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

COMPARISON OF MEDICAL BENEFITS



JULY 2023

Comparison of Medical Benefits—Plan VI

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 Carryover: Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible.	Calendar year deductible (combined medical/prescription drug): Per covered person \$250 Per covered person—Non-PPO \$500 Family maximum—PPO \$500 Family maximum—Non-PPO \$1,000
A. Hospital Benefits 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.	INPATIENT: PPO (Not subject to deductible) 80% to \$15,000 per calendar year; 100% thereafter Non-PPO (Subject to deductible) 50% of UCR OUTPATIENT: (Subject to deductible) 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
B. Ambulance	PPO 80% to \$15,000 per calendar year; 100% thereafter Note: Air ambulance claims are protected by the No Surprises Act (explained on this page). 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	All applicable preventive care services required by the Affordable Care Act for you and your dependents. PPO (after \$10 copayment) 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 Note: Mammograms follow American Cancer Society guidelines. Routine mammograms are covered annually beginning at age 40.
G. Skilled Nursing Facility	Room and board (within seven days of an in-hospital stay) 60 Days Per disability maximum 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	Same as A. Hospital Benefits (above). 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 <i>Summary of Coverage</i> .
I. Mental Health Services in Medical Offices	Same as D. Doctor Visits (above).
J. Treatment for Alcohol and Chemical Dependency Call TAP: (800) 253-TEAM or (510) 562-3600. In Central Valley, call TARP: (800) 522-8277 or (209) 572-6966.	Same as A. Hospital Benefits and D. Doctor Visits (above). 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 <i>Summary of Coverage</i> .
K. Chiropractic (Not Subject to Deductible)	Initial visit and diagnostic x-rays do not count against the maximums and are subject to the deductible: 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
L. Prescription Drugs—Outpatient	Generic drugs from Anthem Carelton Rx participating pharmacies \$5 Generic/\$10 Brand 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. Mail Service and Specialty Drugs: For details about these prescription drug benefits through Anthem CareltonRx, see your <i>Summary of Coverage</i> and <i>Guide to Your Benefits</i> . Note: Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.

Teamsters Benefit Trust (TBT)

KAISER HMO OPTION

Calendar year deductible	none	If you choose the Kaiser HMO, you must live within the HMO service area to enroll (see the list on the next page). Out-of-area benefits are available for emergency only. For the most current details, call the Kaiser customer service number printed on the back page or visit their web site at <i>www.kaiserpermanente.org</i> .
Covered expense out-of-pocket maximum		
Per covered person	\$1,500	
Family	\$3,000	
Copayments applied to specific services		
Physician and surgeon services	no charge	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Intensive care/cardiac care	no charge	
Room and board	no charge	
Laboratory and x-ray	no charge	
Physical therapy	\$20 copayment	
Administered medications	no charge	
Other necessary services and supplies	no charge	
Durable medical equipment	no charge	
Emergency room (<i>Note: Waived if admitted to hospital</i>)	\$50 copayment	
Within Kaiser's service area when approved by a Kaiser physician	\$50 copayment	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Physician and surgeon services	\$20 copayment	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Office visits, check-ups, exams, OB/GYN	\$20/visit	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Hearing and vision exams	\$20/visit	
Physical therapy visits	\$20/visit	
Allergy test injection visits	\$20/visit	
Administered medications, injections	no charge	
Laboratory and x-ray	no charge	
Similar preventive care	\$20 copayment	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Laboratory, x-ray and other tests	no charge	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Skilled nursing facility care at authorized facility	no charge up to 100 days	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
In-hospital care	no charge	<i>Note: The following are covered with no separate limits for days or visits: Schizophrenia, schizo-affective disorder, bipolar disorder, major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia nervosa, bulimia nervosa and clinically-defined serious emotional disturbances of children.</i>
Individual care	\$20/visit	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Group therapy	\$10/visit	
Inpatient detox hospitalization	no charge	Indemnity Medical option benefits also payable. See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
Individual substance use disorder evaluation and treatment	\$20/visit	
Group substance use disorder evaluation and treatment	\$5/visit	
Intensive outpatient and day treatment programs	\$5/day	
Residential substance use disorder treatment	no charge	
Not covered		See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
100 days supply drug formulary medications	\$15 copayment	See Kaiser <i>Evidence of Coverage and Disclosure</i> form.
30 days supply Specialty Drugs	\$15 copayment	
<i>Up to 100-day supply. 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.</i>		

Comparison of Medical Benefits—Plan VI (Continued)

ANTHEM BLUE CROSS PPO		HMO OPTION KAISER																																
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																																
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 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
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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 the 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 *D. 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 above-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 contract or Evidence of Coverage with Kaiser, 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.