

The TeamCare Proposed Healthcare Plan

Local Union 728 - Movie Industry



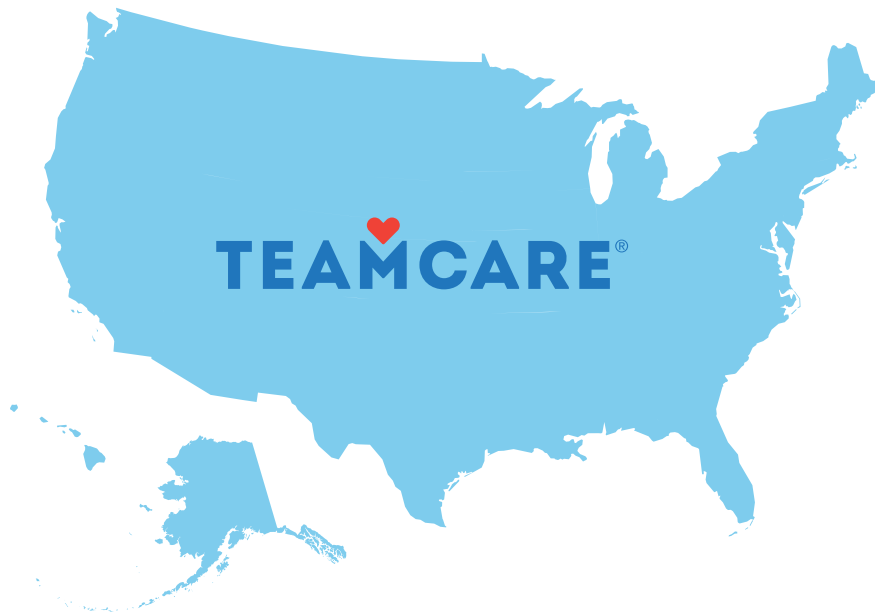


We're excited to introduce you to TeamCare!

Delivering better healthcare over the long haul.

TeamCare is a national health plan that provides medical, pharmacy, vision, dental, and other benefits to 520,000 Teamster family members, from small regional companies to nationally known companies like UPS, YRC, ABF, US Foods, Miller Brewing, and a host of others across this great country.

We are a multi-employer Health Fund (Taft-Hartley) with 1,100 contributing employers, governed by an elected Board of Trustees with equal representation from participating unions and employers.



We'll be here...waiting for the green light.

TeamCare is a 3rd party to your contract negotiations between the Teamsters Local 728 and the Movie Industry. If negotiated and approved by the membership, TeamCare would be your healthcare benefits provider instead of the Flex Plan. You can rest easy, as TeamCare has been providing union members with benefits for over 70 years.

If TeamCare becomes your healthcare benefits provider, we will work with the Teamsters and the membership to ensure a seamless transition from the Flex Plan to TeamCare.

You deserve the best doctors and we deliver.

TeamCare's extensive networks give our members access to nearly every hospital and doctor. Because TeamCare utilizes the nationwide BlueCross BlueShield PPO network, the largest in the country, members will not need to change doctors or hospitals. TeamCare's network is larger and provides more access than the current Flex Plan network. Don't take our word for it—visit **MyTeamCare.org** and click on the *Find a Provider* link and check for yourself.

At your fingertips: **MyTeamCare.org/Movies728**

TeamCare information is at your fingertips 24/7 with a website we created just for the our Local 728 members in the Movie Industry. Just visit **MyTeamCare.org/Movies728** to find the most current benefit information and answers to most frequently asked questions.

TeamCare...the low deductible Plan

If TeamCare is negotiated your health benefit plan will be improved for you and your family. Under TeamCare, your deductible and your out-of-pocket costs will be lower than your current plan. TeamCare is far superior than offered by many other insurers—including your current carrier.

