## **Plan IV**

### TEAMSTERS BENEFIT TRUST

# COMPARISON OF MEDICAL BENEFITS



J U L Y 2023

## **Comparison of Medical Benefits—Plan IV**

#### SUMMARY: Read this

**Comparison of Medical Benefits** to choose your medical option when filling out your **TBT Enrollment Form.** Your medical option must be the same for you and your covered dependents.

For a full Plan description, refer to the specific Plan materials (*Guide to Your Benefits*, *Summary of Coverage*, *Plan Change Notices*, *Summary of Material Modifications* or HMO *Evidence of Coverage*).

*HMO:* Your Plan offers Kaiser and Anthem Blue Cross HMOs. Refer to each HMO's *Evidence of Coverage* for details and enrollment requirements.

**PPO/Non-PPO:** Your Summary of Coverage shows the difference between PPO and non-PPO coverage under the Indemnity Medical Plan. PPO claims are paid based on PPO contract rates. All non-PPO claims are paid based on Usual, Customary and Reasonable (UCR) charges, usually resulting in higher out-ofpocket expenses for you. Check that a doctor, hospital, lab or clinic is a PPO provider before receiving services by calling Anthem Blue Cross at (888) 887-3725. Outside California, call (800) 810-2583 for PPO Providers.

Anthem Blue Cross: Your doctor must notify Anthem Blue Cross at (800) 274-7767 in advance of a non-emergency hospital stay and within 72 hours of an emergency admission.

**NO SURPRISES ACT:** Non-PPO emergency treatment is paid as required by the No Surprises Act (explained on last page).

#### MENTAL HEALTH PARITY

ACT: Coverage for mental health and alcohol or chemical dependency treatment should be no more restrictive than coverage for other medical conditions. Indemnity medical claims for mental health and alcohol or chemical dependency are accumulated to meet the same medical benefit deductible and outof-pocket limit applicable to claims for other types of medical care.

	SELF-FUNDED OPTION: INDEMNITY MEDICAL PLAN ANTHEM BLUE CROSS PPO		
MEDICAL BENEFITS	Deductible per calendar year:       \$100         Per covered person       \$300         Family maximum       \$300         Note: All medical benefits except chiropractic, TAP and outpatient prescription drugs (or where noted) are subject to deductible.		
<b>A. Hospital Benefits</b> Note: Under the Indemnity Medical option, all in-hospital care must be pre-certified and monitored by Anthem Blue Cross at (800) 274-7767. In an emergency, call within 72 hours of admission.	INPATIENT: (Subject to deductible)       100%         PPO       50% of UCR         Non-PPO       50% of UCR         OUTPATIENT: (Subject to deductible)       80% to \$5,000 per calendar year; 100% of UCR thereafter         Non-PPO       80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter         Non-PPO       80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter         Exception: Surgery or accident within 24 hours with no deductible       100% of PPO or UCR		
B. Accident Expense Benefit	PPO <b>100% to \$300</b> Non-PPO <b>100% of UCR to \$300</b> First \$300 not subject to deductible. Treatment within 3 months of accident.		
C. Ambulance	PPO100%Non-PPO80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter		
D. Surgery (Physician Services)	PPO 100% Non-PPO 80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter		
E. Doctor Visits	PPO100%Non-PPO80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter		
F. Preventive Care	All applicable preventive care services required by the Affordable Care Act for you and your dependents. PPO 100% Non-PPO 90% of UCR		
G. Diagnostic X-Ray and Lab	PPO       100%         Non-PPO       80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter         Note: For preventive care services, see G. Preventive Care (above). Routine mammograms         follow American Cancer Society guidelines.		
H. Skilled Nursing Facility	Per disability maximum       60 days         Room and board (within seven days of an in-hospital stay)       100%         PPO       100%         Non-PPO       80% of UCR to \$5,000 per calendar year; 100% of UCR thereafter		
l. Mental Health Services in Hospital	Same as <b>A. Hospital Benefits</b> (above). <i>Note:</i> Pre-admission Certification by Anthem Blue Cross is required for all non-emergency hospital stays and within 72 hours of emergency admission. See your <i>Summary of Coverage</i> .		
J. Mental Health Services in Medical Offices	Same as E. Doctor Visits (above).		
K. Treatment for Alcohol or Chemical Dependency Call TAP: (800) 253-TEAM or (510) 562-3600. In Central Valley, call TARP: (800) 522-8277 or (209) 572-6966.	Same as <b>A. Hospital Benefits</b> and <b>E. Doctor Visits</b> (above). <i>Note: Hospital admission</i> must be pre-certified and monitored by Teamsters Assistance Program (TAP) or Teamsters Alcohol/ Drug Rehabilitation Program (TARP) for all non-emergency stays and within 72 hours of emergency admission. <i>All Pre-admission Certification and Utilization Review procedures must also be met. See your Summary of Coverage.</i>		
<b>L. Chiropractic</b> (Not Subject to Deductible)	Initial visit and diagnostic x-rays do not count against the maximums and are subject to deductible:PPO100% to \$25Non-PPO100% of UCR to \$25Per visit covered expense maximum\$25Calendar year maximum\$1,250Note: Separate \$300 calendar year maximum for muscle spasms, soft tissue or back strain.		
M. Prescription Drugs— Outpatient	<ul> <li>Generic drugs from Anthem CarelonRx participating pharmacies \$5 Generic/\$10 Brand Note: If you or your doctor order a brand name drug when a generic is available, you also pay the cost difference between generic and brand name.</li> <li>Mail Service and Specialty Drugs: For details about these prescription drug benefits through Anthem CarelonRx, see your Summary of Coverage and Guide to Your Benefits. Note: Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.</li> </ul>		

