

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

**SUMMARY
OF
COVERAGE**

P L A N I



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SUMMARY OF COVERAGE—PLAN I

This brochure is a summary of Teamsters Benefit Trust (TBT) benefits and is intended only to highlight 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 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 where you live by completing a *Medical Option Form* (see the *Enrollment Materials* folder). The *Comparison of Medical Benefits* folder 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 HMO coverage, call the HMO's customer service number printed on page 7.*

Preferred Provider Organization (PPO) Network

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 benefits to be paid at the PPO rates. The chart inside 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 though 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 toll-free at (800) 810-2583. For Pre-Admission Certification, except for alcoholism or chemical dependency, phone Anthem Blue Cross (the Plan's Utilization Review Organization) at (800) 274-7767.

Pre-Admission Certification and Utilization Review

The Indemnity Medical option pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury. 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 call the Plan Administration Office to confirm coverage for your entire stay. If your eligibility for coverage ends after you are admitted to the hospital, you must contact the Plan Administration Office. Prior authorization does not mean that your eligibility will be extended if you lose eligibility while in the hospital. California and non-California participants must call Blue Cross at (800) 274-7767. (For alcoholism or chemical dependency treatment, see the next page).

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

Alcohol or Chemical Dependency Benefit Review

The Teamsters Assistance Program (TAP) is the Plan's review organization to oversee all *alcohol and chemical dependency* treatment. TAP provides a network of substance abuse professionals and facilities in California. Before seeking treatment or alcohol or chemical dependency, call the Teamsters Assistance Program (TAP) at (510) 562-3600 or (800) 253-TEAM.

Failure to obtain a Pre-Admission Certification may result in a reduction of benefits. Charges for non-certified hospital days are not covered under the Plan. Inpatient and outpatient services for alcohol or chemical dependency are covered the same way as for any physical illness. Substance abuse treatment benefits are coordinated with medical benefits and accumulate to the same medical benefit deductible and out-of-pocket limit.

When to Call

Notify Anthem Blue Cross when your doctor schedules an inpatient 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 that Pre-Admission Certification has been conducted before going to the hospital. Check with Anthem Blue Cross in advance. Remember, 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. The Plan does not cover charges for days in a hospital that have not been pre-certified by Blue Cross.

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 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 *Guide to Your Benefits*. HMO limitations are described in the *Evidence of Coverage* brochures provided by each HMO. Copies of these materials are 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.

Extension of Benefits 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 Benefits while Totally Disabled* in the *Guide to Your Benefits*), coverage for you and your covered dependents will 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. Contact the Administration office 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 Benefits 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*.

Filing a 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.

SUMMARY OF COVERAGE—PLAN I

Disability Income Benefit for Plan I Employees

You may be eligible for a weekly income benefit if you become totally disabled while eligible under your TBT Plan (see definition on page 3).

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 Claim

- 1.** Request a *Statement of Claim for Accident and Sickness Weekly Benefit* form by calling the TBT Plan Administration Office or downloading from www.tbtfund.org.
- 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.

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. Open Enrollment takes place from January 1 through December 31. 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

