



Highlights of TEAMSTERSCARE BENEFITS for Active Members TeamstersCare HMO Blue New England

As a full-time active member, you—and in most cases your eligible family members—are entitled to the following TeamstersCare benefits:

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| ➤ medical and hospitalization | ➤ weekly disability insurance | ➤ hearing care |
| ➤ pharmacy/prescription drugs | ➤ basic life insurance | ➤ AD&D insurance |
| ➤ behavioral health care | ➤ dental care | ➤ vision care |
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MEDICAL & HOSPITALIZATION

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. In most cases, you contribute to the cost of coverage by making copayments at appointments.

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 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.bcbsma.com*** or call 1-800-241-0803 for more information.

Your Medical Benefits Include

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: \$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

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

Download the Rx365 app to your mobile device...the fastest and easiest way to refill and manage your prescriptions. By downloading the Rx365 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, search for TeamstersCare and select the Charlestown or Stoughton pharmacy. Please note, you will need a recent prescription number in order to complete your registration.

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 Prescription Refill option at the top 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 7 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 7 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 name, if no generic is available

To fill a prescription at mail-order:

- mail your prescription and copay along with the Express Scripts 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:

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

Copay per prescription: \$15 generic/\$25 brand name, if no generic is available or \$25 + 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 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, the 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 Active Members Living in New England

HMO BLUE NEW ENGLAND	
Annual Deductible	none
Benefit Level	Plan pays 100% some copays required
Annual Maximum <i>out-of-pocket</i>	none
Lifetime Maximum <i>per person, all programs combined</i>	none
Dependent Child Coverage	Last day of the month in which child turns 26
Inpatient Care <i>including maternity</i>	Plan pays 100%
Preventive Care <i>routine adult physical</i> <i>well-child care</i> <i>allergy testing & treatment</i> <i>annual gynecological exam</i> <i>mammogram</i>	\$0 copay per visit \$0 copay per visit \$15 copay per visit \$0 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) 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%

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.

Important Note: This summary is not meant to be a complete description of your TeamstersCare benefits.

For eligibility-related issues, or if you have any questions, contact TeamstersCare Member Services at memberservices@teamsterscare.com or 617-241-9220, ext. 2.

TEAMSTERSCARE FACILITIES OR DEDICATED PROVIDERS

Prescription Drugs <i>four options</i>	Walk-in and Pick-up Services: TeamstersCare Charlestown & Stoughton Pharmacies...<i>up to 90-day supply</i> TeamsterShare Payment per prescription: \$5 generic/\$15 brand name if no generic is available - Refills: order via Rx365 app, www.teamsterscare.com or phone Mail-order Services: Express Scripts Mail-Order...<i>up to 90-day supply</i> Copayment per prescription: \$5 generic/\$15 brand name, 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 - 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 Retail Pharmacy <i>In-Network</i> Services: Express Scripts Retail Pharmacy Network...<i>up to 30-day supply</i> Copayment per prescription: \$15 generic/\$25 brand name, if no generic is available \$25 copay + cost difference between brand name & generic, for brand name if generic available Retail Pharmacy <i>Out-of-Network</i> Services: - 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
Prescription Specialty Drugs <i>(certain high cost medications)</i> <i>two options</i>	Walk-in Services: TeamstersCare Charlestown & Stoughton Pharmacies...<i>up to 30-day supply</i> \$15 TeamsterShare Payment per prescription - walk-in (either pharmacy) Mail-order Services: Accredo, Express Scripts Specialty Pharmacy...<i>up to 30-day supply</i> \$15 copayment per prescription – mail-order only - phone: 1-877-543-7097
Dental <i>three options</i>	Charlestown, Chelmsford, Stoughton TeamstersCare Dental Offices - preventive visits: no cost to you - filling visits: \$5 TeamsterShare Payment - denture, root canal, extraction visits: \$10 TeamsterShare Payment Dental Blue Freedom Network Dentists - 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 Non-Network Dentists - 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
Vision	- must use Davis Vision provider - Plan pays 100% for routine eye exam and eyeglasses; contact lenses (in lieu of eyeglasses): \$25 copay
Hearing	TeamstersCare Audiology Office - Charlestown hearing exam, evaluation, hearing-aids, and hearing-aid related visits: no cost to you
Employee Assistance Program (EAP)	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 In-House 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

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

Appointments available Monday through Saturday

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 away from home

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 \$3,000 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.

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.

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 inpatient services.

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: 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 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

Benefit questions? Call Member Services at 617-241-9220, ext. 2 or email memberservices@teamsterscare.com

TeamstersCare EAP (Employee Assistance Program): 800-851-8326

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

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

Blue Cross Blue Shield: 800-241-0803 or www.bluecrossma.org, wellconnection.com

Blue Care Nurse Line: 888-247-2583

Blue Cross Behavioral Health: 800-444-2426

Davis Vision: 800-283-9374 or www.davisvision.com

Dental Blue Freedom: 800-882-1178 or www.bluecrossma.org