TEAMCARE® CENTRAL STATES PENSION FUND 2025 SUMMIT

Roadmap to Benefits

Juan Beaton	Enrollment and Coordination of Benefits
Laura Kallio	Benefit Basics
Cindy Bernstein	Short-Term Disability, Extensions, Life Insurance
Bridget Phenegar	Appeals

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Enrollment and Coordination of Benefits

Juan J. Beaton

Director of Health & Welfare and Building Operations

New Hire Enrollment

- Employer reports a new hire
- TeamCare welcome packet is sent to the Member with the following:
    - Summary Plan Description
    - Plan Benefit Profile
    - Summary of Benefits and Coverage
    - Enrollment form
    - Life Insurance Beneficiary form

Member Enrollment

- Online Enrollment
- Paper Enrollment

❖Additional documents:
- ❖Marriage Certificate
- ❖Birth Certificate
- ❖Custody documents
- ❖Divorce Decree

Online enrollments are processed faster and the member receives on the status of the enrollment via e-mail.

Special Enrollment

Special enrollment allows the member to change the coverage level and/or which dependents are covered under the Plan (per Plan rules).

Life events triggering a special enrollment:

- ❖Birth or adoption of a child
- ❖Change in marital status
- ❖Loss of other healthcare coverage
- ❖Death of a dependent

Open Enrollment

Members that have tiered coverage are provided with the ability to change their coverage level during annual open enrollment.

Open Enrollment period – November of every year, members are notified in October.

Coordination of Benefits ("COB")

COB is the process to determine which plan will pay first when a member or a dependent has health care coverage in addition to the TeamCare coverage.

Factors that affect the COB process:

- Natural parents' birthday
- Divorce decree
- Employer based coverage
- Longer employment coverage
- Custody of child
- Court orders

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Benefit Basics

Laura Kallio

Director of Communications

Eligibility is Key

- New Hires have an 8-week establishing period with TeamCare (this is in addition to probation)
- Must be working during week of treatment

- For layoff or other inactive weeks, will need COBRA

KNOW BEFORE YOU GO!

Recent Benefit Improvements

Effective March 1, 2025

- **Hearing Aid Benefits**
  - The Hearing Aid benefit limit was increased from $1,000 per ear every 36 months to **$3,000 per ear every 36 months** for all active and retiree plans that had a dollar benefit limit.
- **Chiropractic Benefits**
  - The annual dollar limit for Chiropractic services (for those plans with an annual dollar limit) was removed and replaced by a **24-visit limit per calendar year**. The coinsurance remains the same.

Procedures that Need Pre-Approval

BCBS- required

- Bariatric
- Transplants
- ABA Therapy
- Gender Reassignment

TeamCare (most common)

- Potential Cosmetic Procedures
- High Dollar Durable Medical Equipment
- Specialty Drugs
- Genetic Testing

Benefit Basics to Know

- **Plan Benefit Profile (PBP)**
  - Quick summary to all member benefits
    - Medical, Dental, Vision, STD
  - Lists Deductible, Out of Pocket and other frequencies and limits
  - If not listed separately on PBP, benefits paid as Major Medical
  - Available on MyTeamCare.org

Benefit Basics to Know

- **Available Wellness Benefits**
  - Annual Physicals
  - Routine Bloodwork
  - Immunizations/Vaccines
  - Screening tests

- **Primary Care Physicians**
  - Partner in Healthcare
  - Large network through BCBS
  - Less expensive

RX BASICS – UPS VS OTHER PLANS

- **UPS Cost**
  - Retail - $5 copayment
    - Short-term prescriptions and non-maintenance medications
  - Mail Order-$0 copayment
    - 90-day supply
  - Maintenance Choice
    - 90-day supply at local CVS

- **Other Plans Cost***
  - Retail -25% copayment
    - Short-term prescriptions and non-maintenance medications
  - Mail Order -20% copayment
    - 90-day supply
  - Maintenance Choice
    - 90-day supply at local CVS

Before the third fill, long-term maintenance medications must be filled through the Maintenance Choice Program or CVS/Caremark Mail Service or be subject to a 50% copayment.

