



TEAMSTERS LOCAL No. 377

HEALTH AND WELFARE FUND

RETIREE SUMMARY OF BENEFITS

Teamsters Local No. 377

Health & Welfare Fund

(Downstairs Office)

1223 Teamster Drive

Youngstown, OH 44502

Phone: (330) 744-3148

Fax: (330) 744-4764

TEAMSTERS LOCAL No. 377 HEALTH AND WELFARE FUND

1223 Teamsters Drive • Youngstown, Ohio 44502 • (330) 744-3148

BOARD OF TRUSTEES

UNION TRUSTEES

Ralph (Sam) Cook

Ken Sabo

Rich Sandberg

EMPLOYER TRUSTEES

Carmen G. Forde

Raymond A. Huber

Joseph J. Kerola

FUND ADMINISTRATOR

Compensation Programs of Ohio, Inc.

FUND CO-COUNSEL

Faulkner, Hoffman & Phillips, LLC

Marcus & Shapira, LLP

FUND AUDITOR

Anness, Gerlach & Williams, Certified Public Accountants

TEAMSTERS LOCAL 377 HEALTH & WELFARE FUND

1223 TEAMSTERS DR., YOUNGSTOWN, OH 44502

(330) 744-3148

**MEDICAL MUTUAL OF OHIO**

2060 EAST NINTH ST., CLEVELAND, OH 44115

(800) 426-6158

SUMMARY OF BENEFITS**BENEFIT**

Life Insurance

MAXIMUM PAYABLE

\$ 2,000.00

**** Above benefits apply to Retiree only****

Benefits	Network	Non-Network
Benefit Period	January 1 st through December 31 st	
Dependent Age	26 Removal upon End of Month	
Benefit Period Deductible – Single/Family ¹	\$500 / \$1,000	\$1,000 / \$2,000
Coinsurance	80%	60%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	\$5,000 / \$10,000	
Lifetime Maximum	Unlimited	
4 Month Deductible Carryover	Applies only for period of September 1, 2012 – December 31, 2012	
Physician/Office Services		
Office Visit to PCP (Illness/Injury) ²	\$20 copay, then 100%	60% after deductible
Specialist Office Visit (Illness/Injury) ²	\$40 copay, then 100%	60% after deductible
Urgent Care Office Visit ²	\$20 copay, then 100%	60% after deductible
Diagnostic Services - rendered in the Physician's Office	100%	60% after deductible
Immunizations (All Tetanus Toxoid Vaccines – Illness/Injury)	80% after deductible	60% after deductible
Immunizations	100%	60% after deductible
Preventive Services		
Preventive Service in accordance with federal law³	100%	60% after deductible
Routine Adult Physical Exams (Ages 21 and over; One per calendar year)	100%	60% after deductible
Well Child Care Services including Exams (7 exams in 1 st 12 months), Routine Vision, Routine Hearing Exams, Well Child Care Immunizations and Laboratory Tests (up to age 21)	100%	60% after deductible
Routine Mammogram	100%	60% after deductible
Routine Gynecological Exam (One exam per calendar year)	100%	60% after deductible

Benefits	Network	Non-Network
Routine EKG, Chest X-ray, Complete Blood Count (CBC), Comprehensive Metabolic Panel, Urinalysis (One each per benefit period)	100%	60% after deductible
Cholesterol Screening, Prostate Specific Antigen (PSA), Colon Cancer Screening (All Ages)	100%	60% after deductible
Influenza Virus Vaccine (All ages)	100%	60% after deductible
Endoscopic Services ⁴	100%	60% after deductible
Preventative Immunizations (Age 21 and over)	100%	60% after deductible
Routine Audiometric (Hearing) Examination	100%	60% after deductible
Outpatient Services		
Surgical Services	80% after deductible	60% after deductible
Diagnostic Services – rendered other than a physician's office	80% after deductible	60% after deductible
Physical Therapy, Occupational Therapy and Chiropractic - Facility and Professional (10 visits then subject to Medical Review)	80% after deductible	60% after deductible
Speech Therapy – Facility and Professional (10 visits then subject to Medical Review)	80% after deductible	60% after deductible
Cardiac Rehabilitation	80% after deductible	60% after deductible
Emergency use of an Emergency Room ⁵	\$100 copay, then 80% after deductible	
Non-Emergency use of an Emergency Room	Not covered	Not covered
Inpatient Facility		
Semi-Private Room and Board	80% after deductible	60% after deductible
Maternity (limited to EE and SP only)	80% after deductible	60% after deductible
Skilled Nursing Facility (730 day w/90 day renewal; prof svcs unlimited)	80% after deductible	60% after deductible
Organ Transplants (includes professional services)	80% after deductible	60% after deductible
Additional Services		
Allergy Testing	80% after deductible	60% after deductible
Allergy Treatments	80% after deductible	60% after deductible
Case Management	100%	100%
Emergency use of Ambulance	80% after deductible	60% after deductible
Non-emergency use of Ambulance	Not covered	Not covered
Oral Accident	80% after deductible	60% after deductible
Durable Medical Equipment	80% after deductible	60% after deductible
Jobst/Compression Stockings	80% after deductible	60% after deductible
Home Healthcare	80% after deductible	60% after deductible

