



## 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:*

- medical & hospitalization
- pharmacy/prescription drugs
- dental care
- vision care
- hearing care
- behavioral health care

### MEDICAL & HOSPITALIZATION

As a TeamstersCare retiree living outside of New England, or a retiree with an eligible dependent up to age 26 permanently residing outside of New England, you are covered by *TeamstersCare Early Retiree Blue Care Elect Preferred*. Under this coverage, you and your eligible dependents have two options 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.

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

TeamstersCare provides your basic medical coverage through *Blue Care Elect Preferred Providers*. 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. For a detailed listing of Blue Care Elect Preferred providers and facilities in your area visit [www.bcbs.com](http://www.bcbs.com) or call 1-800-810-2583.

You have access to *My Blue app*, a simple secure way to manage your health care and to *Blue Cross Blue Shield Well Connection*, an online video service that provides quick access to a doctor or therapist with an office visit copay. Download the MyBlue app and the Well Connection app or go to [wellconnection.com](http://wellconnection.com). Also, you can speak to a nurse at the *Blue Care Nurse Line at 1-888-247-2583* at no cost to you. Registered nurses are available to answer your health care questions 24 hours a day. Visit the Blue Cross website at [www.bcbs.com](http://www.bcbs.com) or call 1-800-241-0803 for more information.

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

## 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, if no generic is available

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

Monday-Saturday hours; health-related counseling

***At TeamstersCare Walk-in Pharmacies, refill your prescriptions with an app, online or via telephone.***

***Download the PocketRx app to your mobile device...***the fastest and easiest way to refill and manage your prescriptions. By downloading the PocketRx app, you can refill your prescription at the Charlestown or Stoughton TeamstersCare Pharmacy on the go. The app is available for iPhone, iPad and Android smartphones and tablets. Download the app from the App Store or Google Play, enter the zip code of the TeamstersCare Pharmacy you plan to use, 02129 for Charlestown or 02072 for Stoughton, then select the TeamstersCare Pharmacy.

***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](http://www.teamsterscare.com) and click on Refill Your Prescription on the right 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.

***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.

### ***Mail-Order Service:***

***The Express Scripts Pharmacy Mail-Order Service—up to 90-day supply.***

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

To fill a prescription by mail-order:

- mail your prescription and copy along with the Express Scripts Prescription Order Form
- Forms are available by calling Express Scripts or online at [www.express-scripts.com](http://www.express-scripts.com)

For refills through mail-order:

- logon to [www.express-scripts.com](http://www.express-scripts.com) and click on Order Status, or
- call the Express Scripts automated phone service at 1-877-543-7097, or
- mail a Refill Request Form along with a refill slip or prescription label to Express Scripts

### ***Retail Pharmacy Service:***

***A retail pharmacy that participates in the national Express Scripts Network — up to 30-day supply***

Generic copay per prescription: \$15 + 20% of remaining Express Scripts network cost

Brand copay per prescription (no generic available): \$25 + 20% of remaining Express Scripts network cost

Brand copay per prescription (generic available): \$25 + 20% of remaining Express Scripts network cost + cost difference between brand & generic

***Note that Walmart, Sam's Club and Walgreens are excluded from the network.***

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

Member pays full amount at point of sale, including copay; submits claim to Express Scripts within 12 months; receives check based on Express Scripts Network rate, less amount of copay