- Maximum copayment is $200 per fill

RX Basics- all Plans

Brand vs Generic: Required to use generic when available or be responsible for cost difference in addition to any copayment

Formulary List: Required to use medications on the Formulary list or be responsible for the full cost of the non-covered medication

Self – Injectable medications: TeamCare Plans provide a $1,000 Out of Pocket Maximum

More Basics to Know

- **Always Check the EOB**
  - Don't pay upfront, wait for claim to be paid
  - Compare what owed to what billed
  - EOBs available online

- **Contact Information**
  - Keep information current with TeamCare
    - Mailing Address, Phone and Email

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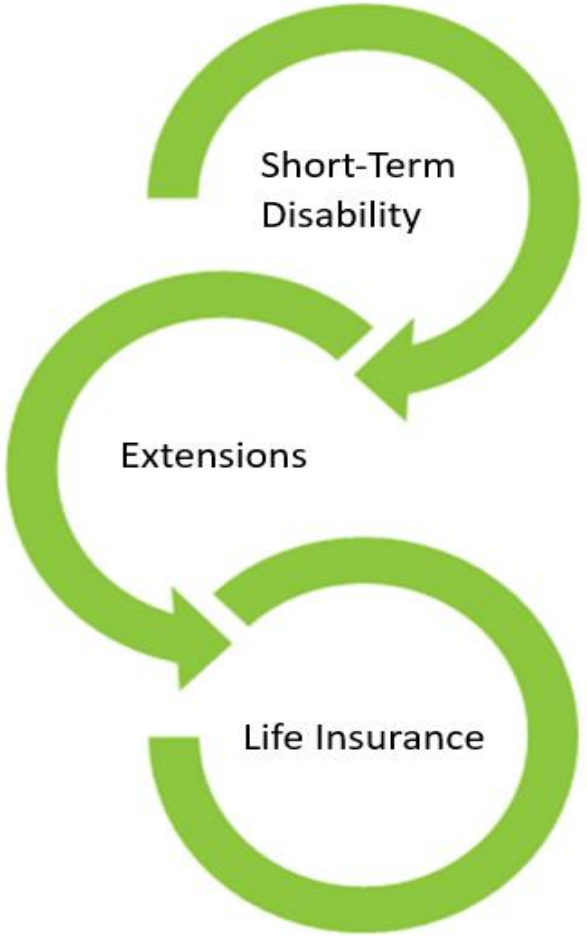
Short-Term Disability, Benefit Extensions & Life Insurance

Cindy Bernstein

Director of TeamCare Network Management & Benefits Control

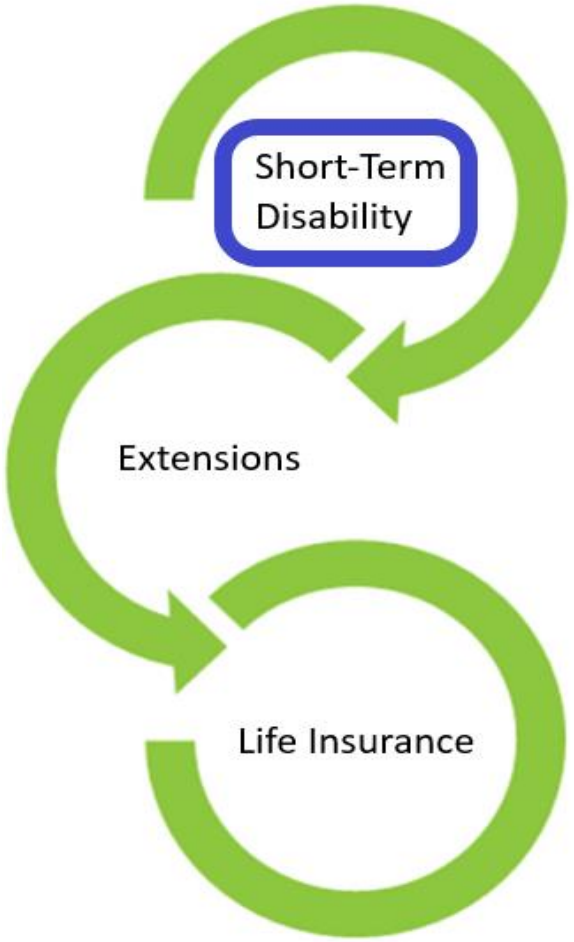
TEAMCARE ROADMAP TO BENEFITS



Life happens…
and TeamCare is ready.

