



## Highlights of **TEAMSTERSCARE BENEFITS** for Active Members covered by **TeamstersCare Blue Care Elect Preferred**

*As a full-time active member, you—and in most cases your eligible family members—are entitled to the following TeamstersCare benefits:*

- medical & hospitalization
- pharmacy/prescription drugs
- dental & vision care
- weekly disability insurance
- basic life insurance
- AD&D insurance
- hearing care
- mental health care
- Healthy Incentive Program (HIP)

### **MEDICAL & HOSPITALIZATION**

As a TeamstersCare member living outside of New England, or member with a dependent permanently residing outside of New England, you are covered by a special medical option called *TeamstersCare Blue Care Elect Preferred* for Active Members. Under this coverage, you and your eligible dependents have two general alternatives for care: (1) you can take advantage of discounted services by using *Blue Care Elect Preferred Providers*, or (2) you can use a *non-network* provider if you wish to do so.

#### **Blue Care Elect Preferred Provider Network Medical Coverage**

TeamstersCare provides your basic medical coverage through *Blue Care Elect Preferred Providers*.

You should have a copy of the *Blue Care Elect Preferred Provider Network Directory* listing network health professionals, hospitals, and medical facilities available in your area. When you or a dependent receives covered medical services from a *Blue Care Elect Preferred Provider*, in most cases your only cost will be the copay you make directly to your provider.

#### **Non-Network Medical Coverage**

If you do not have convenient access to a *Blue Care Elect Preferred Provider*, you can go to any other non-network provider of your choice. In this case, TeamstersCare will pay 80% of *reasonable and customary costs for covered services*, after a \$250 individual /\$500 family deductible, and you will be responsible for the balance. The out of network calendar year coinsurance maximum is \$1,000 per individual /\$2,000 per family.

#### **Your Basic Medical Benefits**

- doctor's care, including maternity, pediatric and well-child care
- hospital care, both in- and outpatient
- surgery & emergency care, diagnostic x-rays & lab tests
- administration and cost of anesthesia and radioactive treatments
- authorized services for rehab, acute care, home health, & early intervention
- covered services of chiropractor, podiatrist, nutritionist, ambulance
- authorized medical equipment

## ADDITIONAL INSURANCE COVERAGE

### Basic Life Insurance: full-time members

The TeamstersCare Life Insurance Plan provides financial protection for your family or beneficiaries in case of your death.

The Plan also pays dependent life benefits directly to you.

Benefit amounts: *member* \$50,000 ♦ *spouse* \$5,000 ♦ *dependent* \$2,000

### Accidental Death & Dismemberment Insurance: full-time members

If you die as the result of an accident, the AD&D Plan pays a benefit to your beneficiary.

The Plan makes this AD&D payment in addition to your normal life insurance benefit.

Coverage for member only ♦ Benefit amount: \$50,000

### Weekly Disability: full-time members

If you have a disability that is not job-related but which keeps you from working, the Plan pays you a benefit each week for up to 26 weeks —beginning on the 8th consecutive day of disability.

Coverage for member only.

Your weekly disability benefit equals 75% of your regular weekly base pay, from a minimum of \$300 per week up to a maximum of \$600 per week.

*In no event can your weekly disability benefit be more than your weekly base pay.*

## PHARMACY & PRESCRIPTION DRUGS

### TeamstersCare makes prescription drugs available in a number of ways

You can use our own in-house TeamstersCare pharmacies in Charlestown & Stoughton.

*TeamsterShare Payment per prescription of*  
\$5 generic/\$15 brand name, if no generic is available  
—up to 90-day supply.

You can use a retail pharmacy that participates in our national Teamsters Rx Network copay: \$15 generic/\$25 brand name, if no generic is available  
—up to 30-day supply.

Or you can use any non-network retail pharmacy you choose  
—with reimbursement at a non-network benefit level.

### Specialty Medications

#### These are certain high cost prescription medications

Available at our in-house TeamstersCare pharmacies

*\$15 TeamsterShare Payment per prescription —up to 30-day supply*

Or through Ascend Specialty Pharmacy (mailorder only)

*\$15 Copayment per prescription —up to 30-day supply*

### At Charlestown or Stoughton TeamstersCare Pharmacies

walk-in, have your doctor phone or fax in your prescription, Monday-through-Saturday hours  
mail in your prescription, then pick it up, or have it shipped to you (Charlestown only)

For mail-in orders, you must include your TeamsterShare Payment with your prescription, either by personal check or credit/debit card authorization. ATM cards are not acceptable.

