



Highlights of TEAMSTERSCARE BENEFITS for NCH Members

As an active NCH member, you—and in most cases your eligible family members—are entitled to the following TeamstersCare benefits:

- medical & hospitalization
 - prescription drugs
 - dental care & vision care
 - weekly disability (member only)
 - basic life insurance
 - AD&D insurance
 - hearing care
 - behavioral health care
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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 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 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 rate, 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 or 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 or 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)

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

Or through Accredo Specialty Pharmacy (mail-order only) 1-877-543-7097

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

DENTAL CARE

TeamstersCare makes dental care available in a number of ways

You can use our own in-house TeamstersCare dental facilities Monday through Saturday, 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

Or you can use **DeltaPremier Network** dentists at discounted rates, with no claim forms, for up to \$1,000 per person each year.

Benefits are provided at three levels: (I) *Preventive*: covered at 100%

(II) *Basic Restorative*: covered at 80% (III) *Major Restorative*: covered at 70%

Deductible amounts vary with level of service: (I) no deductible

(II) & (III) combined—calendar year deductible of \$50 per individual.

If you use a dentist who is *not* in the Delta network, your share of the cost will be higher.

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

VISION CARE

TeamstersCare helps cover the cost of eye care services & supplies for you and your family. You and your spouse are covered for up to \$100 in vision benefits for every two-year period.

Your dependent children are covered for up to \$100, per child, each year.

HEARING CARE

TeamstersCare provides access to our state-of-the-art Charlestown hearing office and audiology services. *Hearing exams & 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, 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.

ADDITIONAL INSURANCE COVERAGE

Basic Life Insurance

The TeamstersCare Life Insurance Program provides financial protection for your family or beneficiaries in case of your death. Coverage for member only ♦ Benefit amount: \$10,000

Accidental Death & Dismemberment Insurance

If you die as the result of an accident, the AD&D Program 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: \$10,000

Weekly Disability

If you have a disability that is not job-related but which keeps you from working, the Plan pays you \$225 per week for up to 26 weeks. Benefits begin on the first day of disability for an accident or on the 8th consecutive day of disability for an illness. Coverage for member only.

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.

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

Outline for: NCH Members

HMO Blue New England	
Annual Deductible	none
Benefit Level	Plan pays 80% Some \$20 copays required
Annual Maximum <i>out-of-pocket</i>	\$2,100 per individual, or \$2,200 per family
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 80%
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> <i>prostate exam</i>	No copay No copay Plan pays 80% No copay Plan pays 80% \$20 copay
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>	\$20 copay Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80% Plan pays 80%
Emergency Room Visit	<ul style="list-style-type: none"> • \$75 copay (unless admitted) • requires HMO approval within 48 hours of delivery of emergency services
Behavioral Health Care (Mental Health/Substance Abuse)	In-network benefit only out-patient treatment: \$20 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 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 • Refills can be ordered via telephone or online @ www.teamsterscare.com </p> <p>Mail-order Services: Medco Mail-Order...<i>up to 90-day supply</i> Copay: \$5 generic/\$15 brand name, if no generic is available <ul style="list-style-type: none"> • 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 In-Network Services: Medco Retail Pharmacy Network...<i>up to 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 Out-of-Network Services: 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 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 Specialty Pharmacy...<i>up to 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>two options</i></p>	<p>Charlestown, Chelmsford, Stoughton <ul style="list-style-type: none"> • preventive visits: <i>no cost to you</i> • filling visits: <i>\$5 TeamsterShare Payment</i> • denture, root canal, extraction visits: <i>\$10 TeamsterShare Payment</i> </p> <p>DeltaPremier calendar year maximum = \$1,000 per person <i>benefits at three levels:</i> <ol style="list-style-type: none"> I. preventive – 100% coverage II. basic restorative – 80% coverage III. major restorative – 70% coverage calendar year deductible = \$50 per person, for level II & III services, combined </p>
<p>Vision</p>	<p>Reimbursement for up to \$100 on certain expenses: <ul style="list-style-type: none"> • member & spouse—<i>\$100 for every two-year period</i> • children—<i>\$100 per child, each year</i> </p>
<p>Hearing</p>	<p>TeamstersCare Audiology Office - Charlestown <ul style="list-style-type: none"> • hearing exam or evaluation: no cost to you • hearing aid-related visits: no cost to you </p>