



Highlights of **TEAMSTERSCARE BENEFITS** for Members of the Early Retiree Medical Program (under age 65) covered by TeamstersCare Blue Care Elect Preferred

As a member of the Early Retiree Medical Program, under age 65, you—and in most cases—your eligible family members are entitled to the following benefits:

- basic medical & hospitalization
 - pharmacy/prescription drugs
 - dental care
 - vision care
 - hearing care
 - mental health care
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MEDICAL & HOSPITALIZATION

As a TeamstersCare retiree living outside of New England, or retiree with a dependent permanently residing outside of New England, you are covered by a special medical coverage option called *TeamstersCare Early Retiree Blue Care Elect Preferred*. 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 adult well-care, maternity, pediatric & 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, etc.

PHARMACY & PRESCRIPTION DRUGS

TeamstersCare makes prescription drugs available in a number of ways

Our Charlestown & Stoughton TeamstersCare Pharmacies—up to a 90-day supply.

TeamsterShare Payment per prescription: \$5 generic/\$15 brand name, if no generic is available.

A retail pharmacy in our national Teamsters Rx Network—up to a 30-day supply.

Generic copay: \$15 + 20% of remaining discounted Teamsters Rx cost.

Brand name copay, if no generic available: \$25 + 20% of remaining discounted Teamsters Rx cost.

Brand name copay, if generic available: \$25 + 20% of cost of brand name
+ cost difference between brand name & generic.

Any other non-network retail pharmacy—up to a 30-day supply.

Member pays full amount at point of sale; submits claim within 60 days,
and is reimbursed according to the retail schedule described directly above.

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

Services available at our TeamstersCare in-house Dental Offices

You can use our TeamstersCare inhouse dental offices in Charlestown, Chelmsford, and Stoughton:

preventive visits, such as oral exams, x-rays, cleanings—*no cost to you*

filling visits—*\$5 TeamsterShare Payment*

denture, root canal, extraction visits—*\$10 TeamsterShare Payment*

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, instead of glasses—*for a \$25 copay.*

You can select from a wide range of frames and lenses,
including prescription sunglasses,
bifocals & transitional lenses, tinted/coated lenses, etc.

Member & spouse: eye exam and up to two pairs of glasses each, once every 24 months.

Dependent children: eye exam and one pair of prescription eyeglasses, as needed, every 12 months.

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

To locate a Davis Vision provider, call 1-800-999-5431.

HEARING CARE

TeamstersCare provides access to our state-of-the-art Charlestown hearing office and audiology services. Audiology benefits include testing for you, your spouse, and children, hearing examinations and diagnostic evaluations, middle ear analysis
—at no cost to you.

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.
—at no cost to you.

MENTAL HEALTH CARE

TeamstersCare's full-time 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 & Substance Abuse Services

You and your family have access to a TeamstersCare 24-hour emergency hotline, at 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.

...PLUS automatic voluntary deduction of health care premiums from pension checks...AND access to our www.teamsterscare.com website as a source of program-related information...AND lots of understandable communication materials...AND fully staffed, dedicated TeamstersCare Dental, Audiology and Mental Health Offices & TeamstersCare Pharmacies...AND access to our R.A.F.T. program for peer-group help with substance abuse...AND special screenings for certain cancers, blood pressure, 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.

CONTACT 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: 800-241-0803

ELIGIBILITY & COSTS

Your eligibility and your cost for the Early Retiree Medical Program depend on four factors, all related to *the date of the last day you were covered by the Active TeamstersCare Benefit Program*.

Eligibility and cost depend on:

- ① your age, *as of that date*, and
- ② the amount of credited service you have accumulated, *as of that date*.

Also, *as of that date*:

- ③ you must have been covered by the Active Program for at least 36 months out of the last five years, and
- ④ your employer must have made contributions to TeamstersCare on your behalf for at least ten years (120 months).

TeamstersCare shares the cost of your Early Retiree Medical Program. The amount of the monthly TeamstersCare subsidy depends on your age and your credited service on the date of your retirement, as follows:

**Monthly TeamstersCare Subsidy Schedule for Members
Entering the TeamstersCare Early Retiree Program On or After July 1, 2006
The subsidy is the amount the Plan contributes for your medical program**

Age at Retirement	Years of Credited Service at Retirement			
	15-19	20-24	25-29	30+
under 55	N/A	N/A	N/A	\$277
55-56	N/A	\$277	\$277	\$277
57-59	N/A	\$277	\$325	\$400
60-64	\$277	\$300	\$350	\$500

(Note: If you retired before 7/1/2006, there is a different subsidy schedule.)

