
TEAMSTERS BENEFIT TRUST

COMPARISON OF MEDICAL BENEFITS



JULY 2023

Comparison of Medical Benefits—Plan I

SUMMARY: Read this *Comparison of Medical Benefits* to choose your medical option when filling out your **TBT Enrollment Form**. Your medical option must be the same for you and your covered dependents.

For a full Plan description, refer to the specific Plan materials (*Guide to Your Benefits, Summary of Coverage, Plan Change Notices, Summary of Material Modifications* or *HMO Evidence of Coverage*).

HMO: Your Plan offers Kaiser and Anthem Blue Cross HMOs. Refer to each HMO's *Evidence of Coverage* for details and enrollment requirements.

PPO/Non-PPO: Your *Summary of Coverage* shows the difference between PPO and non-PPO coverage under the Indemnity Medical Plan. PPO claims are paid based on PPO contract rates. All non-PPO claims are paid based on Usual, Customary and Reasonable (UCR) charges, usually resulting in higher out-of-pocket expenses for you. Check that a doctor, hospital, lab or clinic is a PPO provider before receiving services by calling Anthem Blue Cross at (888) 887-3725. Outside California, call (800) 810-2583 for PPO Providers.

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

NO SURPRISES ACT: Non-PPO emergency treatment is paid as required by the No Surprises Act (explained on last page).

MENTAL HEALTH PARITY ACT: Coverage for mental health and alcohol or chemical dependency treatment should be no more restrictive than coverage for other medical conditions. Indemnity medical claims for mental health and alcohol or chemical dependency are accumulated to meet the same medical benefit deductible and out-of-pocket limit applicable to claims for other types of medical care.

SELF-FUNDED OPTION: INDEMNITY MEDICAL PLAN ANTHEM BLUE CROSS PPO	
MEDICAL BENEFITS	Deductible per calendar year: Per covered person \$50 Family maximum \$150 <i>Carryover: Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible.</i>
A. Hospital Benefits <i>Note: Under the Indemnity Medical option, all in-hospital care must be pre-certified and monitored by Anthem Blue Cross at (800) 274-7767. In an emergency, call within 72 hours of admission.</i>	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; 100% of UCR thereafter <i>Exception: Outpatient Surgery hospital charges—or charges for accident within 24 hours of accident—with no deductible. 100% of PPO or UCR</i>
B. Accident Expense Benefit	PPO 100% to \$300 Non-PPO 100% of UCR to \$300 <i>First \$300 not subject to deductible. Treatment within 3 months of accident.</i>
C. Ambulance	PPO 100% <i>Note: Air ambulance claims are protected by the No Surprises Act (explained on this page).</i> Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter
D. Surgery (Physician Services)	PPO 100% Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter
E. Doctor Visits	PPO 100% Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter
F. Preventive Care	<i>All applicable preventive care services required by the Affordable Care Act for you and your dependents.</i> PPO 100% Non-PPO 90% of UCR
G. Diagnostic X-Ray and Lab	PPO 100% Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter <i>Note: For preventive care services, see G. Preventive Care (above). Routine mammograms follow American Cancer Society guidelines.</i>
H. Skilled Nursing Facility	Per disability maximum 60 days Room and board (within seven days of an in-hospital stay) PPO 100% Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter
I. Mental Health Services in Hospital	Same as A. Hospital Benefits (above). <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 your Summary of Coverage.</i>
J. Mental Health Services in Medical Offices	Same as E. Doctor Visits (above).
K. Treatment for Alcohol or Chemical Dependency <i>Call TAP: (800) 253-TEAM or (510) 562-3600. In Central Valley, call TARP: (800) 522-8277 or (209) 572-6966.</i>	Same as A. Hospital Benefits and E. Doctor Visits (above). <i>Note: Hospital admission must be pre-certified and monitored by Teamsters Assistance Program (TAP) or Teamsters Alcohol/Drug Rehabilitation Program (TARP) for all non-emergency stays and within 72 hours of emergency admission. All Pre-admission Certification and Utilization Review procedures must also be met. See your Summary of Coverage.</i>
L. Chiropractic <i>(Not Subject to Deductible)</i>	Initial visit and diagnostic x-rays do not count against the maximums and are subject to the deductible: PPO 100% to \$25 Non-PPO 100% of UCR to \$25 Per visit covered expense maximum \$25 Calendar year maximum \$1,250 <i>Note: Separate \$300 calendar year maximum for muscle spasms, soft tissue or back strain.</i>
M. Prescription Drugs—Outpatient	Generic drugs from Anthem CarelonRx participating pharmacies 100% <i>Note: If you or your doctor order a brand name drug when a generic is available, you also pay the cost difference between generic and brand name.</i> Mail Service and Specialty Drugs: For details about these prescription drug benefits through Anthem CarelonRx, see your <i>Summary of Coverage and Guide to Your Benefits</i> . <i>Note: Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.</i>