| | | |
|---|--|--|
| 1. INDEMNITY MEDICAL OPTION <i>(For You and Your Covered Dependents)</i> | I. MENTAL HEALTH SERVICES —IN-HOSPITAL | 3. DENTAL BENEFITS <i>(For You and Your Covered Dependents)</i> |
| <p><i>Pays for medically necessary services and supplies authorized by a licensed doctor for treatment of illness or injury for you and your covered dependents.</i></p> <p>Calendar year maximum None</p> <p>Deductible per calendar year</p> <p>Per covered person \$50</p> <p>Family maximum \$150</p> <p>Carryover Any part of the deductible satisfied in the last three calendar months will also apply to next calendar year deductible</p> | <p>PPO 100%</p> <p>Non-PPO 50% of UCR</p> <p><i>Note: Pre-authorization by Plan's Medical Review is required for all non-emergency hospital stays and within 72 hours of emergency admission. See Guide to Your Benefits.</i></p> | <p><i>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 folder briefly explains each dental option.</i></p> <p>Provided through the Indemnity Dental option—Option 1</p> |
| A. HOSPITAL BENEFITS | J. MENTAL HEALTH SERVICES —IN MEDICAL OFFICES | <p>Calendar year maximum per covered person None</p> <p>Delta participating dentist 90% of covered preventive, basic and major dental expenses</p> <p>Non-Delta dentist 90% of UCR charges for covered preventive, basic and major expenses</p> <p>Orthodontia 70% of covered orthodontia expenses per covered person up to \$2,000 lifetime maximum</p> <p><i>Treatment for temporomandibular joint dysfunction (TMJ) must be authorized in advance.</i></p> |
| <p><i>Note: All in-hospital care must be pre-authorized and monitored by the Plan's Review Organization. In an emergency, call within 72 hours.</i></p> <p>Inpatient (not subject to deductible)</p> <p>PPO 100%</p> <p>Non-PPO 50% of UCR</p> <p>Outpatient (subject to deductible)</p> <p>PPO 80%</p> <p>Non-PPO 80% of UCR to \$5,000 per calendar year and 100% of UCR thereafter</p> <p>Exception: Surgery or accident within 24 hours—<i>with no deductible</i> 100% of PPO or UCR</p> | <p>PPO 100%</p> <p>Non-PPO 80% of UCR</p> <p>80% of UCR to \$5,000 per calendar year and 100% of UCR thereafter, coordinated with medical benefits to accumulate to the same medical benefit deductible and out-of-pocket limit.</p> | 4. VISION CARE BENEFITS <i>(For You and Your Covered Dependents)</i> |
| B. ACCIDENT EXPENSE BENEFIT <i>(Not Subject to Deductible)</i> | K. ALCOHOL OR CHEMICAL DEPENDENCY TREATMENT <i>(Not Subject to Deductible)</i> | <p><i>Provided through the Vision Service Plan (VSP) network. See Vision Care section of the Guide to Your Benefits.</i></p> <p>VSP eye care professional 100% of covered charges</p> <p>Frequency of service:</p> <p>Vision exam once in 12 months</p> <p>Lenses once in 12 months</p> <p>Basic frames once in 24 months</p> <p>See Vision Care section of <i>Guide to Your Benefits</i> for:</p> <p>Non-VSP eye care professional benefits</p> <p>Contact lens benefits</p> <p>Cosmetic options</p> <p><i>Note: Non-VSP provider benefits are limited.</i></p> |
| <p>Treatment within three months of accident date</p> <p>PPO 100% to \$300</p> <p>Non-PPO 100% of UCR to \$300</p> | <p><i>Must be pre-authorized and monitored by Teamsters Assistance Program (TAP)</i></p> <p>TAP PPO 100%</p> <p>Non-TAP PPO 50% of UCR</p> <p>– Inpatient 80% of UCR</p> <p>– Outpatient 80% of UCR</p> | 5. DISABILITY INCOME BENEFIT <i>(For You Only—See Previous Page)</i> |
| C. AMBULANCE | <p>80% of UCR to \$5,000 per calendar year and 100% of UCR thereafter, coordinated with medical benefits to accumulate to the same medical benefit deductible and out-of-pocket limit.</p> <p><i>Note: Pre-authorization by TAP is required for all non-emergency hospital stays and within 72 hours of emergency admission. See Guide to Your Benefits.</i></p> | 6. LIFE INSURANCE BENEFIT <i>(For You Only)</i> |
| <p>PPO 100%</p> <p>Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</p> | L. CHIROPRACTIC TREATMENT <i>(Not Subject to Deductible)</i> | <p><i>Survivors must file claim within 12 calendar months of event</i></p> <p>Your death \$10,000</p> |
| D. SURGERY (PHYSICIAN SERVICES) | <p><i>Initial visit and diagnostic x-rays do not count against the maximums below and are subject to the deductible:</i></p> <p>Calendar year maximum \$1,250</p> <p>Per visit covered expense maximum \$25</p> <p>PPO 100% to \$25</p> <p>Non-PPO 100% of UCR to \$25</p> | 7. ACCIDENTAL DEATH & DISMEMBERMENT <i>(For You Only)</i> |
| <p>PPO 100%</p> <p>Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</p> | <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> | <p><i>Survivors must file claim within 12 calendar months of event</i></p> <p>Your accidental dismemberment:</p> <p>Your accidental death \$10,000</p> <p>Loss of any two: Hand, foot, sight of one eye \$10,000</p> <p>Loss of one hand or one foot \$5,000</p> <p>Loss of sight in one eye \$5,000</p> <p>Quadriplegia, paraplegia or hemiplegia \$7,500</p> <p>Total and permanent loss of speech or hearing in both ears \$10,000</p> <p>Loss of thumb and index finger of the same hand \$2,500</p> |
| E. DOCTOR VISITS | 2. PRESCRIPTION DRUGS THROUGH OPTUM Rx <i>(For You and Your Covered Dependents)</i> | 8. DEPENDENT LIFE INSURANCE <i>(See Previous Page)</i> |
| <p>PPO 100%</p> <p>Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</p> | <p><i>Outpatient prescription drugs using plastic OptumRx ID card</i></p> <p>Generic or brand name drugs from OptumRx retail pharmacy 100%</p> <p><i>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.</i></p> | <p><i>Survivors must file claim within 12 calendar months of event</i></p> <p>Death of spouse \$1,000</p> <p>Death of children (including legally adopted children):</p> <p>Newborns (14 days to 6 months) \$100</p> <p>Other children (7 months to 21 years) \$1,000 each</p> |
| F. PREVENTIVE CARE | <p><i>Mail Service Program: Prescriptions ordered through the OptumRx Mail Service Program have the same coverage as above.</i></p> | |
| <p><i>All applicable preventive care services required by the Affordable Care Act for you and your dependents.</i></p> <p>Calendar year maximum None</p> <p>PPO 100%</p> <p>Non-PPO 90% of UCR</p> | <p><i>Pre-authorization Requirements: Specialty drugs and many injectable medications require prior authorization through www.optumrx.com. Once approved, they are only covered through the OptumRx Specialty Pharmacy Program (30-day supply) unless covered under your HMO. They are not available through retail pharmacies. See Guide to Your Benefits.</i></p> | |
| G. DIAGNOSTIC X-RAY AND LAB | | |
| <p>PPO 100%</p> <p>Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</p> <p><i>Note: Mammograms follow guidelines of American Cancer Society. Routine mammograms are covered annually beginning at age 40.</i></p> | | |
| H. NURSING HOME CARE | | |
| <p>Room and board (within 7 days of inpatient stay)</p> <p>PPO 100%</p> <p>Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter</p> <p>Per disability maximum 60 days</p> | | |

