



Highlights of TEAMSTERSCARE BENEFITS for Active Members living in New England

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
- behavioral health care

MEDICAL & HOSPITALIZATION

TeamstersCare HMO Blue New England

HMO Blue New England is an HMO Plan and covers members who live in certain geographical “service areas” which include all cities and towns in Massachusetts, Rhode Island, Connecticut, Maine, New Hampshire, and Vermont.

When you enroll in HMO Blue New England, you and each member of your family **must select a “primary care physician” (PCP)**. Your PCP directs and monitors your care and is the first person you call when you need routine or sick care. If you and your PCP decide that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist. You contribute to the cost of your coverage by making copayments each time you visit your doctor.

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or **dial 911 (or the local emergency phone number)**. You pay a \$75 copayment for emergency room services; however this copayment is waived if you’re admitted to the hospital or for an observation stay.

You also have access to the **Blue Care Nurse Line at 1-888-247-2583** at no cost to you. Nurses are available to answer your health care questions 24 hours a day.

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
- authorized services for rehab, acute care, home health, & early intervention
- covered services of chiropractor, podiatrist, nutritionist, ambulance
- authorized medical equipment



PHARMACY & PRESCRIPTION DRUGS

TeamstersCare makes prescription drugs available in a number of ways

Walk-in Service:

Our Charlestown & Stoughton TeamstersCare In-house Pharmacies – up to a 90-day supply.

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

Walk-in or have your doctor phone, fax, or e-prescribe your prescription

Monday-Saturday hours; health-related counseling

Mail-Order Service:

The Medco Pharmacy Mail-Order Service—up to a 90-day supply.

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

To fill a prescription at mail-order:

- mail your prescription and copay along with the Medco Prescription Order Form
- Forms available by calling Medco or online at www.medco.com

For refills through mail-order:

- logon to www.medco.com and click on Order Status, or
- call the Medco automated phone service at 1-877-543-7097, or
- mail a Refill Request Form along with a refill slip or prescription label to Medco

Retail Pharmacy Service:

A retail pharmacy that participates in the national Medco Network – up to a 30-day supply.

Copay per prescription: \$15 generic/\$25 brand name, if no generic is available

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

Member pays full amount at point of sale, including copay; submits claim to Medco within 12 months; receives check based on Medco network rates, less amount of copay

At TeamstersCare Walk-in Pharmacies, refill your prescriptions via telephone or online.

Telemanager...an automated telephone system available to refill a prescription at the in-house TeamstersCare Pharmacies in Stoughton and Charlestown. Simply follow the prompts and use the keypad on your telephone to submit the information required to refill a prescription. Be sure to have your old prescription available, as you will need the 6 digit refill number.

Refill Netmanager...an online option to refill your prescriptions at the in-house TeamstersCare Pharmacies in Stoughton and Charlestown. Simply go to our website www.teamsterscare.com and click on the TeamstersCare Pharmacy Benefit icon on the left side of the screen. This will bring you to the Refill Netmanager system where you can complete the Online Prescription Refill Form. Be sure to have your old prescription available, as you will need the 6 digit refill number.

Specialty Medications

Certain high cost prescription medications that treat complex conditions

Available at our in-house TeamstersCare pharmacies (walk-in)

TeamsterShare Payment per prescription: \$15, up to a 30-day supply

Or through Accredo, Medco's Specialty Pharmacy (mail-order only) at 1-877-543-7097

Copayment per prescription: \$15, up to a 30-day supply

DENTAL CARE

TeamstersCare makes dental care available in a number of ways

TeamstersCare dental facilities located in Charlestown, Chelmsford and Stoughton

Small or no TeamsterShare payment for services provided:

Preventive visits: no cost to you

Filling visits: \$5 TeamsterShare Payment

Denture, root canal, extraction visits: \$10 TeamsterShare Payment

Dental care provided for the entire family, including:

Dental exams, x-rays, fluoride treatment, and sealants

Periodic cleaning and scaling, fillings, simple extractions, and some root canals

Dentures, second opinions, and emergency care during office hours

Take advantage of Monday through Saturday hours

Delta Dental PPO Network of dentists

Dental services provided at discounted rates,

Subject to an annual deductible and a calendar year maximum

Payable according to a fee schedule with a member share

Orthodontics for member, spouse, dependents:

Plan pays 50% of cost, up to \$1,500 lifetime maximum per person

Non-network dentist of your choice

Benefits at a non-network level, subject to an annual deductible and calendar year maximum

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 and eyeglasses, at no cost to you, contact lenses (in lieu of eyeglasses) 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. ***Exam and eyeglasses must be provided at the same time.*** 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, evaluations, hearing-aids and hearing-aid related visits are provided at 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.

BEHAVIORAL HEALTH CARE

HMO Blue New England provides behavioral health care through a network of mental health professionals. Counseling and treatment are available for emotional difficulties, mental illness, substance abuse, family and marital problems, childhood and adolescent concerns. Your behavioral health care must be provided through the BCBS network. Contact the BCBS Behavioral Health Coordination line at 1-800-444-2426 to locate a provider.

To access routine outpatient behavioral health services, no referral or preauthorization is necessary. Simply make an appointment to see an in-network provider and pay your copayment when services are received. For inpatient in-network hospital services, you're covered 100%. Your provider must contact Blue Cross for in-patient services.

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.

Benefit amount: (member only)\$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 is 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.