People may need disability benefits because they have a medical condition that prevents them from working, leading to financial hardship, the need for financial support, and continued healthcare coverage.

Short-Term Disability



Disabilities and When Benefits Start

Key Qualifiers

How to Apply – The Form

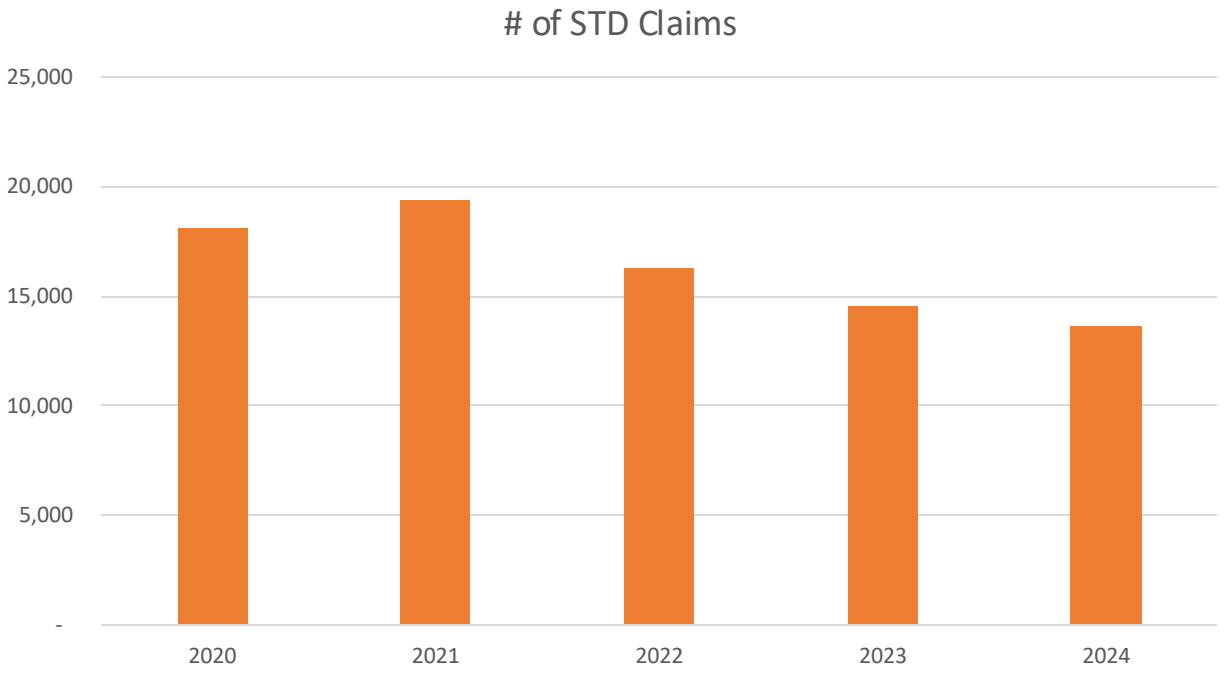
Best Filing Practice

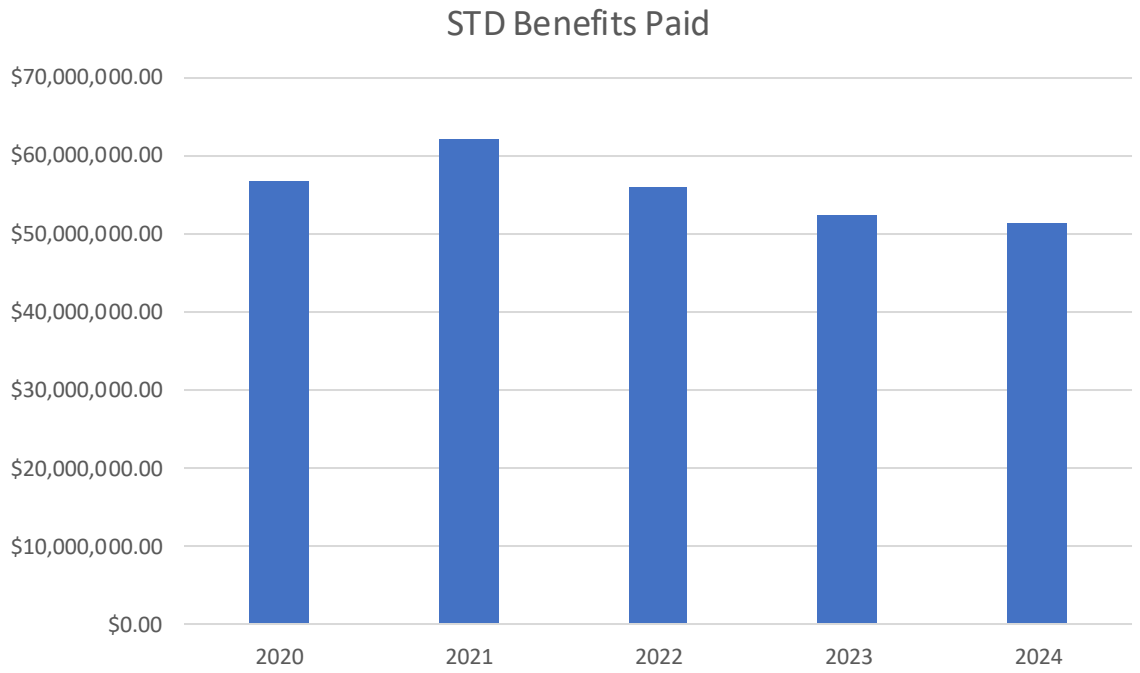
Special Filing Requirements (UPS/TFF)

Continuation Form and Termination of Benefits

SHORT-TERM DISABILITY

Statistics





SHORT-TERM DISABILITY

Disabilities and When Benefits Start

Non-Work-Related
Accidental Bodily Injury

1st day of disability

Illness

8th day of disability

Pregnancy

8th day of disability

IF treatment was received within 1 day prior or 3 days after the disability date

Short-Term Disability

Key Qualifiers

Absent from work for a compensable disability

Active at the onset

Receiving regular medical treatment

Short-Term Disability

How to Apply

Initial Form Required

Must be complete

- Member
- Doctor
- Employer

SHORT-TERM DISABILITY

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NOTE: In addition to completing and returning this form to TeamCare:
- **UPS** employees must call The Hartford at 866-825-0186 or visit abilityadvantage.thehartford.com to initiate your leave.
- **TForce Freight** employees must email tffleave@tforcefreight.com or visit the TELUS Health Portal at tforce.abilitiabsenceus.com to initiate your leave.

SHORT-TERM DISABILITY CLAIM FORM - INITIAL REPORT OF DISABILITY

FORM MUST BE COMPLETED IN FULL BEFORE PAYMENT IS CONSIDERED

Send to: TeamCare, PO Box 5107 Des Plaines IL 60017-5107 or Fax Form To: 847-518-9757

SECTION 1 – PARTICIPANT'S INFORMATION PLEASE PRINT

Participant's Identification Number:	Participant's Full Name:	Date of Birth:
8 0 6		

Participant's Complete Address:	Employer:

If accident related, please answer the following questions:

Date of Accident: _____

Where did the accident occur? check one ☐ Home ☐ Work ☐ Auto ☐ Other

How did the accident occur? _____

Is your disability in any way work related? ☐ Yes ☐ No

If yes, please explain: _____

***If you have been denied by Workers' Compensation, attach a copy of the denial.

Authorization: I hereby authorize any doctor, hospital, or insurance company to furnish and disclose all known facts.