Teamsters Benefit Trust (TBT)

HEALTH MAINTENANCE ORGANIZATION (HMO) OPTIONS

KAISER		ANTHEM BLUE CROSS HMO	
Deductible per calendar year Copayments apply to specified services	none	Deductible per calendar year Copayments apply to specified services	none
Physician and surgeon services	no charge	Physician and surgeon services	no charge
Intensive care/cardiac care	no charge	Intensive care/cardiac care	no charge
Room and board	no charge	Room and board	no charge
Laboratory and x-ray	no charge	Laboratory and x-ray	no charge
Physical therapy	no charge	Physical therapy	no charge
Administered medications	no charge	Administered medications	no charge
Other necessary services and supplies	no charge	Other necessary services and supplies	no charge
Emergency room	no charge	Emergency room	\$35—Waived if admitted
No similar benefit		No similar benefit	
Within Kaiser's service area when approved by a Kaiser physician	no charge	In connection with an authorized confinement/valid emergency	no charge
Physician and surgeon services	no charge	Physician and surgeon services	no charge
Office visits, check-ups, exams, OB/GYN	no charge	Office visits, check-ups, exams, OB/GYN	no charge
Hearing and vision exams	no charge	Hearing and vision exams	no charge
Physical therapy visits	no charge	Physical therapy visits	no charge
Allergy test injection visits	no charge	Allergy test injection visits	no charge
Administered medications, injections	no charge	Administered medications, injections	no charge
Laboratory and x-ray	no charge	Laboratory and x-ray	no charge
Similar preventive care	no charge	Similar preventive care	no charge
Laboratory, x-ray and other tests	no charge	Laboratory, x-ray and other tests	no charge
Skilled nursing facility care at authorized facility	no charge up to 100 days per benefit period	Skilled nursing facility care at authorized facility	no charge up to 100 days per benefit period
In-hospital care	no charge	In-hospital care Severe mental health illness benefits	no charge unlimited visits
Individual care Group therapy	no charge no charge	Outpatient care Severe mental health illness benefits	no charge no charge
Inpatient detox	no charge	Inpatient hospitalization	no charge
Individual substance use disorder evaluation and treatment	no charge	Individual substance use disorder treatment	no charge
Group substance use disorder evaluation and treatment	no charge	Group substance use disorder evaluation and treatment	no charge
Intensive outpatient and day treatment programs	no charge	Intensive outpatient and day treatment programs	no charge
Residential substance use disorder treatment	no charge	Residential substance use disorder treatment	no charge
See Kaiser <i>Evidence of Coverage and Disclosure</i> form.		See Anthem Blue Cross HMO <i>Evidence of Coverage and Disclosure</i> form.	
Not covered See Kaiser <i>Evidence of Coverage and Disclosure</i> form.		Covered See Anthem Blue Cross <i>Evidence of Coverage and Disclosure</i> form.	no charge
Generic drugs from Anthem CarelonRx participating pharmacies Note: If you or your doctor order a brand name drug when a generic is available, you also pay the cost difference between generic and brand name. 100%		Generic drugs from Anthem CarelonRx participating pharmacies Note: If you or your doctor order a brand name drug when a generic is available, you also pay the cost difference between generic and brand name. 100%	
Mail Service and Specialty Pharmacy: For details about these prescription drug benefits through Anthem CarelonRx, see your <i>Summary of Coverage and Guide to Your Benefits</i> . Note: Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.		Mail Service and Specialty Pharmacy: For details about these prescription drug benefits through Anthem CarelonRx, see your <i>Summary of Coverage and Guide to Your Benefits</i> . Note: Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.	

Comparison of Medical Benefits—Plan I (Continued)