We will keep your authorization form on file and bill your card for your prescription.

**Payment must be made before medication is dispensed at the Pharmacy or shipped to you at home.**

## DENTAL CARE

### TeamstersCare makes dental care available in a number of ways

- ◆ You can use our own in-house TeamstersCare dental facilities in Charlestown, Chelmsford, and Stoughton
  - preventive visits: no cost to you*
  - filling visits: \$5 TeamsterShare Payment*
  - denture, root canal, extraction visits: \$10 TeamsterShare Payment*Take advantage of Monday through Saturday hours
- ◆ Or, you can use the Delta Dental PPO Network of dentists, *at discounted rates, subject to an annual deductible and a calendar year maximum, with no claim forms.*
- ◆ Or, you can visit any non-network dentist of your choice, *at a non-network benefit level, subject to an annual deductible and a calendar year maximum.*

### Services available at our TeamstersCare in-house Dental Offices

dental exams, x-rays, fluoride treatment, sealants, cleaning & scaling, fillings, simple extractions, some root canals, dentures, second opinions, & emergency care during office hours

### Other TeamstersCare dental benefits

orthodontics for member, spouse, dependents:  
Plan pays 50% of cost, up to \$1,500 lifetime maximum per person  
Also, centralized claims administration for all Delta Dental and out-of-network services

## VISION CARE

TeamstersCare gives you access to more than 300 Davis Vision providers for a wide range of eye care services & supplies.

Covered benefits include routine eye exams & eyeglasses—*at no cost to you, contact lenses—for a \$25 copay.*

You can select from a wide range of frames and lenses, sunglasses, safety glasses (member only), bifocals & transitional lenses, tinted/coated lenses, etc.

You can choose more than one pair of glasses for yourself and your spouse, every 24 months, and one pair of prescription eyeglasses every 12 months for each of your children.

You may be eligible for discounts on laser correction surgery at participating Davis Vision facilities.

You can schedule your own appointments by calling your Davis Vision office directly.

## HEARING CARE

TeamstersCare provides access to our state-of-the-art Charlestown hearing office and audiology services.

*hearing exams and evaluations: no cost to you*  
*hearing-aid related visits: no cost to you*

Audiology benefits include testing for you, your spouse, and children, hearing examinations and diagnostic evaluations, and middle ear analysis.

At the direction of our TeamstersCare Audiologist, you can get a hearing aid from our Charlestown office, plus hearing aid analysis, fitting, and follow up.

***If you live outside New England, you must first contact the Charlestown Audiology Office for a pre-treatment review to be eligible for partial reimbursement for a hearing aid.***

## MENTAL HEALTH CARE

TeamstersCare's staff of mental health professionals can provide referral and confidential help to you and your dependents, for disruptive personal problems.

Counseling and treatment are available for emotional difficulties, mental illness, substance abuse, family and marital problems, childhood and adolescent concerns.

Call our TeamstersCare Mental Health Hotline in Charlestown MA: 1-800-851-8326.

### Other TeamstersCare Mental Health and Substance Abuse Services

You and your family have access to a 24-hour emergency hotline (1-800-851-8326), and to individual or family counseling.

You're covered for *outpatient* treatment of mental health & substance abuse problems, at pre-approved and non-pre-approved benefit levels.

You're covered for *inpatient* treatment at pre-approved benefit levels, but you *must* contact TeamstersCare Mental Health for pre-approval.

### Healthy Incentive Program (HIP)

You have access to as much as \$300 in your HIP account for reimbursement of certain out-of-pocket healthcare expenses. You earn HIP account dollars by completing **Healthy Incentive Program** activities; for example, having a routine physical exam, mammogram, colonoscopy, prostate cancer or other appropriate medical screening, completing a Smoking Cessation Program, or participating in a Disease Management Program.

You can apply HIP dollars to expenses incurred by any eligible dependent. The following are some examples of health-related expenses eligible for reimbursement:

- ◆ Co-payments (HMO, pharmacy & TeamstersCare Dental),
- ◆ Chiropractic expenses, even if the annual or lifetime maximum have been reached
- ◆ Smoking Cessation Programs and prescriptions (not over the counter products)
  - ◆ Dental services and balances (Delta EOB required)
  - ◆ Vision services, including glasses and contacts
  - ◆ Deductibles

See our **Healthy Incentive Program (HIP) Highlights Brochure** for more details.