You make your own contribution toward coverage in the TeamstersCare Early Retiree Medical Program through monthly payments. Your contribution is on a *per person, per month* basis. "Person" means you, as the member, or your spouse or other dependent. The most you have to pay in any one month is two times the contribution amount you're making for any one individual. Once you reach that family dollar maximum, TeamstersCare pays the cost for all other eligible dependents in your family

For current retiree contribution amounts, call Charlestown Member Services. The dollar amount of your monthly contribution is determined by a number of factors, most importantly the prevailing costs of health care for persons of retirement age. Each year, the Trustees look at these external factors as well as the overall financial condition of the Fund and set contribution rates accordingly. When rates change, TeamstersCare advises you by mail. If you authorize the Fund to do so, your health care contribution can be automatically deducted from your pension check.

If you have a question or need more information about your TeamstersCare Early Retiree Medical Program benefits, call Charlestown Member Services.

TEAMSTERSCARE MEDICAL BENEFITS

*For Members of the Early Retiree Medical Program (under age 65)
Covered by the TeamstersCare Blue Care Elect Preferred Option*

Benefit	Blue Care Elect Preferred	Non-network
Annual Deductible	none	\$250/individual \$500/family
Benefit Level	<ul style="list-style-type: none"> • Plan pays 100% • Some \$5/\$15 copays required 	After the deductible, the Plan pays 80% ¹
Lifetime Maximum <i>per person, all Plans combined</i>	\$500,000	
Dependent Coverage	to the end of year in which child turns 19 —or 25 if full-time student	
Inpatient Care ²	Plan pays 100%, after \$250 copay ²	Plan pays 80% ¹ after \$250 copay ²
Maternity <i>pre-and post-natal care, tests all other covered expenses</i>	\$15 copay per visit Plan pays 100%	After the deductible, Plan pays 80% ¹
Preventive Care <i>routine adult physicals³ well-child care allergy testing & 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, Plan pays 80% ¹
Outpatient <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, Plan pays 80% ¹
Emergency Care <i>doctor's office hospital emergency room</i>	\$15 copay per visit \$100 copay per visit ⁴	After the deductible, Plan pays 80% ¹

¹ of reasonable & customary expenses for covered charges

² you pay \$250 copay per admission, up to a maximum of four copayments per year

³ one routine visit every five calendar years from age 19-29, 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

⁴ copay waived if emergency room visit results in immediate hospitalization

Important Note: 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

Prescription Drugs <i>three options</i>	TeamstersCare Charlestown & Stoughton Pharmacies <i>...up to a 90-day supply</i> TeamsterShare Payment per prescription: <ul style="list-style-type: none"> • \$5 generic/\$15 brand name if no generic is available • Plan pays balance of cost
	Teamsters Rx Network Pharmacy <i>...up to a 30-day supply</i> Copayment per prescription: <ul style="list-style-type: none"> • generic: \$15 + 20% of remaining discounted Teamsters Rx cost • brand name, if no generic is available: \$25 + 20% of remaining discounted Teamsters Rx cost • brand name, if generic is available: \$25 +20% of cost of brand name + cost difference between brand name & generic
	Retail Pharmacy other than Teamsters Rx <i>...up to a 30-day supply</i> <ul style="list-style-type: none"> • member pays full amount at point of sale, including copay; submits claim within 60 days, and is reimbursed according to the retail schedule described directly above
Prescription Drugs Specialty medications <i>(certain high cost medications)</i> <i>two options</i>	TeamstersCare Charlestown & Stoughton Pharmacies <i>...up to 30-day supply</i> <ul style="list-style-type: none"> • \$15 TeamsterShare Payment per prescription • walk-in (either pharmacy) or mailorder (Charlestown only)
	Ascend Specialty Pharmacy <i>...up to 30-day supply</i> <ul style="list-style-type: none"> • \$15 copayment per prescription • mailorder only • phone: 1-800-850-9122; fax:1-800-218-3221
Dental	Charlestown, Chelmsford, Stoughton <ul style="list-style-type: none"> • preventive visits: <i>no cost to you</i> • filling visits—\$5 <i>TeamsterShare Payment</i> • denture, root canal, extraction visits—\$10 <i>TeamsterShare Payment</i>
Vision	<ul style="list-style-type: none"> • must use Davis Vision provider • routine exam, eyeglasses—<i>Plan pays 100%</i> • contact lenses—\$25 <i>copay</i>
Hearing	<ul style="list-style-type: none"> • at the TeamstersCare Audiology Office in Charlestown • routine exam: <i>no cost to you</i> • hearing aid-related visits—<i>no cost to you</i>
Mental Health & Substance Abuse	<ul style="list-style-type: none"> • <i>outpatient treatment with TeamstersCare pre-approval</i>: \$10 copay to provider, per visit; Plan then pays 100% of negotiated rates • <i>outpatient treatment without pre-approval</i>: \$300 deductible, per person (\$600 per family); Plan then pays 50% of reasonable & customary charges • <i>inpatient treatment</i>: must be pre-approved; \$250 copay per admission; Plan pays at 80%

Lifetime Limit: The TeamstersCare Early Retiree Medical Program has a per person, lifetime limit of \$500,000.