



Highlights of TEAMSTERSCARE BENEFITS for Moving & Storage and Trade Show Members TeamstersCare Blue Care Elect Preferred

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

- | | | |
|-------------------------------|-------------------------------|--------------------------|
| ⇒ medical & hospitalization | ⇒ weekly disability insurance | ⇒ hearing care |
| ⇒ pharmacy/prescription drugs | ⇒ basic life insurance | ⇒ behavioral health care |
| ⇒ dental care | ⇒ AD&D insurance | ⇒ vision care |

MEDICAL & HOSPITALIZATION

As a TeamstersCare member living outside of New England, or a member with an eligible dependent permanently residing outside of New England, you are covered by *TeamstersCare 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.

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 or call 1-800-810-2583.

You have access to *MyBlue* 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. 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 or call 1-800-241-0803.

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 maternity, 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 fitness and weight loss program 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 by 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, 020271 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 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.

Copay per prescription: \$5 generic/\$15 brand, 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 Express Scripts or online at www.express-scripts.com

For refills through mail-order:

- logon to 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:

Retail pharmacies that participate in the Express Scripts Network – up to 30-day supply.

Copay per prescription: \$10 generic/\$20 brand, if no generic is available or \$20 + cost difference between brand name & generic, if generic is available

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 rates, less 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
MOVING & STORAGE AND TRADE SHOW PROGRAM BENEFITS
For Eligible Members Covered by TeamstersCare Blue Care Elect Preferred

Benefit	Blue Care Elect Preferred	Non-network
Annual Deductible	none	\$250/individual \$500/family
Benefit Level	Plan pays 100% Some \$5/\$15 copays required	After the deductible, the Plan pays 80% ¹
Lifetime Maximum <i>per person, all TeamstersCare Programs combined</i>	none	
Dependent Coverage	Last day of the month in which child turns 26	
Inpatient Care <i>including maternity</i>	Plan pays 100%	After the deductible, the Plan pays 80% ¹
Preventive Care <i>routine adult physical²</i> <i>(see schedule below)</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%	After the deductible, the Plan pays 80% ¹
Outpatient Care <i>office visit (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, the Plan pays 80% ¹
Behavioral Health Care (Mental Health/Substance Abuse)	Out-patient treatment: \$15 copay per visit; inpatient: Plan pays 100%	After the deductible, the Plan pays 80% ¹
Emergency Care <i>doctor's office</i> <i>hospital emergency room</i>	\$15 copay per visit \$75 copay per visit ³	After the deductible, the Plan pays 80% ¹
Calendar Year Coinsurance Maximum	None	\$1,000/individual \$2,000/family

¹ 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.

² one routine visit every five calendar years from age 19 through 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

³ 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 a detailed listing of Blue Care Elect Preferred providers and facilities in your area, visit 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.

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:</p> <ul style="list-style-type: none"> • \$5 generic/\$15 brand if no generic is available • Refills: order via PocketRx app, www.teamsterscare.com or phone <p>Mail-order Services: Express Scripts Mail-Order...<i>up to 90-day supply</i> Copayment per prescription:</p> <ul style="list-style-type: none"> • \$5 generic/\$15 brand, if no generic is available • Mail your prescription and copay along with the Express Scripts Order Form • For refills, logon to www.express.scripts.com and click on Order Status, or <ul style="list-style-type: none"> ○ call the Express Scripts automated phone service at 1-877-543-7097, or ○ mail a Refill Request Form with a refill slip or prescription label to Express Scripts <p>Retail Pharmacy In-Network Services: Express Scripts Retail Pharmacy Network...<i>up to 30-day supply</i> Copayment per prescription:</p> <ul style="list-style-type: none"> • \$10 generic/\$20 brand if no generic is available • \$20 copay + cost difference between brand & generic, for brand name when generic is available <p>Retail Pharmacy Out-of-Network Services:</p> <ul style="list-style-type: none"> • 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
<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></p> <ul style="list-style-type: none"> • \$15 TeamsterShare Payment per prescription • walk-in (either pharmacy) <p>Mail-order Services: Accredo Specialty Pharmacy...<i>up to 30-day supply</i></p> <ul style="list-style-type: none"> • \$15 copayment per prescription – mail-order only • phone: 1-877-543-7097
<p>Dental <i>three options</i></p>	<p>Charlestown, Chelmsford, Stoughton TeamstersCare Dental Offices</p> <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>Dental Blue Freedom Network Dentists</p> <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, Dental Blue Freedom & Non-Network Providers combined: \$2,500 <p>Non-Network Dentists</p> <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, Dental Blue Freedom & Non-Network combined: \$2,500
<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</p> <ul style="list-style-type: none"> • hearing exam, evaluation and hearing-aid related visits: no cost to you • 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
<p>Employee Assistance Program (EAP)</p>	<ul style="list-style-type: none"> • 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.

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

Dental Blue Freedom through BCBSMA

Three Networks:

- Dental Blue PPO – provides the largest discounts
- Dental Blue – discounts in a larger network
- Dentemax – a national network if you're not in the New England area

Dental services provided at discounted fees

Subject to an annual deductible and a calendar year maximum

Payable according to a fee schedule with a member share

Visit www.teamsterscare.com for a current fee schedule

Orthodontics for member, spouse, dependents:

Plan pays 50% of cost, up to \$2,000 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 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.

ADDITIONAL INSURANCE COVERAGE

Basic Life Insurance:

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:

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: \$50,000 (member only)

Weekly Disability:

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 the 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.

Where to go for more information or to schedule an appointment

Benefit questions? Call Member Services at 617-241-9220, ext. 2 or visit www.teamsterscare.com

Charlestown Appointment Desk: 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

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

Blue Cross Blue Shield: 800-241-0803 or www.bcbs.com 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

Dental Blue Freedom: 800-241-0803 or www.BCBSMA.com