*PLUS wellness, fitness and weight loss program discounts or reimbursements as provided by your selected HMO...AND access to our [www.teamsterscare.com](http://www.teamsterscare.com) website as a source of program-related information ...AND an annual enrollment period during which you may have the option of changing your HMO... AND fully staffed, dedicated TeamstersCare Dental Offices & Pharmacies...AND access to our R.A..F.T. program for peer-group help with substance abuse...AND some special screenings for blood pressure, prostate cancer, children's hearing problems...AND lots more....*

**If you have a question or need more information about your TeamstersCare benefits, call our Charlestown office and speak personally and confidentially with one of our Member Services professionals.**

### Where to call for more information

**Charlestown:** 617-241-9220 (local) ◆ 800-442-9939 (in MA) ◆ 800-225-6135 (outside MA)

**Chelmsford:** 978-256-9728 (local) ◆ 800-258-2111 (toll free)

**Stoughton:** 781-297-7360 (local) ◆ 877-326-1999 (toll free)

**TeamstersCare Mental Health—Charlestown:** 800-851-8326 (toll free)

**TeamstersCare Pharmacies—Charlestown:** 617-241-9024 ◆ **Stoughton:** 781-297-9764

**Ascend Specialty Pharmacy:** 1-800-850-9122

**Blue Care Elect Preferred:** 1-800-241-0803

## TEAMSTERSCARE MEDICAL BENEFITS

### *For Active Members Covered by TeamstersCare Blue Care Elect Preferred Option*

Benefit	Blue Care Elect Preferred	Non-network
<b>Annual Deductible</b>	none	\$250/individual \$500/family
<b>Benefit Level</b>	<ul style="list-style-type: none"> <li>• Plan pays 100%</li> <li>• Some \$5/\$15 copays required</li> </ul>	After the deductible, the Plan pays 80% <sup>1</sup>
<b>Lifetime Maximum</b> <i>per person, all TeamstersCare Programs combined</i>	\$1,000,000	
<b>Dependent Coverage</b>	to the end of year in which child turns 19 —or 25, if full-time student	
<b>Inpatient Care</b> <i>including maternity</i>	Plan pays 100%	After the deductible, the Plan pays 80% <sup>1</sup>
<b>Preventive Care</b> <i>routine adult physicals<sup>3</sup> well-child care allergy testing &amp; treatment annual gynecological exam prostate exam mammogram</i>	\$5 copay per visit \$5 copay per visit \$15 copay per visit \$5 copay per visit \$15 copay per visit Plan pays 100%	After the deductible, the Plan pays 80% <sup>1</sup>
<b>Outpatient</b> <i>office visit (specific treatment) diagnostic lab and x-ray outpatient surgery preadmission testing home health care skilled nursing facility</i>	\$15 copay per visit Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%	After the deductible, the Plan pays 80% <sup>1</sup>
<b>Emergency Care</b> <i>doctor's office hospital emergency room</i>	\$15 copay per visit \$75 copay per visit <sup>2</sup>	After the deductible, the Plan pays 80% <sup>1</sup>
<b>Calendar Year Coinsurance Maximum</b>	None	\$1,000/individual \$2,000/family

<sup>1</sup> of reasonable & customary expenses for covered charges

<sup>2</sup> copay waived, if emergency room visit results in immediate hospitalization

<sup>3</sup> one routine visit every five calendar years from age 19 through 29, one routine visit every three calendar years from age 30 through 39, one routine visit every two calendar years from age 40 to 54 and one routine visit per calendar year from age 55 or older

This summary is not meant to be a complete description of your TeamstersCare benefits. For more detail on the *Blue Care Elect Preferred Provider* network and facilities, refer to the provider directory for your area or call 1-800-810-2583. For more information on specific coverages under the *Blue Care Elect Preferred* option, claims-related questions, limitations that might apply to services listed above and coverage of any items not identified in this chart call 1-800-241-0803.