Proposed TeamCare Plan Highlights Include:

- Low deductible
- Low out of pocket limit
- Low copay for physician office visit
- You pay nothing for Wellness Benefits
- You pay nothing for immediate care at CVS MinuteClinic
- You pay nothing for Outpatient Lab through QuestSelect
- You pay nothing for Advanced Imaging Benefits through USIN
- You pay nothing for telemedicine through Teladoc



Prescription Coverage

With TeamCare, prescriptions can be filled at over 68,000 national and independent pharmacies across the nation that participate in the CVS Caremark Network. These include Walgreens, Duane Reade, Costco, Rite Aid, Target, Kroger, Jewel-Osco, CVS, and many others.

- Under our retail pharmacy program, TeamCare members pay a 25% copay for short-term prescription fills and non-maintenance medications
- Under CVS Caremark Mail Service Pharmacy or Maintenance Choice, TeamCare plan participants pay a 20% copay for a 90-day supply
- TeamCare plan participants can receive a 90-day supply of medication at a local CVS pharmacy store under Maintenance Choice

Vision and Dental Coverage

With TeamCare, your cost for in-network vision benefits is a \$10 copay. For that \$10 copay, you will receive an eye exam, standard lenses, and a pair of frames—with up to a \$150 allowance.

Benefits under TeamCare Vision will include access to EyeMed Vision Care's national network of providers. The national network includes such familiar names as Pearle Vision®, LensCrafters®, Target Optical®, and many other independent providers.

In addition, TeamCare provides a comprehensive dental and orthodontic benefit. Whether it is a routine cleaning, a child's first cavity or more serious dental concerns, the TeamCare Dental Benefit will help take the ache out of your wallet. TeamCare members enjoy a generous annual dental maximum of \$1,500 per person and a \$1,500 per child orthodontic benefit.

...but wait, there's more!!!

Please review the Plan Benefit Profile which is available at MyTeamCare.org/Movies728 for detailed information on all the potential healthcare benefits.





TeamCare Family Protection Benefit helps when you really need it.

Bad things do happen to good people. In the event of a TeamCare member's death, their family may be eligible for five years of continued TeamCare coverage at no cost—a \$100,000 value. The TeamCare Family Protection Benefit is a unique and unmatched benefit that offers employees “peace of mind” when they need it most.

With most plans, a family's health benefits come to an end when the member dies. The only way to continue coverage is to make COBRA self-payments. This can be very expensive and cost-prohibitive for a family—especially at a difficult time.

However, through exclusive use of TeamCare medical providers for all non-emergency care, TeamCare members can count on continued healthcare coverage under the Family Protection Benefit for five additional years—at no premium cost.



We're here for YOU.

At TeamCare, we are here to help by delivering better healthcare over the long haul. For over 70 years, TeamCare has been synonymous with service.






Every day we recognize the responsibility to provide generous healthcare benefits for our members. We strive to positively impact the quality of life for our participants and their families with dedication and integrity.

Please visit our special website at **MyTeamCare.org/Movies728** for more details.

More information can be found on our special **Movies Local Union 728** website at: **MyTeamCare.org/Movies728**