Benefits	Network	Non-Network
Hospice	80% after deductible	60% after deductible
Private Duty Nursing	80% after deductible	60% after deductible
Mental Health and Substance Abuse		
Inpatient Mental Health and Substance Abuse	80% after deductible	60% after deductible
Outpatient Mental Health and Substance Abuse	80% after deductible	60% after deductible
Outpatient Mental Health and Substance Abuse Office Visit	\$20 copay, then 100%	60% after deductible
Hearing Aid Benefit		
Conformity Evaluation (1 every rolling 36- months)	100% up to \$150.00 maximum (\$150 maximum combined with Hearing Aid Evaluation Test)	
Hearing Aid (1 per ear every rolling 36-months)	80% after deductible (up to \$1500 maximum per appliance per ear)	
Hearing Aid Evaluation Test (1 every rolling 36-months)	100% up to \$150.00 maximum (\$150 maximum combined with Conformity Evaluation)	

Network services will apply to only the Network deductible. Non Network services will apply to only the Non-Network deductible.

Non-Contracting and Facility Other Providers will pay the same as Non-Network.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

¹Maximum family deductible. Member deductible is the same as single deductible.

²The office visit copay applies to the cost of the office visit only.

³Preventive services include evidence-based services that have a rating of "A" or "B" in the United States Preventive Services Task Force, routine immunizations and other screenings, as provided for in the Patient Protection and Affordable Care Act.

⁴Incidental services related to endoscopic services are subject to the Plan's network and non-network benefits. Examples of incidental services include facility charges, anesthesia and pathology.

⁵Copay waived if admitted. The copay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

PRIMARY CARE PROVIDERS SUBJECT TO \$ 20.00 Co Pay

- ◆ General Practice
- ◆ Family Practice
- ◆ Internal Medicine
- ◆ Obstetrics and Gynecology (OB/GYN)
- ◆ Pediatrics/Neonatology
- ◆ Certified Nurse Practitioner/Physician Assistant
- ◆ Geriatric
- ◆ All Travel/Other Network Providers
- ◆ Psychiatry
- ◆ Geriatric Psychiatry
- ◆ Child and Adolescent Psychiatry
- ◆ Addiction Psychiatry
- ◆ Psychology
- ◆ Licensed Independent Social Worker
- ◆ Licensed Professional Clinical Counselor
- ◆ Licensed Marriage – Family Therapist

All other providers will be considered specialists and are subject to the \$ 40.00 Co Pay

CAREBRIDGE CORPORATION, EMPLOYEE ASSISTANCE (EAP)



1.800.437.0911

www.myliferesource.com

Access code: KF7M5

The Fund offers an Employee Assistance Program through Carebridge Corporation for family, financial, legal, and emotional or other personal problems for all eligible member and their eligible dependents who **DO NOT** have an employee assistance program available to them through their employer.

Carebridge and its network of skilled EAP counselors offer you a choice of either face-to-face or convenient scheduled telephone consultations. Each counselor is trained, credentialed, and experienced in helping you or your eligible dependent. Carebridge can help 24 hours per day, 7 days per week with issues such as:

Marital Relationships, Grief and Loss, Alcohol Problems, Financial Pressures, Stress Management, Difficult Emotional Issues, Family/Parenting Relationships, Spousal/Child/Parent abuse, Drug Problems, Work Relationships, Depression and Anxiety, Smoking Cessation.