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Telephone Numbers for Additional Information	TBT Plan Administration Office: (510) 796-4676 (800) 533-0119 Anthem Blue Cross: PPO Network: (888) 887-3725	(800) 464-4000 Refer to the HMO’s Evidence of Coverage for details and enrollment requirements.	(800) 624-8822 Refer to the HMO’s Evidence of Coverage for details and enrollment requirements.																																																																																										
Service Area	No geographic limitations in the United States.	<p>The service area of this Plan is the geographical area within a 30-mile radius of any Kaiser Permanente medical facility in the following counties:</p> <table><tr><td>Alameda</td><td>Sacramento</td></tr><tr><td>Amador</td><td>San Bernardino</td></tr><tr><td>Contra Costa</td><td>San Diego</td></tr><tr><td>El Dorado</td><td>San Francisco</td></tr><tr><td>Fresno</td><td>San Joaquin</td></tr><tr><td>Imperial</td><td>San Mateo</td></tr><tr><td>Kern</td><td>Santa Clara</td></tr><tr><td>Kings</td><td>Santa Cruz</td></tr><tr><td>Los Angeles</td><td>Solano</td></tr><tr><td>Madera</td><td>Sonoma</td></tr><tr><td>Marin</td><td>Stanislaus</td></tr><tr><td>Mariposa</td><td>Sutter</td></tr><tr><td>Napa</td><td>Tulare</td></tr><tr><td>Orange</td><td>Ventura</td></tr><tr><td>Placer</td><td>Yolo</td></tr><tr><td>Riverside</td><td>Yuba</td></tr></table> <p>For information about services available where you live, contact Kaiser Membership Services at (800) 464-4000.</p>	Alameda	Sacramento	Amador	San Bernardino	Contra Costa	San Diego	El Dorado	San Francisco	Fresno	San Joaquin	Imperial	San Mateo	Kern	Santa Clara	Kings	Santa Cruz	Los Angeles	Solano	Madera	Sonoma	Marin	Stanislaus	Mariposa	Sutter	Napa	Tulare	Orange	Ventura	Placer	Yolo	Riverside	Yuba	<p>Anthem Blue Cross HMO is offered in the following counties:</p> <table><tr><td>Alameda</td><td>Orange</td></tr><tr><td>Alpine</td><td>Placer</td></tr><tr><td>Amador</td><td>Plumas</td></tr><tr><td>Butte</td><td>Riverside</td></tr><tr><td>Calaveras</td><td>Sacramento</td></tr><tr><td>Colusa</td><td>San Benito</td></tr><tr><td>Contra Costa</td><td>San Bernardino</td></tr><tr><td>Del Norte</td><td>San Diego</td></tr><tr><td>El Dorado</td><td>San Francisco</td></tr><tr><td>Fresno</td><td>San Joaquin</td></tr><tr><td>Glenn</td><td>San Luis Obispo</td></tr><tr><td>Humboldt</td><td>San Mateo</td></tr><tr><td>Imperial</td><td>Santa Barbara</td></tr><tr><td>Inyo</td><td>Santa Clara</td></tr><tr><td>Kern</td><td>Santa Cruz</td></tr><tr><td>Kings</td><td>Shasta</td></tr><tr><td>Lake</td><td>Sierra</td></tr><tr><td>Lassen</td><td>Siskiyou</td></tr><tr><td>Los Angeles</td><td>Solano</td></tr><tr><td>Madera</td><td>Sonoma</td></tr><tr><td>Marin</td><td>Stanislaus</td></tr><tr><td>Mariposa</td><td>Sutter</td></tr><tr><td>Mendocino</td><td>Tehama</td></tr><tr><td>Merced</td><td>Trinity</td></tr><tr><td>Modoc</td><td>Tulare</td></tr><tr><td>Mono</td><td>Tuolumne</td></tr><tr><td>Monterey</td><td>Ventura</td></tr><tr><td>Napa</td><td>Yolo</td></tr><tr><td>Nevada</td><td>Yuba</td></tr></table> <p>For information about services available where you live, contact Anthem Blue Cross HMO at (800) 624-8822.</p>	Alameda	Orange	Alpine	Placer	Amador	Plumas	Butte	Riverside	Calaveras	Sacramento	Colusa	San Benito	Contra Costa	San Bernardino	Del Norte	San Diego	El Dorado	San Francisco	Fresno	San Joaquin	Glenn	San Luis Obispo	Humboldt	San Mateo	Imperial	Santa Barbara	Inyo	Santa Clara	Kern	Santa Cruz	Kings	Shasta	Lake	Sierra	Lassen	Siskiyou	Los Angeles	Solano	Madera	Sonoma	Marin	Stanislaus	Mariposa	Sutter	Mendocino	Tehama	Merced	Trinity	Modoc	Tulare	Mono	Tuolumne	Monterey	Ventura	Napa	Yolo	Nevada	Yuba
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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. You may also change your medical or dental option if you are enrolled in an HMO and move outside of the HMO service area. Contact the TBT Plan Administration Office for details.

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. However, the 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 at an in-network facility:

- 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.

Mental Health Parity Act: This law 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* inside.

Indemnity Medical claims for mental health and alcohol or chemical dependency are accumulated to meet the same medical benefit deductible and out-of-pocket limit applicable to claims for other types of medical care.

This Comparison of Medical Benefits is only a summary of the coverage actually provided by each of the specified programs. All exclusions and limitations of benefit coverage have not been listed and may vary by TBT Plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Teamsters Benefit Trust Summary Plan Description for your TBT Plan or the contracts or Evidence of Coverage with Kaiser or Anthem Blue Cross HMO, which control in case of conflict. To maintain the financial stability of the Plan and Trust, the Board of Trustees reserves the right to change the benefits, deductibles or copayments or to terminate the Plan at any time.