You also have a fitness benefit and weight loss program reimbursement through BCBS ...AND access to our www.teamsterscare.com website as a source of program-related information ...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 flu shots ...AND lots more

Where to call for more information

Benefit questions? Call Charlestown Member Services at 617-241-9220, ext. 2

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

Chelmsford Dental: 978-256-9728 (local); 800-258-2111 (toll free)

Stoughton Dental: 781-297-7360 (local); 877-326-1999 (toll free) **Stoughton Pharmacy:** 781-297-9764

Charlestown Pharmacy: 617-241-9024 (local); 800-235-0760 (toll free)

Medco (mail-order): 877-543-7097; **Accredo, Medco's Specialty Pharmacy (mail-order):** 877-543-7097

HMO Blue New England: 1-800-241-0803

Blue Cross Behavioral Health: 1-800-444-2426

Blue Care Nurse Line: 1-888-247-2583

TEAMSTERSCARE MEDICAL BENEFITS*
For Active Members Living in New England

HMO BLUE NEW ENGLAND	
Annual Deductible	none
Benefit Level	Plan pays 100% some \$5 and \$15 copays required
Annual Maximum <i>out-of-pocket</i>	none
Lifetime Maximum <i>per person, all programs combined</i>	none
Dependent Coverage	until child turns 26 <i>provided dependent does not have access to their own employer's group health coverage, regardless of cost</i>
Inpatient Care <i>including maternity</i>	Plan pays 100%
Preventive Care <i>routine adult physicals</i> <i>well-child care</i> <i>allergy testing & 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%
Outpatient Care <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 per visit Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%
Emergency Room Visit	\$75 copay (waived if admitted or observation stay) Should notify your HMO within 48 hours of delivery of emergency services. Follow-up care must be arranged by your PCP.
Behavioral Health Care (Mental Health/Substance Abuse)	In-network benefit only out-patient treatment: \$15 copay per visit inpatient: Plan pays 100%

****Important Note: Check with HMO Blue New England for (1) limitations that might apply to services listed above or (2) coverage of any items not identified above.***

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

TEAMSTERSCARE FACILITIES OR DEDICATED PROVIDERS

<p>Prescription Drugs <i>four options</i></p>	<p>Walk-in and Pick-up Services: 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 • Refills can be ordered via telephone or online @ www.teamsterscare.com </p> <p>Mail-order Services: Medco Mail-Order...<i>up to a 90-day supply</i> Copayment per prescription: <ul style="list-style-type: none"> • \$5 generic/\$15 brand name, if no generic is available • Mail your prescription and copay along with the Medco Order Form • For refills, logon to www.medco.com and click on Order Status, or <ul style="list-style-type: none"> ○ call the Medco automated phone service at 1-877-543-7097, or ○ mail a Refill Request Form with a refill slip or prescription label to Medco </p> <p>Retail Pharmacy <i>In-Network</i> Services: Medco Retail Pharmacy Network...<i>up to a 30-day supply</i> Copayment per prescription: <ul style="list-style-type: none"> • \$15 generic/\$25 brand name, if no generic is available • \$25 copay + cost difference between brand name & generic, for brand name if generic available </p> <p>Retail Pharmacy <i>Out-of-Network</i> Services: <ul style="list-style-type: none"> • member pays full amount at point of sale, including copay; submits claim to Medco within 12 months; receives check based on Medco Network rate, less amount of copay </p>
<p>Prescription Specialty Drugs <i>(certain high cost medications)</i> <i>two options</i></p>	<p>Walk-in Services: TeamstersCare Charlestown & Stoughton Pharmacies...<i>up to a 30-day supply</i> <ul style="list-style-type: none"> • \$15 TeamsterShare Payment per prescription • walk-in (either pharmacy) </p> <p>Mail-order Services: Accredo, Medco's Specialty Pharmacy...<i>up to a 30-day supply</i> <ul style="list-style-type: none"> • \$15 copayment per prescription – mail-order only • phone: 1-877-543-7097 </p>
<p>Dental <i>three options</i></p>	<p>Charlestown, Chelmsford, Stoughton TeamstersCare Dental Offices <ul style="list-style-type: none"> • preventive visits: no cost to you • filling visits: \$5 TeamsterShare Payment • denture, root canal, extraction visits: \$10 TeamsterShare Payment </p> <p>Delta Dental PPO Network Dentists <ul style="list-style-type: none"> • deductible: <i>preventive</i>—no deductible; <i>all other visits</i>—\$50 per person per year • maximum deductible: \$100 per family per year • Plan pays dollar amount per procedure, as listed in the TeamstersCare <i>Dental Fee Allowance Schedule</i>; member pays balance of allowable charges • maximum amount Plan will pay, per person, per calendar year, Delta Dental PPO & Non-Network Providers combined: \$2,000 </p> <p>Non-Network Dentists <ul style="list-style-type: none"> • deductible: <i>preventive</i>—no deductible; <i>all other visits</i>—\$50 per person per year • maximum deductible: \$100 per family per year • Plan pays dollar amount per procedure, as listed in the TeamstersCare <i>Dental Fee Allowance Schedule</i>; member pays balance of charges • maximum amount Plan will pay, per person, per calendar year, Delta Dental PPO & Non-Network combined: \$2,000 </p>
<p>Vision</p>	<ul style="list-style-type: none"> • must use Davis Vision provider • Plan pays 100% for routine eye exam and eyeglasses; contact lenses (in lieu of eyeglasses): \$25 copay
<p>Hearing</p>	<p>TeamstersCare Audiology Office - Charlestown</p> <ul style="list-style-type: none"> • hearing exam, evaluation, hearing –aids, and hearing-aid related visits: no cost to you