## Specialty Medications

***Certain complex medications that treat serious health conditions and may require intensive monitoring***

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

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

***Or through Accredo, Express Scripts Specialty Pharmacy (mail-order only) at 1-877-543-7097***

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

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

<b>Benefit</b>	<b>Blue Care Elect Preferred</b>	<b>Non-network</b>
<b>Annual Deductible</b>	none	\$250/individual \$500/family
<b>Benefit Level</b>	Plan pays 100% Some \$5/\$15 copays required	After the deductible, the Plan pays 80% <sup>1</sup>
<b>Dependent Coverage</b>	Last day of the month in which child turns 26	
<b>Inpatient Care</b> <sup>2</sup> <i>including maternity</i>	Plan pays 100%, after \$250 copay <sup>2</sup>	Plan pays 80% <sup>1</sup> after \$250 copay <sup>2</sup>
<b>Preventive Care</b> <i>routine adult physical</i> <sup>3</sup> <i>(see schedule below)</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%	After the deductible, Plan pays 80% <sup>1</sup>
<b>Outpatient</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 per visit Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100% Plan pays 100%	After the deductible, Plan pays 80% <sup>1</sup>
<b>Emergency Care</b> <i>doctor's office</i> <i>hospital emergency room</i>	\$15 copay per visit \$100 copay per visit <sup>4</sup>	After the deductible, Plan pays 80% <sup>1</sup>
<b>Behavioral Health Care (Mental Health &amp; Substance Abuse)</b>	Out-patient treatment: \$15 copay per visit; inpatient: Plan pays 100%, after \$250 copay <sup>2</sup>	After the deductible, Plan pays 80%
<b>Calendar Year Coinsurance Maximum</b>	None	\$1,000/individual \$2,000/family

<sup>1</sup>*of reasonable & customary expenses for covered charges. If the provider's actual charges are greater than the usual and customary charge, the member will be responsible for the applicable cost sharing amount based on the usual and customary fee, plus the difference between the usual and customary fee schedule and the provider's actual charges*

<sup>2</sup>*you pay \$250 copay per admission, up to a maximum of four copayments per year*

<sup>3</sup>*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 when age 55 or older*

<sup>4</sup>*copay waived if emergency room visit results in immediate hospitalization*

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

<b>Prescription Drugs</b> <i>four options</i>	<b>Walk-in and Pick-up Services:</b> <b>TeamstersCare Charlestown &amp; Stoughton Pharmacies...up to 90-day supply</b> TeamsterShare Payment per prescription: <ul style="list-style-type: none"> <li>• \$5 generic/\$15 brand if no generic is available</li> <li>• Refills: order via PocketRx app, <a href="http://www.teamsterscare.com">www.teamsterscare.com</a> or phone</li> </ul>
	<b>Mail-order Services:</b> <b>Express Scripts Mail-Order...up to 90-day supply</b> Copay: \$5 generic/\$15 brand, if no generic is available <ul style="list-style-type: none"> <li>• Mail your prescription and copay along with the Express Scripts Order Form</li> <li>• For refills, logon to <a href="http://www.express-scripts.com">www.express-scripts.com</a> and click on Order Status, or                             <ul style="list-style-type: none"> <li>○ call the Express Scripts automated phone service at 1-877-543-7097, or</li> <li>○ mail a Refill Request form along with a refill slip or prescription label to Express Scripts</li> </ul> </li> </ul>
	<b>Retail Pharmacy In-Network Services:</b> <b>Express Scripts Retail Pharmacy Network ...up to 30-day supply</b> Copayment per prescription: <ul style="list-style-type: none"> <li>• generic: \$15 + 20% of remaining discounted Express Scripts cost</li> <li>• brand, if no generic is available: \$25 + 20% of remaining discounted Express Scripts cost</li> <li>• brand, if generic is available: \$25 + 20% of cost of brand + cost difference between brand &amp; generic</li> </ul>
	<b>Retail Pharmacy Out-of-Network Services:</b> member pays full amount at point of sale, including copay; submits claim to Express Scripts within 12 months; reimbursement is according to the retail schedule described directly above
<b>Prescription Specialty Drugs</b> <i>(certain high cost medications)</i> <i>two options</i>	<b>Walk-in Services:</b> <b>TeamstersCare Charlestown &amp; Stoughton Pharmacies...up to 30-day supply</b> <ul style="list-style-type: none"> <li>• \$15 TeamsterShare Payment per prescription; walk-in (either pharmacy)</li> </ul>
	<b>Mail-order Services:</b> <b>Accredo, Express Scripts Specialty Pharmacy...up to 30-day supply</b> <ul style="list-style-type: none"> <li>• \$15 copayment per prescription - mail-order only; phone: 1-877-543-7097</li> </ul>
<b>Dental</b>	<b>Charlestown, Chelmsford, Stoughton TeamstersCare Dental Offices</b> <ul style="list-style-type: none"> <li>• preventive visits: <i>no cost to you</i></li> <li>• filling visits: <i>\$5 TeamsterShare Payment</i></li> <li>• denture, root canal, extraction visits: <i>\$10 TeamsterShare Payment</i></li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li>• must use Davis Vision provider</li> <li>• Plan pays 100% for routine exam and eyeglasses</li> <li>• contact lenses (in lieu of eyeglasses): <i>\$25 copay</i></li> </ul>
<b>Hearing</b>	<b>TeamstersCare Audiology Office - Charlestown</b> <ul style="list-style-type: none"> <li>• hearing exam, evaluation and hearing-aid related visits: no cost to you</li> <li>• out of New England area hearing aids require pre-treatment review from Charlestown Audiology to be eligible for partial reimbursement towards cost of hearing-aid</li> </ul>
<b>Employee Assistance Program (EAP)</b>	<ul style="list-style-type: none"> <li>• The EAP is a behavioral health resource for advice and guidance available to all members and their families. Our clinical professionals are available for assessment, referrals and case management. The service is confidential, provided at no cost and available by phone or in person. Call 1-800-851-8326 for assistance.</li> </ul>