_____ Signature of Participant

_____ Participant's Phone Number

_____ Date

Participant's Information

Fill out Form

- Member
- Doctor
- Employer

Short-Term Disability

To initiate a STD Leave (UPS and TFF only)

UPS employees

Call The Hartford at **866-825-0186** -or-

Log into **abilityadvantage.thehartford.com**

TForce Freight employees

Email **tffleave@tforcefreight.com** -or-

Log into TELUS Health Portal at

tforce.abilitiabsenceus.com

Participant's Information

Fill out Form

- Member
- Doctor
- Employer

Short-Term Disability

Physician's Statement

SECTION 2 – PHYSICIAN'S STATEMENT PLEASE PRINT		
Patient's Name:	Date Disability Began: **DO NOT SUBMIT FORM BEFORE THIS DATE**	Diagnosis
All dates of treatment for this disability:	Surgery date and procedure performed:	
Was patient hospitalized? ☐ Yes ☐ No Date: _____	What is the treatment plan? For a pregnancy, please give the estimated delivery date: _____	Is condition due to patient's employment? ☐ Yes ☐ No Briefly explain:
ACTUAL OR ESTIMATED RETURN TO WORK DATE REQUIRED **Actual** return to work date: _____ OR **Estimated** return to work date: _____		
Physician's Signature:	Print Physician's Name:	Physician's Phone Number: Date Form Completed:

Fill out Form

- Member
- Doctor
- Employer

Short-Term Disability

Employer's Statement

SECTION 3 – EMPLOYER'S STATEMENT PLEASE PRINT		
What was the employee's last day paid or compensated (i.e., vacation)? _____ Last day worked: _____	What date did the employee actually return to work? _____ (Do not use a future date)	
Was the employee on layoff? ☐ Yes ☐ No Date of layoff: _____ Date recalled: _____	Has a claim been filed for Workers' Compensation related to this disability? ☐ Yes ☐ No	
Employer's Signature:	Print Employer's Name and Position:	Employer's Phone Number: Date Form Completed:

Fill out Form

- Member
- Doctor
- Employer

Short-Term Disability

Best Filing Practice

Document Upload Center

Message Center

FORMS AND DOCUMENTS
MyTeamCare.org

Fax to **(847) 518-9757**

Mail to PO Box 5107, Des Plaines, IL 60017-5107

Protect your members' personal information. Email is not a secure way to send STD forms.

Short-Term Disability – UPS and TForce Freight

Special Filing Requirements
UPS and TForce Freight Members

- STD wages do not come from TeamCare in certain states
- Members must file as noted on this screen (also on the STD Initial Form)
- Benefit statements required in certain cases
  - Message Center at MyTeamCare.org
  - Fax (847) 518-9757

UPS & TForce Freight Members Working in CA or RI

California **edd.ca.gov**
Rhode Island **dlt.ri.gov/tdi**
Benefit Statement to TeamCare

UPS Members Working in NJ or NY

File claim with The Hartford
- Call **(866) 825-0186** **-or-**
- **abilityadvantage.thehartford.com**

TForce Freight members working in NJ

Claims can be filed by email/phone/fax
- **nj.gov/labor/myleavebenefits**
- Call **(609) 292-7060**
- Fax **(609) 984-4138**
- **Benefit Statement to TeamCare**

TForce Freight members working in NY

File claim with MetLife
- **metlife.com/mybenefits**
- Call **(833) 622-0135**

Short-Term Disability

Continuation of STD

Continuation Form has the same 3 Sections as Initial Form:

