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

# SUMMARY OF COVERAGE

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JULY 2023

# Summary of Coverage—Plan VI

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 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 your Kaiser HMO application required for the Kaiser medical option) must be received by the TBT Plan Administration Office before coverage begins.

## Medical Options

You may choose the Kaiser Medical Option if you live within the Kaiser HMO service area by completing the *Medical Option Form* (mailed to you with your TBT enrollment materials). The *Comparison of Medical Benefits* highlights coverage under the Kaiser HMO and the Indemnity Medical Plan. The Kaiser HMO 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 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](http://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.

## Prescription Drugs for Kaiser Participants

Plan VI requires that participants who enroll in the Kaiser HMO option use only Kaiser facility pharmacies or mail service. The Kaiser HMO requires that you use their drug formulary's list of medications that are approved by their pharmacy in your service area. For details, contact Kaiser member services at the number listed on page 8.

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

## 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, and

- 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 pre-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 Central Valley, call TARP at (209) 572-6966 or (800) 522-8277.

**Note:** All Pre-admission Certification and Utilization 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*. Kaiser HMO limitations are described in the *Evidence of Coverage* brochures provided by the Kaiser 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.

## **Prescription Drugs for Kaiser Participants**

Plan VI requires that participants who enroll in the Kaiser HMO may use only Kaiser facility pharmacies or mail service. The Kaiser HMO requires that you use their drug formulary's list of medications that are approved by their pharmacy in your service area. For details, contact Kaiser member services at the number listed on page 8.

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

# Summary of Coverage—Plan VI

## TBT Pharmacy Benefit Manager (PBM)

**Note:** If you are enrolled in the Kaiser HMO, this prescription drug section does not apply to you. TBT uses a Pharmacy Benefit Manager (PBM) that administers the retail pharmacy network and mail service program for Indemnity Medical Plan participants. The current PBM is Anthem CarelonRx. (If the Fund changes PBMs in the future, you will be notified in writing of the change.)

## 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*.

## 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 prior 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*.

## 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.

## 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 make changes 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 VI SCHEDULE OF BENEFITS: YOUR MEDICAL BENEFITS

### 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	<b>None</b>
Deductible per calendar year (combined medical/prescription drug)	
PPO	<b>\$250 per covered person/ \$500 family maximum</b>
Non-PPO	<b>\$500 per covered person/ \$1,000 family maximum</b>
Carryover	<b>Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible</b>

### NO SURPRISES ACT

Some emergency services may be subject to the No Surprises Act (explained in column 3).

### A. HOSPITAL BENEFITS

*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.*

Inpatient	
PPO (not subject to deductible)	<b>80% to \$15,000 per calendar year; 100% thereafter</b>
Non-PPO (subject to deductible)	<b>50% of UCR</b>
Outpatient (subject to deductible)	
PPO	<b>80% to \$15,000 per calendar year; 100% thereafter</b>
Non-PPO	<b>50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter</b>

### B. AMBULANCE

PPO	<b>80% to \$15,000 per calendar year; 100% thereafter</b>
Non-PPO	<b>80% of UCR to \$15,000 per calendar year; 100% of UCR thereafter</b>

*Note: Air ambulance claims are subject to the No Surprises Act (explained in column 3).*

### C. SURGERY (PHYSICIAN SERVICES)

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

### D. DOCTOR VISITS

Inpatient	
PPO (not subject to deductible)	<b>80% to \$15,000 per calendar year; 100% thereafter</b>
Non-PPO (subject to deductible)	<b>50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter</b>
Outpatient (subject to deductible)	
PPO (after \$10 copayment)	<b>100%</b>
Non-PPO	<b>50% of UCR to \$15,000 per calendar year; 100% of UCR thereafter</b>

### E. PREVENTIVE CARE

All applicable preventive care services required by the Affordable Care Act for you and your dependents.

(Subject to deductible—except routine physical exams)	
Calendar year maximum	<b>None</b>
PPO	<b>100%</b>
Non-PPO	<b>80% of UCR</b>

### F. DIAGNOSTIC X-RAY AND LAB

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

*Note: For preventive care services, see Section E. above. Routine mamograms follow guidelines of American Cancer Society.*

### G. SKILLED NURSING FACILITY

Room and board (within 7 days of inpatient hospital stay)	
Per disability maximum	<b>60 days</b>
PPO	<b>80% to \$15,000 per calendar year; 100% thereafter</b>
Non-PPO	<b>80% of UCR to \$15,000 per calendar year; 100% of UCR thereafter</b>
Per disability maximum	<b>60 days</b>

### H. MENTAL HEALTH SERVICES—IN HOSPITAL

Same as Section A. Hospital Benefits in column 1.

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

Same as Section D. Doctor Visits in column 1.

### 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 D. Doctor Visits (both in column 1).

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.

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

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*.

*Note: All Pre-admission Certification and Utilization procedures (described on this page and page 3) must also be met.*

Alcohol or Chemical Dependency Treatment benefits are the same as Section A. Hospital Benefits and Section D. Doctor Visits (both in column 1).

### K. CHIROPRACTIC TREATMENT (Not Subject to Deductible)

Initial visit and diagnostic x-rays do not count against the maximums below and are subject to the deductible:

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

### 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:

- 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.