**Important Note:** This summary is not meant to be a complete description of your TeamstersCare benefits. For a more detailed listing of Blue Care Elect Preferred providers and facilities in your area, visit [www.bcbs.com](http://www.bcbs.com) or call 1-800-810-2583. For more information on specific coverage 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.

## DENTAL CARE

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

You can use our TeamstersCare in-house 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 a national network of Davis Vision providers where you can obtain a wide range of eye care services & supplies. Covered benefits include routine eye exams and either eyeglasses, at no cost to you, or 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 eligible dependent children. ***Exam and eyeglass selection must occur 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 provider directly.

## HEARING CARE

TeamstersCare provides access to our state-of-the-art Charlestown audiology office and hearing care services. Hearing evaluations, hearing-aids and hearing-aid related visits are provided at no cost to you. We also offer an annual screening day for children to identify hearing issues that may contribute to learning problems.

Audiology benefits include testing for you, your spouse, and children age 3 and over. These include diagnostic evaluations and middle ear analysis. When appropriate, the TeamstersCare Audiologist may provide a hearing-aid. Hearing-aid fitting, real ear analysis, and follow up services are provided at our Charlestown office.

Hearing services provided out of the New England area require pre-treatment review from Charlestown Audiology to be eligible for partial reimbursement towards cost of hearing-aid.

## BEHAVIORAL HEALTH CARE

Blue Cross Blue Shield 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. In-network behavioral health care is 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 a 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 all in-patient services. For out-of-network services, you're covered at 80% of reasonable & customary charges, after meeting the non-network deductible.

***Employee Assistance Program (EAP)*** - TeamstersCare also offers our own EAP. This program is available to you and your family for advice and guidance with any behavioral health issue. It's a confidential service, provided at no cost to you, available by phone or in person. Call 1-800-851-8326 and they will help you assess the problem, may set up an appointment for counseling (1-3 sessions) and may refer you to an appropriate provider.

***R.A.F.T. (Referral and Follow-up Team)*** – TeamstersCare EAP sponsors this program, which allows for peer-group help with substance abuse. R.A.F.T. meets regularly at designated TeamstersCare sites – please call the Program Director at 1-800-851-8326 for more information.

## 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.

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.

### Where to go for more information

**Benefit questions?** Call **Member Services** at 617-241-9220, ext. 2 or visit [www.teamsterscare.com](http://www.teamsterscare.com)

**Charlestown Dental:** 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)

**Express Scripts (mail-order):** 877-543-7097 or [www.express-scripts.com](http://www.express-scripts.com)

**Accredo (Express Scripts Specialty Pharmacy - mail-order):** 877-543-7097

**Blue Cross Blue Shield:** 800-810-2583 or [www.bcbs.com](http://www.bcbs.com)

**Blue Cross Blue Shield Well Connection:** [wellconnection.com](http://wellconnection.com)

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

**Blue Cross Behavioral Health:** 800-444-2426 **TeamstersCare EAP:** 800-851-8326

**Davis Vision:** 800-283-9374 or [www.davisvision.com](http://www.davisvision.com)