Teamsters Local 728 Movie Industry Plan Comparison

A comparison of the EPO Plan 80 can be found at MyTeamCare.org/Movies728		FLEX PLAN ANTHEM PREMIER EPO PLAN 60		TEAMCARE®	
NETWORK		BLUE CROSS BLUE SHIELD NATIONAL PPO NETWORK		BLUE CROSS BLUE SHIELD NATIONAL PPO NETWORK	
ANNUAL DEDUCTIBLES					
INDIVIDUAL		\$2,600		\$500	
FAMILY		\$5,200		\$1,000	
ANNUAL OUT-OF-POCKET					
INDIVIDUAL		\$4,950		\$4,000	
FAMILY		\$9,900		\$8,000	
OFFICE VISIT CO-PAY					
PRIMARY CARE		\$40		\$30	
SPECIALIST		\$40		\$30	
URGENT CARE		\$40		\$30 If BILLED AS AN OFFICE VISIT	
KEY MEDICAL BENEFITS					
COINSURANCE APPLIES AFTER DEDUCTIBLE IS MET					
PREVENTIVE CARE		COVERED IN FULL		COVERED IN FULL - NO COST TO THE MEMBER	
	TELEMEDICINE	\$20 COPAY		COVERED IN FULL - NO COST TO THE MEMBER	
	CVS MINUTE CLINIC	N/A		COVERED IN FULL - NO COST TO THE MEMBER	
URGENT CARE		\$40 COPAY OR If BILLED AS AN OUTPATIENT 40%		If BILLED AS AN OUTPATIENT VISIT: 25%	
EMERGENCY ROOM		\$150 COPAY / 40%		\$150 COPAY / 25%	
COINSURANCE (INPATIENT, OUTPATIENT, SURGICAL, AMBULANCE)		40%		25%	
	OUTPATIENT LAB SERVICES	\$40 COPAY		COVERED IN FULL - NO COST TO THE MEMBER: QUEST	
	OUTPATIENT IMAGING (MRI, CT)	40%		COVERED IN FULL - NO COST TO THE MEMBER: USIN	
CHIROPRACTIC BENEFIT		40% COPAY (MAX 30 VISITS)		50% UP TO \$500 PER PERSON, PER YEAR	
OUTPATIENT BEHAVIORAL HEALTH		\$40 COPAY		\$30 COPAY	
INPATIENT BEHAVIORAL HEALTH		40%		25%	
PRESCRIPTION BENEFITS					
					
RETAIL (UP TO 30 DAY SUPPLY)		TIER 1: \$10 COPAY TIER 2: \$250/\$500 DEDUCTIBLE, THEN \$25 COPAY	TIER 3: \$50 COPAY TIER 4: 30%, MAX \$150	NO DEDUCTIBLE, 25% COINSURANCE	
MAINTENANCE (UP TO 90 DAY SUPPLY)		TIER 1: \$10 COPAY TIER 2: \$250/\$500 DEDUCTIBLE, THEN \$50 COPAY	TIER 3: \$50 COPAY TIER 4: 30%, MAX \$150	NO DEDUCTIBLE, 20% COINSURANCE	
DENTAL BENEFITS					
DELTA DENTAL					
DENTAL DEDUCTIBLE		\$50/\$150		NO DEDUCTIBLE	
DENTAL ANNUAL MAX		\$1,000 PER PERSON, PER YEAR		\$1,500 PER PERSON, PER YEAR	
ORTHODONTIA MAX		\$1,000 PER PERSON		\$1,500 PER CHILD	
VISION BENEFITS					
VSP					
VISION (IN-NETWORK)		\$10 (EVERY 12 MONTHS)		\$10 (EVERY 12 MONTHS)	
LENSES		INCLUDED (EVERY 12 MONTHS)		INCLUDED (EVERY 12 MONTHS)	
FRAME ALLOWANCE		\$150 ALLOWANCE (EVERY 24 MONTHS)		\$150 ALLOWANCE (EVERY 12 MONTHS)	
CONTACT LENSES		\$150 ALLOWANCE (EVERY 12 MONTHS)		\$120 ALLOWANCE (EVERY 12 MONTHS)	
SHORT-TERM DISABILITY		AVAILABLE		TO BE DETERMINED	
LIFE INSURANCE (MEMBER)		\$20,000		TO BE DETERMINED	
FAMILY PROTECTION BENEFIT		NOT AVAILABLE		TEAMCARE PROVIDES UP TO FIVE YEARS OF FREE HEALTH COVERAGE FOR COVERED DEPENDENTS IN THE EVENT OF THE MEMBER'S DEATH.	

If there is a discrepancy in this comparison, the Plan Document shall govern.
Visit MyTeamCare.org for more information.



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MyTeamCare.org/Movies728