**TEAMSTERSCARE FACILITIES OR DEDICATED PROVIDERS**

<b>Prescription Drugs</b> <i>three options</i>	<b>TeamstersCare Charlestown &amp; Stoughton Pharmacies</b> <i>...up to a 90-day supply</i> TeamsterShare Payment per prescription: <ul style="list-style-type: none"> <li>• \$5 generic/\$15 brand name if no generic is available</li> <li>• Plan pays balance of cost</li> </ul>
	<b>Teamsters Rx Network</b> <i>...up to a 30-day supply</i> Copayment per prescription: <ul style="list-style-type: none"> <li>• \$15 generic/\$25 brand name if no generic is available</li> <li>• \$25 copay + cost difference between brand name &amp; generic, for brand name when generic is available</li> </ul>
	<b>Retail Pharmacy other than Teamsters Rx</b> <ul style="list-style-type: none"> <li>• member pays full amount at point of sale, including copay; submits claim within 60 days; receives check based on Teamsters Rx network rate, less amount of copay</li> </ul>
<b>Prescription Drugs</b> <i>Specialty medications (certain high cost medications)</i> <i>two options</i>	<b>TeamstersCare Charlestown &amp; Stoughton Pharmacies</b> <i>...up to 30-day supply</i> <ul style="list-style-type: none"> <li>• \$15 TeamsterShare Payment per prescription</li> <li>• walk-in (either pharmacy) or mailorder (Charlestown only)</li> </ul>
	<b>Ascend Specialty Pharmacy</b> <i>...up to 30-day supply</i> <ul style="list-style-type: none"> <li>• \$15 copayment per prescription</li> <li>• mailorder only</li> <li>• phone: 1-800-850-9122; fax:1-800-218-3221</li> </ul>
<b>Dental</b> <i>three options</i>	<b>Charlestown, Chelmsford, Stoughton</b> <ul style="list-style-type: none"> <li>• preventive visits: <i>no cost to you</i></li> <li>• filling visits: \$5 TeamsterShare Payment</li> <li>• denture, root canal, extraction visits: \$10 TeamsterShare Payment</li> </ul>
	<b>Delta Dental PPO Network Dentists</b> <ul style="list-style-type: none"> <li>• deductible: <i>preventive</i>—no deductible; <i>all other visits</i>—\$50 per person per year</li> <li>• maximum deductible: \$100 per family per year</li> <li>• Plan pays dollar amount per procedure, as listed in the TeamstersCare <i>Dental Fee Allowance Schedule</i> (approximately 2/3's of network cost)</li> <li>• member pays balance of charges (approximately 1/3 of network cost)</li> <li>• maximum amount Plan will pay, per person, per calendar year, Delta Dental PPO &amp; Non-Network combined: \$2,000</li> </ul>
	<b>Non-Network Dentists</b> <ul style="list-style-type: none"> <li>• deductible: <i>preventive</i>—no deductible; <i>all other visits</i>—\$50 per person per year</li> <li>• maximum deductible: \$100 per family per year</li> <li>• Plan pays dollar amount per procedure, as listed in the TeamstersCare <i>Dental Fee Allowance Schedule</i>; member pays balance of charges</li> <li>• maximum amount Plan will pay, per person, per calendar year, Delta Dental PPO &amp; Non-Network combined: \$2,000</li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li>• must use Davis Vision provider</li> <li>• Plan pays 100% for routine eye exam and eyeglasses; contact lenses—\$25 copay</li> </ul>
<b>Hearing</b>	<b>TeamstersCare Audiology Office</b> <ul style="list-style-type: none"> <li>• hearing exam, evaluation and hearing-aid related visits: no cost to you</li> <li>• out of area hearing aids require pre-treatment review from Charlestown Audiology to be eligible for partial reimbursement towards cost of hearing-aid</li> </ul>
<b>Mental Health and Substance Abuse</b>	<ul style="list-style-type: none"> <li>• <i>out-patient with TeamstersCare pre-approval</i>: \$10 copay per visit; Plan then pays 100% of negotiated rates</li> <li>• <i>out-patient treatment without pre-approval</i>: \$300 per person/\$600 per family deductible; Plan then pays 50% of reasonable &amp; customary charges</li> <li>• <i>inpatient</i>: must have pre-approval; \$100 copay per admission, Plan then pays 100%</li> </ul>

**Lifetime Limit: The TeamstersCare Active Medical Program has a per-person, lifetime limit of \$1,000,000.**