PRESCRIPTION DRUG BENEFIT

Express Scripts, Inc. 
 P.O. Box 66583, St. Louis, MO 63166

www.express-scripts.com
 1.800.467.2006

Generic Preferred Program: If you choose the generic, your copayment will be the cost of your prescription up to \$15.00. If you choose the brand-name, you will pay a copayment of \$15.00 *plus* the difference in cost between the generic and the brand-name drug even if your physician indicates dispense as written.

- Step Therapy Program:** Step Therapy encourages the use of generic medications.
- Step 1 – Try the front-line generic or lower-cost brand medication, proven to be safe, effective and affordable.
 - Step 2 – If the front-line generic does not work for you, you will automatically be able to fill the more expensive brand-name back-up medication.

	RETAIL PHARMACY	MAIL ORDER
Generic Drugs	\$ 15.00 Co-Pay	\$ 30.00 Co-Pay
Brand Formulary	\$ 30.00 Co-Pay	\$ 60.00 Co-Pay
Brand Non-Formulary	\$ 60.00 Co-Pay	\$120.00 Co-Pay
Generic Oral Contraception	\$ 0.00 Co-Pay	\$ 0.00 Co-Pay
	Brand Formulary and Non-Formulary Oral contraception will continue to be subject to medical necessity, Co-Pay applies	
Generic OTC Aspirin	\$ 0.00 Co-Pay	\$ 0.00 Co-Pay
	Men ages 45 to 79 years and women ages 55 to 79. To prevent cardiovascular disease. Physicians prescription required.	
Generic Fluoride Rx Products	\$ 0.00 Co-Pay	\$ 0.00 Co-Pay
	Preschool children older than 6 months of age through 5 years old. Physician prescription required.	
Generic Folic Acid OTC/Rx Products	\$ 0.00 Co-Pay	\$ 0.00 Co-Pay
	Women of child bearing age (18 to 45). Physician prescription required.	
Generic Iron Supplements OTC/Rx Products	\$ 0.00 Co-Pay	\$ 0.00 Co-Pay
	Children ages 6 to 12 months who are at increased risk for iron deficiency anemia. Physician prescription required.	

EXCLUSIONS

Fertility drugs, Smoking cessation drugs, Genetically Engineered drugs, Immune Altering drugs, and Non-Generic Federal Legend Oral Contraceptives will be excluded. (Some exceptions apply. Please contact the Fund Office for further information).

PHARMACY EXCLUSIONS

- ☆Wal-Mart ☆Walgreens ☆Marc's

The ESI card is not valid at these pharmacy chains nor will there be any reimbursement eligibility for non-emergency prescriptions.

In the event that a network pharmacy is not available for medical emergencies a claim may be submitted directly to the Fund office for consideration of reimbursement minus the applicable co-payment.

LIFE INSURANCE BENEFIT (For Retiree Only)

In the event of your death at any time or place while you are covered under the Fund, a benefit in the amount indicated on the Summary Of Benefits will be paid in a lump sum to the beneficiary you have named. However, no benefit will be paid for death by suicide.

Should you fail to name a beneficiary, or if the beneficiary you have named is not living at the time of your death, this benefit will be paid in the following order of preference to:

1. Your spouse
2. Your children,
3. Your parents

YOU MAY CHANGE YOUR BENEFICIARY WHENEVER YOU WISH BY COMPLETING THE APPROPRIATE FORM AVAILABLE AT THE FUND OFFICE. YOU MUST DO THIS IN PERSON.

Should you die within 31 days after your eligibility ends, the death benefit will be paid just as if you were eligible at the time of your death.

If prior to 60 you become totally and permanently disabled, your life insurance will continue without cost for a period of twelve months. Proof of total and permanent disability must be presented within the twelve-month period, and yearly thereafter, to continue the insurance in force.

Because of the self-insured status of the Fund, this life insurance benefit cannot be converted to individual coverage.

The Fund is not obligated to notify you or your beneficiary of any termination of coverage.

Dependent Eligibility:

Eligible Dependents include:

- Your wife or husband, unless legally separated;
- Your dependent children, step children, and adopted children through the end of the month of their 26th birthday regardless of marital status or the availability of other group health coverage through their employer;
- Your unmarried children who can't work to support themselves due to mental retardation or physical handicap. The disability must have started before the end of the month in which the child reaches the age limit when eligibility would otherwise have ended.