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TEAMSTERS BENEFIT TRUST (TBT)

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 this page.

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

Noticia en Español

Si usted tiene dificultad en entender alguna parte de este folleto, o necesita mas información comuníquese con la Oficina de Administración del Plan TBT a el domicilio localizado abajo en esta pagina. Horas de oficina: 8:00 a.m. a 5:00 p.m. P.S.T., Lunes a Viernes (excepto días festivos). Horas de Servicio al Cliente: 8:30 a.m. a 5:00 p.m. P.S.T., Lunes a Viernes (excepto días festivos).

El numero de telefono es (510) 796-4676 o (800) 533-0119.

PHONE NUMBERS AND ADDRESSES

| Organization | Phone Numbers | Address | Reasons To Call |
|---|---|---|---|
| TBT Plan Administration Office www.tbtfund.org | (510) 796-4676 (800) 533-0119 | 39420 Liberty Street, #260 Fremont, CA 94538-2200 | TBT eligibility, enrollment (including HMOs), marital status and dependent changes, contributions, Anthem Blue Cross ID cards, prescription drug ID cards, Indemnity Medical option claims, vision, disability, life and accidental death & dismemberment claims and other questions. |
| 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. |
| Anthem Blue Cross PPO Network www.anthem.com/ca | (888) 887-3725 | P.O. Box 60007 Los Angeles, CA 90060 | Preferred Provider hospitals, PPO network physicians and other PPO providers. |
| 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: Preferred Provider hospitals, PPO network physicians and other PPO providers.* |
| Anthem HMO www.anthem.com | (800) 810-2583 | P.O. Box 60007 Los Angeles, CA 90060 | HMO benefit questions*; Website has list of network physicians. |
| Kaiser Member Services www.kaiserpermanente.org | (800) 464-4000 | 1800 Harrison, 9th Floor Oakland, CA 94612-2998 | HMO benefit questions.* |
| OptumRx www.optumrx.com Mail Service Program Specialty Pharmacy | (800) 797-9791 (800) 562-6223 or (877) 889-2802 (800) 711-4555, Option 2 | 3515 Harbor Boulevard Costa Mesa, CA 92626 | Pharmacy, specialty drug pre-authorization and medication questions.* Contact the TBT Plan Administration Office for all other prescription-related matters. |
| 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, call (800) 427-3237. |
| Bright Now! Dental Newport Option | (800) 497-6453 (714) 668-1300 | 8105 Irvine Center Dr. Irvine, CA 92618 | Dental Option 2 benefit questions.* |
| UHC Select Managed Care | (800) 999-3367 | P.O. Box 30567 Salt Lake City, UT 84130-0567 | Dental Option 3 benefit questions.* |
| Teamsters Assistance Program (TAP) | (510) 562-3600 (800) 253-TEAM | 300 Pendleton Way Oakland, CA 94621-2109 | Substance abuse matters including inpatient programs for participants in the Bay Area. |
| Teamsters Alcohol Rehabilitation Program (TARP) | (209) 572-6966 (800) 522-8722 | 1620 N. Carpenter Road, #C-12 Modesto, CA 95351-1158 | Substance abuse matters including inpatient programs for participants in the Central Valley. |
| 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 pension matters. |
| Vision Service Plan | (800) 877-7195 | P.O. Box 997100 Sacramento, CA 95899-0001 | Vision benefit questions.* |
| Prudential Life Insurance | (800) 524-0542 | P.O. Box 1215 Newark, NJ 07101-1215 | First call the TBT Plan Administration Office. |

* 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.

