



# Highlights of TEAMSTERSCARE BENEFITS

for Active Members living in New England

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

- ⌚ medical and 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)

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## MEDICAL & HOSPITALIZATION

### TeamstersCare HMO's

*TeamstersCare Network Blue New England  
TeamstersCare Tufts EPO*

Each of our HMO's covers members who live in certain geographical "service areas."  
*Network Blue New England:* covers members who reside in Massachusetts, Rhode Island, Connecticut, Maine, New Hampshire, and Vermont. *Tufts EPO:* covers members who reside in Massachusetts, Rhode Island, and some parts of southern New Hampshire.

If you live in a service area covered by *both* TeamstersCare HMO's (for example, Massachusetts), you may choose either one. If you live in a service area covered by *only one* of the HMO's, you must select that HMO (for example, Maine residents must choose Network Blue New England).

As an HMO participant, you have no claim forms to fill out. When you choose your HMO, you select a "primary care physician" (PCP) who directs and monitors your care. Although all your eligible dependents will be covered by the one HMO you select, each must choose their own PCP. You contribute to the cost of your coverage by making copayments each time you visit your doctor.

### Your Basic Medical Benefits

doctor's care, including 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,

mail in your prescription, then pick it up, or have it shipped to you (Charlestown only)

Monday-through-Saturday hours; health-related counseling

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 for  
*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 calendar year maximum and with no claim forms.*
- ◆ Or you can visit any non-network dentist of your choice  
*at non-network benefit level, subject to an annual deductible and 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  
centralized claims administration for all Delta 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 you 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 local 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 age 3 and over,  
hearing examinations and diagnostic evaluations, and middle ear analysis.

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

## 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 at 1-800-851-8326.

### Other TeamstersCare Mental Health and Substance Abuse services

You and your family have access to a 24-hour emergency hotline, 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, a mammogram, a colonoscopy, a 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

**TEAMSTERSCARE MEDICAL BENEFITS\***  
**For Active Members Living in New England**

<i><b>NETWORK BLUE NEW ENGLAND &amp; TUFTS EPO</b></i>	
<b>Annual Deductible</b>	none
<b>Benefit Level</b>	Plan pays 100% some \$5 and \$15 copays required
<b>Annual Maximum</b> <i>out-of-pocket</i>	none
<b>Lifetime Maximum</b> <i>per person, all 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%
<b>Preventive Care</b> <i>routine adult physicals</i> <i>well-child care</i> <i>allergy testing &amp; treatment</i> <i>annual gynecological exam</i> <i>mammogram</i>	\$5 copay per visit \$5 copay per visit \$15 copay per visit \$5 copay per visit Plan pays 100%
<b>Outpatient Care</b> <i>office visits for specific treatment</i> <i>diagnostic lab and x-ray</i> <i>outpatient surgery</i> <i>preadmission testing</i> <i>home health care</i> <i>skilled nursing facility</i>	\$15 copay Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%
<b>Emergency Room Visit</b>	\$75 copay (unless admitted) requires HMO approval within 48 hours of delivery of emergency services

***\*Important Note: Check with your HMO for (1) limitations that might apply to services listed above or (2) coverage of any items not identified in this chart.***

***This summary is not meant to be a complete description of your TeamstersCare benefits. For eligibility-related issues, or if you have any problems, call Charlestown Member Services.***

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

*[See back of this sheet for additional TeamstersCare health benefits]*

## ***TEAMSTERSCARE FACILITIES OR DEDICATED PROVIDERS***

<b>Prescription Drugs</b> <i>most medications</i> <i>three options</i>	<b>TeamstersCare Charlestown &amp; Stoughton Pharmacies</b> <i>...up to 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 the balance of cost</li> </ul>
	<b>Teamsters Rx Network</b> <i>...up to 30-day supply</i> Copayment per prescription: <ul style="list-style-type: none"> <li>• \$15 generic</li> <li>• \$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 network rate, less amount of copay</li> </ul>
<b>Prescription Drugs</b> <i>Specialty medications</i> <i>(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 TeamstersCare Dental Offices</b> <ul style="list-style-type: none"> <li>• preventive visits: no cost to you</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></li> <li>• 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</li> <li>• 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> </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 to provider, per visit; Plan then pays 100% of negotiated rates; maximum 20 visits per year</li> <li>• <i>out-patient treatment without pre-approval</i>: \$300 per person annual deductible (\$600 per family); Plan then pays 50% of reasonable &amp; customary charges</li> <li>• <i>inpatient</i>: must be pre-approved; \$100 copay per admission; Plan then pays 100%</li> </ul>