Eligibility For Retirees

The following eligibility rules must be met in order for a Retiree between the ages of 55 and 65 to qualify for Retiree Health Insurance Benefits. These benefits are being provided in part through current contributions being paid on behalf of active members covered under this Welfare Fund and direct Retiree contributions.

In order for a Retiree to be eligible for these benefits, it is necessary to meet the following requirements:

1. The Retiree must be at least age 55 and have been an eligible active employee under the Health and Welfare Fund for at least 9 full years of the 12 years immediately prior to his termination as an active employee on or after age 55. The Retiree must have been covered by this Health and Welfare Fund for a period of at least 2 full years as an active employee immediately prior to age 55, if previously covered by another Teamster Industry health insurance fund or employer paid plan negotiated with Teamsters Local 377.
2. The Retiree must have been in covered employment as an active employee for which contributions were paid under the Teamsters Central States Pension Fund, other teamster pension fund or Local No. 377 negotiated employer pension plan immediately prior to age 55, and earned sufficient credit to retire at that date or at a later date.
3. The Retiree must pay the required monthly contribution established by the Board of Trustees within the required time.

Coverage For Individuals Who Receive a Social Security Disability Award

If you receive a social security disability award, you will be eligible to participate in the retiree program at the same premium rate and benefits as those retiring at age 55. There is no minimum age requirement for eligibility, so long as you have received a social security disability award.

The Plan does not provide any coverage to Medicare-eligible individuals who do not enroll in Medicare Part A and Part B. The bridge gap program will pay its benefits only after Medicare has paid its benefits.

For further information regarding retirement eligibility requirements please contact the Fund office.



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1223 TEAMSTERS DRIVE
(DOWNSTAIRS OFFICE)
YOUNGSTOWN, OH 44502

PHONE (330) 744 - 3148

FAX (330) 744 - 4764

REQUEST TO DISCONTINUE RETIREE HEALTH INSURANCE BENEFITS DUE TO OTHER GROUP HEALTH COVERAGE THROUGH RETIREE OR SPOUSE

**Please complete this form to discontinue your coverage for health benefits provided by the
Health and Welfare Fund:**

Name of Retiree:	_____	Social Security Number:	_____ - ____ - ____
Name of Retiree Spouse:	_____	Social Security Number:	_____ - ____ - ____

Discontinuance is for:

Retiree:	<input type="checkbox"/>	Date of Discontinuance:	_____ / ____ / ____
Retiree Spouse:	<input type="checkbox"/>	Date of Discontinuance:	_____ / ____ / ____
Both:	<input type="checkbox"/>	Date of Discontinuance:	_____ / ____ / ____

Retiree's Employer:

Retiree Spouse's Employer:

Name: _____
Address: _____

Name: _____
Address: _____

Other Insurance Carrier Information:

Other Insurance Carrier Information:

Name: _____
Address: _____

Name: _____
Address: _____

Phone #: () _____
Contract #: _____

Phone #: () _____
Contract #: _____

If you wish to reinstate your coverage under the Health and Welfare Fund because your other coverage is terminated or because the conditions on which that coverage provided change, you must notify the Fund Office no later than 10 days after your other coverage terminates. You must also make the required self-contribution at that time and give the Fund Office written notice explaining why you wish to be reinstated.

Retiree's Signature	_____	Date	_____	Retiree Spouse's Signature	_____	Date	_____
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The purpose of the Teamsters' Local # 377 Health and Welfare Fund providing retiree benefits is to enable a retired member and his or her spouse to have adequate health insurance until he or she attains age 65. This coverage is not to be primary if an individual takes retirement and obtains employment, which provides health insurance. If this does occur, it is required that the Retiree notifies the Health and Welfare of this fact. The Fund will, upon notification that other health insurance coverage is being provided, suspend your retiree coverage. It will be immediately reinstated once the retired member notifies the Fund Office that coverage is again required due to termination of his or her other employment and pays the appropriate Retiree Contribution. If a Retiree fails to notify the Fund that he or she has other health coverage, his or her right to continue in this program will be terminated.

It is very important that the Retiree recognize the high cost of these benefits. If a retired member has a working spouse who has health insurance coverage available, it is required that the Retiree's Spouse maintains the coverage for himself or herself. Your spouse's retiree coverage will be suspended under this plan until the other coverage is no longer provided. Failure to notify the Fund of this situation will result in the spouse's loss of coverage for the balance of the period, which may be available to the Retiree.