#### HEALTH MAINTENANCE ORGANIZATION (HMO) OPTIONS

HEALTH MAINTE	NANCE ORG	ANIZATION (HMO) OPTIONS	
KAISER		ANTHEM BLUE CROSS HMO	
Deductible per calendar year Copayments apply to specified services	none	Deductible per calendar year Copayments apply to specified services	none
Physician and surgeon services Intensive care/cardiac care Room and board Laboratory and x-ray Physical therapy Administered medications Other necessary services and supplies Emergency room	no charge no charge no charge no charge no charge no charge no charge no charge	Physician and surgeon services Intensive care/cardiac care Room and board Laboratory and x-ray Physical therapy Administered medications Other necessary services and supplies Emergency room \$35–W	no charge no charge no charge no charge no charge no charge no charge yaived if admitted
No similar benefit		No similar benefit	
Within Kaiser's service area when approved by a Kaiser physician	no charge	In connection with an authorized confinement/valid emergency	no charge
Physician and surgeon services	no charge	Physician and surgeon services	no charge
Office visits, check-ups, exams, OB/GYN Hearing and vision exams Physical therapy visits Allergy test injection visits Administered medications, injections Laboratory and x-ray	no charge no charge no charge no charge no charge no charge no charge	Office visits, check-ups, exams, OB/GYN Hearing and vision exams Physical therapy visits Allergy test injection visits Administered medications, injections Laboratory and x-ray	no charge no charge no charge no charge no charge no charge
Similar preventive care	no charge	Similar preventive care	no charge
	no charge p to 100 days benefit period		no charge ge up to 100 days per benefit period
	·		
In-hospital care	no charge	In-hospital care Severe mental health illness benefits	no charge unlimited days
Individual care Group therapy	no charge no charge	Outpatient care Severe mental health illness benefits	no charge no charge
Inpatient detox Individual substance use disorder evaluation and treatment Group substance use disorder evaluation and treatment Intensive outpatient and day treatment programs Residential substance use disorder treatment See Kaiser <i>Evidence of Coverage and Disclosure</i> Form.	no charge no charge no charge no charge no charge	Inpatient hospitalization Individual substance use disorder treatment Group substance use disorder evaluation and treatment Intensive outpatient and day treatment programs Residential substance use disorder treatment See Anthem Blue Cross HMO <i>Evidence of Coverage and Disclosure</i> for	no charge no charge no charge no charge no charge orm.
Not covered See Kaiser <i>Evidence of Coverage and Disclosure</i> form.		Covered See Anthem Blue Cross <i>Evidence of Coverage and Disclosure</i> form.	no charge
Generic drugs from Anthem CarelonRx participating pharmacies       100%         Note: If you or your doctor order a brand name drug when a generic is available, you also pay the cost difference between generic and brand name.       100%         Mail Service and Specialty Pharmacy: For details about these prescription drug benefits through Anthem CarelonRx, see your Summary of Coverage and Guide to Your Benefits. Note: Specialty drugs and many injectable medications require prior authorization and are not available through retail pharmacies.		<ul> <li>Generic drugs from Anthem CarelonRx participating pharmacies</li> <li>Note: If you or your doctor order a brand name drug when a genery you also pay the cost difference between generic and brand name.</li> <li>Mail Service and Specialty Pharmacy: For details about these prescription benefits through Anthem CarelonRx, see your Summary of Coverage of Your Benefits. Note: Specialty drugs and many injectable medications authorization and are not available through retail pharmacies.</li> </ul>	otion drug and <b>Guide to</b>