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 on this page.

# Summary of Coverage—Plan VI

## PLAN VI SCHEDULE OF BENEFITS: YOUR OTHER BENEFITS

### 2. PRESCRIPTION DRUGS THROUGH ANTHEM CARELONRx (For You and Your Covered Dependents)

Participants covered under TBT Plan VI who elected to enroll in the Kaiser HMO, have drug coverage only through the Kaiser pharmacy or mail service after a \$15 copayment. The Kaiser drug formulary will also apply to them. The rest of this prescription drugs section does not apply to Kaiser HMO participants.

Outpatient prescription drugs using the Anthem CarelonRx ID card

Generic drugs from Anthem CarelonRx retail pharmacy

**100% after \$5 copayment**

Brand name drugs from Anthem

CarelonRx retail pharmacy

**100% after \$10 copayment**

**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.

**Mail Service Program:** Prescriptions ordered through Anthem CarelonRx Mail Service Program have the same coverage as above.

**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).

**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:

- By fax to (844) 474-3347, or
- Online by logging into CoverMyMeds or SureScripts.

Once approved, Specialty drugs and injectable medications 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.

See *Guide to Your Benefits* for more information about prescription drugs.

### 3. DENTAL BENEFITS (For You and Your Covered Dependents)

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 *Comparison of Dental Benefits* briefly explains each dental option.

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

**Note:** For newly eligible participants, dental benefits (including orthodontia) are limited during the first 6 months of coverage to exams, cleanings, x-rays and simple fillings.

Calendar year maximum per covered person **\$2,200**

Deductible per calendar year (except routine preventive care):

Per covered person **\$100**

Family maximum **None**

Delta participating dentist

Preventive and basic care **80%**

Major care **70%**

Non-Delta participating dentist

Covered services for preventive, basic and major care **70% of UCR**

Orthodontia

Covered services (only under dental options 2 or 3) See the Comparison of Dental

Benefits for age limits and details.

**Note:** Treatment for temporomandibular joint dysfunction (TMJ) must be authorized in advance. When pre-authorized, the Plan pays 50% of specific covered charges up to a lifetime maximum of \$1,000. See *Guide to Your Benefits*.

### 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*.

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—See Page 4)

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**

Loss of any two: Hand, foot, sight of one eye **\$5,000**

Loss of one hand or one foot **\$2,500**

Loss of sight in one eye **\$2,500**

## 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](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 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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## **Employer Trustees**

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**Bill Rossi**  
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Fremont, CA 94538-2200

# Teamsters Benefit Trust (TBT) Contacts

Provider List	Phone Numbers	Address	Reasons to Call
<b>TBT Plan Administration Office</b> <a href="http://www.tbtfund.org">www.tbtfund.org</a> email: <a href="mailto:info@tbtfund.org">info@tbtfund.org</a>	(510) 796-4676 (800) 533-0119	39420 Liberty Street, #260 Fremont, CA 94538-2200	TBT eligibility questions, enrollment forms (including HMO), 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.*
<b>Accredo Specialty Pharmacy</b> <a href="http://www.accredo.com">www.accredo.com</a>	(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.
<b>Anthem CarelonRx (Pharmacy Network)</b> <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> 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.
<b>Anthem Blue Cross Life &amp; Health</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 or for appeals.*
<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	Find Preferred Providers In the Blue Cross PPO Network. Contact for appeals.* Order Anthem Blue Cross PPO ID Cards. See website for app.
<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: Find Preferred Provider Hospitals, PPO network physicians and other PPO providers.*
<b>LiveHealth Online</b> (Indemnity Medical PPO only) <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>	(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.
<b>Healthy Lifestyles (HMC HealthWorks)</b> <a href="https://tbt.hmchealthworksco.com">https://tbt.hmchealthworksco.com</a>	(855) 888-2144		Health coaches and wellness resources for chronic medical conditions.*
<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.* Order Kaiser ID Cards. See Kaiser website for app.
<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 or appeals, call (800) 427-3237 or visit the Delta Dental website.
<b>Bright Now! Dental Newport Option</b> <a href="http://www.brightnow.org">www.brightnow.org</a>	(800) 497-6453 (714) 668-1300	8105 Irvine Center Drive Irvine, CA 92618	Dental Option 2 benefit questions, network provider questions and service issues.*
<b>United Healthcare Dental</b> <a href="http://www.uhc.com/myhc">www.uhc.com/myhc</a>	(800) 445-9090	P.O. Box 30567 Salt Lake City, UT 84130-0567	Dental Option 3 benefit questions, network provider questions and service issues.*
<b>Vision Service Plan</b> <a href="http://www.vsp.com">www.vsp.com</a>	(800) 877-7195	P.O. Box 997100 Sacramento, CA 95899-0001	Vision benefit questions, billing questions and network provider questions.*
<b>Teamsters Assistance Program (TAP)</b>	(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.*
<b>Teamsters Alcohol/Drug Rehabilitation Program (TARP)</b>	(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.*
<b>Prudential Life Insurance</b> <a href="http://www.prudential.com">www.prudential.com</a>	(800) 524-0542	P.O. Box 1215 Newark, NJ 07101-1215	First call the TBT Plan Administration Office.
<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 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](http://www.tbtfund.org).