Weekly benefit	\$40																																											
Maximum benefit period	26 Weeks																																											
Your death	\$10,000																																											
Your accidental death:																																												
Your accidental death	\$10,000																																											
Loss of any two: Hand, foot, sight of one eye	\$10,000																																											
Loss of one hand or one foot	\$5,000																																											
Loss of sight in one eye	\$5,000																																											
Death of spouse	\$1,000																																											
Death of children (including legally adopted children):																																												
Newborns (14 days to 6 months)	\$100																																											
Other children (7 months to 21 years)	\$1,000 each																																											

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
Website: 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 page 8.

Office hours are from 8:00 a.m. to 5:00 p.m. PT, Monday through Friday (except holidays). Customer service hours are from 8:30 a.m. to 5:00 p.m. PT, Monday through Friday (except holidays).

Noticia en Español

Si usted tiene dificultad en entender alguna parte de este folleto, o necesita más información, comuníquese con la Oficina de Administración del Plan TBT al domicilio que se encuentra en esta página.

Horas de oficina: 8:00 a.m. a 5:00 p.m. PT, Lunes a Viernes (excepto días festivos). Horas de Servicio al Cliente: 8:30 a.m. a 5:00 p.m. PT, Lunes a Viernes (excepto días festivos). El número de teléfono es (510) 796-4676 o (800) 533-0119.

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Teamsters Benefit Trust (TBT) Contacts

Provider List	Phone Numbers	Address	Reasons to Call
TBT Plan Administration Office www.tbtfund.org email: info@tbtfund.org	(510) 796-4676 (800) 533-0119	39420 Liberty Street, #260 Fremont, CA 94538-2200	TBT eligibility questions, enrollment forms (including HMOs), changes in family status, Open Enrollment forms, Employer contributions, Indemnity and PPO claims, disability waivers application, life and accidental death & dismemberment claims and other questions.*
Accredo Specialty Pharmacy www.accredo.com	(833) 255-0645 or (800) 803-2523	P.O. Box 954041 St. Louis, MO 63195	Handles delivery of preauthorized Specialty medications and refills.* See website for app.
Anthem CarelonRx (Pharmacy Network) www.anthem.com/ca Preauthorization Help Desk Mail Service Program Accredo Specialty Pharmacy	(833) 308-3034 (833) 293-0659 (833) 236-6196 (833) 255-0645	P.O. Box 52065 Phoenix, AZ 85072-2065	Anthem CarelonRx Pharmacy Program Customer Service Unit: Call (833) 308-3034 for Formulary and covered drugs questions, network pharmacies and Rx ID Cards. Contact TBT Plan Administration Office for other prescription-related service issues.
Anthem Blue Cross Life & Health www.anthem.com/ca	(800) 274-7767	P.O. Box 60007 Los Angeles, CA 90060	Hospital Pre-admission Certification and Utilization Review or for appeals.*
Anthem Blue Cross PPO Network www.anthem.com/ca	(888) 887-3725	P.O. Box 60007 Los Angeles, CA 90060	Find Preferred Providers In the Blue Cross PPO Network. Contact for appeals.* Order Anthem Blue Cross PPO ID Cards. See website for app.
Anthem Blue Cross Blue Shield National Network (Outside CA) www.bcbs.com	(800) 810-2583	P.O. Box 60007 Los Angeles, CA 90060	Outside California: Find Preferred Provider Hospitals, PPO network physicians and other PPO providers.*
Anthem Blue Cross HMO Plan www.anthem.com	(800) 227-3670	P.O. Box 60007 Los Angeles, CA 90060	Blue Cross HMO Plan benefit questions* Anthem website lists Network Physicians. Order Blue Cross HMO ID Cards or request to file an appeal. See Anthem website for app.
LiveHealth Online (Indemnity Medical PPO only) www.livehealthonline.com	(888) 548-3432		Schedule phone or video telehealth visits with board-certified doctors that are not subject to Plan Deductible or Copayments. See website for app.
Healthy Lifestyles (HMC HealthWorks) https://tbt.hmchealthworksco.com	(855) 888-2144		Health coaches and wellness resources for chronic medical conditions.*
Kaiser Member Services www.kaiserpermanente.org	(800) 464-4000	1800 Harrison, 9th Floor Oakland, CA 94612-2998	HMO benefit questions.* Order Kaiser ID Cards. See Kaiser website for app.
Delta Dental www.deltadentalca.org	(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 or appeals, call (800) 427-3237 or visit the Delta Dental website.
Bright Now! Dental Newport Option www.brightnow.org	(800) 497-6453 (714) 668-1300	8105 Irvine Center Drive Irvine, CA 92618	Dental Option 2 benefit questions, network provider questions and service issues.*
United Healthcare Dental www.uhc.com/myhc	(800) 445-9090	P.O. Box 30567 Salt Lake City, UT 84130-0567	Dental Option 3 benefit questions, network provider questions and service issues.*
Vision Service Plan www.vsp.com	(800) 877-7195	P.O. Box 997100 Sacramento, CA 95899-0001	Vision benefit questions, billing questions and network provider questions.*
Teamsters Assistance Program (TAP)	(510) 562-3600 (800) 253-TEAM	300 Pendleton Way Oakland, CA 94621-2109	Alcohol or chemical dependency matters including inpatient programs in the San Francisco Bay Area.*
Teamsters Alcohol/Drug Rehabilitation Program (TARP)	(209) 572-6966 (800) 522-8277	1620 N. Carpenter Road, #C-12 Modesto, CA 95351-1158	Alcohol or chemical dependency matters including inpatient programs in the Central Valley.*
Prudential Life Insurance www.prudential.com	(800) 524-0542	P.O. Box 1215 Newark, NJ 07101-1215	First call the TBT Plan Administration Office.
Western Conference of Teamsters Pension Trust Fund www.wctpension.org	(650) 570-7300 (800) 845-4162	355 Gellert Blvd., #100 Daly City, CA 94015-2666	All WCT pension matters.

* **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. You may also download forms from the TBT website at www.tbtfund.org.