## **Comparison of Medical Benefits—Plan IV** (Continued)

	SELF-FUNDED OPTION	HEALTH MAINTENANCE ORGANIZATION (HMO) OPTIONS		
	INDEMNITY MEDICAL PLAN ANTHEM BLUE CROSS PPO	KAISER	ANTHEM BLUE CROSS HMO	
Telephone Numbers for Additional Information	TBT Plan Administration Office: (510) 796-4676 (800) 533-0119 Anthem Blue Cross: PPO Network: (888) 887-3725	(800) 464-4000 Refer to the HMO's <i>Evidence of</i> <i>Coverage</i> for details and enrollment requirements.	(800) 624-8822 Refer to the HMO's <i>Evidence of</i> <i>Coverage</i> for details and enrollment requirements.	
Service Area	No geographic limitations in the United States.	The service area of this Plan is the geographical area within a 30-mile radius of any Kaiser Permanente medical facility in the following counties:AlamedaSacramento Contra CostaAmadorSan Bernardino Contra CostaContra CostaSan Diego El DoradoEl DoradoSan Francisco FresnoFresnoSan Mateo KernKernSanta Clara KingsKingsSolano MaderaMaderaSonoma MarinMarinStanislaus MariposaMarinStanislaus MariposaPlacerYolo RiversideFor information about services available where you live, contact Kaiser Membership Services at (800) 464-4000.	Anthem Blue Cross HMO is offered in the following counties:AlamedaOrange AlpineAlamedaOrange PlacerAmadorPlumas ButteButteRiverside CalaverasCalaverasSacramento ColusaColusaSan Benito Contra CostaContra CostaSan Bernardino Del NorteDel NorteSan Diego El DoradoEl DoradoSan Francisco FresnoFresnoSan Luis Obispo HumboldtHumboldtSanta Clara Nata ClaraKernSanta Clara Santa Clara KernLakeSierra LassenLassenSiskiyou Los AngelesMarinStanislaus MariposaMarinoTehama MercedMonoTuolomne MontereyMonoTuolomne MontereyMonoTuolomne MontereyFor information about services available where you live, contact Anthem Blue Cross HMO at (800) 624-8822.	

*Open Enrollment:* You can change your TBT medical and dental options once a year. After your initial election of medical and dental options, you may change them once every 12 months. You may also change your medical or dental option if you are enrolled in an HMO and move outside of the HMO service area. Contact the TBT Plan Administration Office for details. *No Surprises Act:* If you are treated at an out-of-network hospital or urgent care center, you must generally pay more out of pocket than if treated in a PPO hospital or urgent care center. However, the No Surprises Act provides that your out-of-pocket costs for the following out-of-network emergency claims will not be greater than if you were treated at an in-network facility:

- Emergency services
- Services provided by an out-ofnetwork doctor or other health care provider at an in-network hospital or urgent care center, and
- Air ambulance services.

*Mental Health Parity Act:* This law requires that coverage for mental health and alcohol or chemical dependency treatment—sometimes collectively referred to as behavioral health services—should be no more restrictive than coverage for other medical conditions, as listed under *A. Hospital Benefits* and *E. Doctor Visits* inside.

Indemnity Medical claims for mental health and alcohol or chemical dependency are accumulated to meet the same medical benefit deductible and out-of-pocket limit applicable to claims for other types of medical care.

This **Comparison of Medical Benefits** is only a summary of the coverage actually provided by each of the specified programs. All exclusions and limitations of benefit coverage have not been listed and may vary by TBT Plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Teamsters Benefit Trust Summary Plan Description for your TBT Plan or the contracts or Evidence of Coverage with Kaiser or Anthem Blue Cross HMO, which control in case of conflict. To maintain the financial stability of the Plan and Trust, the Board of Trustees reserves the right to change the benefits, deductibles or copayments or to terminate the Plan at any time.