1. Participant
2. Physician
3. Employer

Length of disability

Termination of STD

Return to work

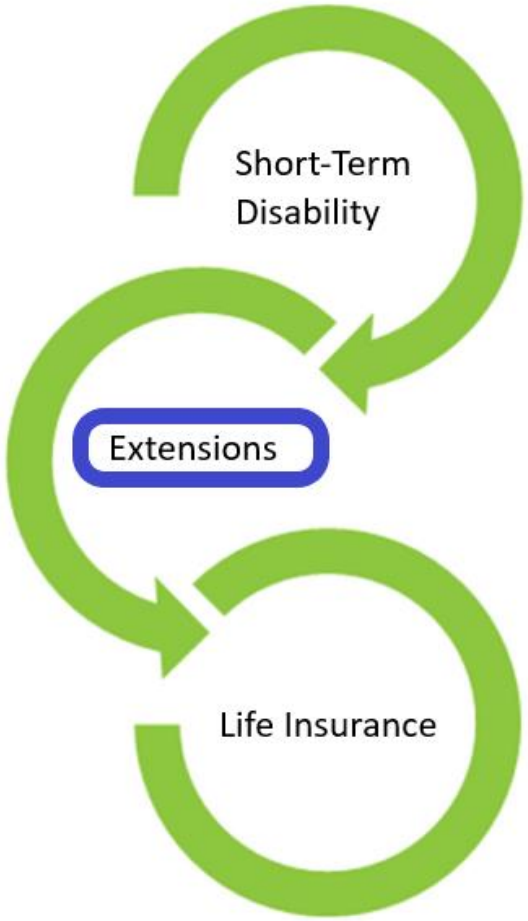
No longer disabled

Lack of medical treatment

Retirement

Maximum benefit paid

Basic and Major Medical Extensions



Qualifications

Benefit Details

Termination of Extensions

BASIC AND MAJOR MEDICAL EXTENSIONS

Qualifications

Prior to losing coverage:

Severely restricted from normal activities (disabled)

Condition existed

Condition compensable

Expenses incurred

Basic and Major Medical Extensions

Benefit Details

Basic and Major Medical

Coverage only for:

- Disabled individual
- Disabling diagnosis
- No dependent coverage

No monetary benefit; health coverage only
(excludes dental and vision)

Not available if other coverage exists

Basic Benefit

Up to 13-week duration
Same benefits as when active

Major Medical

Up to 24-months
Major Medical benefits (80/20)
No out-of-pocket max

Basic and Major Medical Extensions

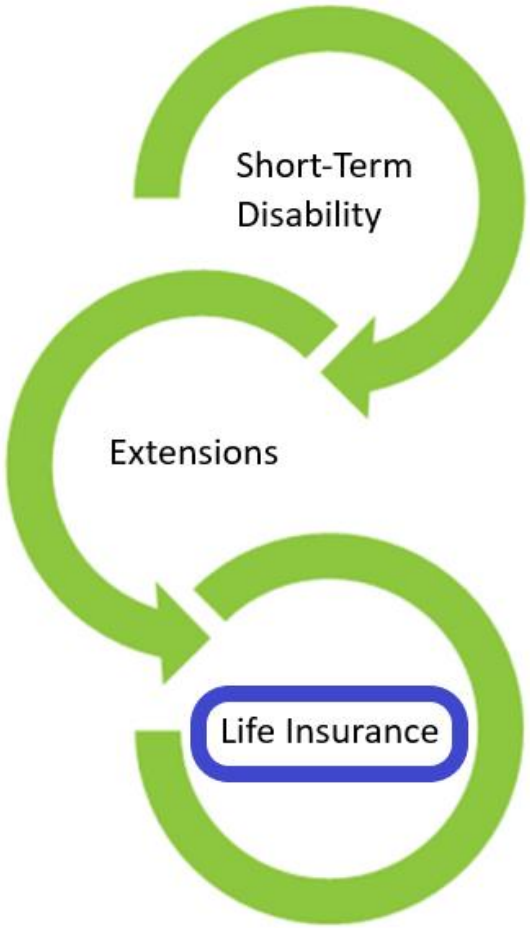
Termination of Extensions

13-Week Basic and 24-Month Major Medical

Date eligible for other insurance coverage

Date no longer disabled

Life Insurance Benefits



Types of Life Insurance Benefits

Basic Qualifications

Designating a Beneficiary

Family Protection

Life Insurance Benefits

Types of Life Insurance Benefits

Regular

Accidental Death and Dismemberment

Dependent (Spouse or Child)

Life Insurance Benefits

Basic Qualifications

Active coverage on date of death
(31-day grace period for regular benefit)

Certified death certificate required

Claims must be filed within 3 years of the date of death

Notice of Claim must be filed to claim the benefit

Life Insurance Benefits

Designating a Beneficiary

Members can designate a beneficiary:

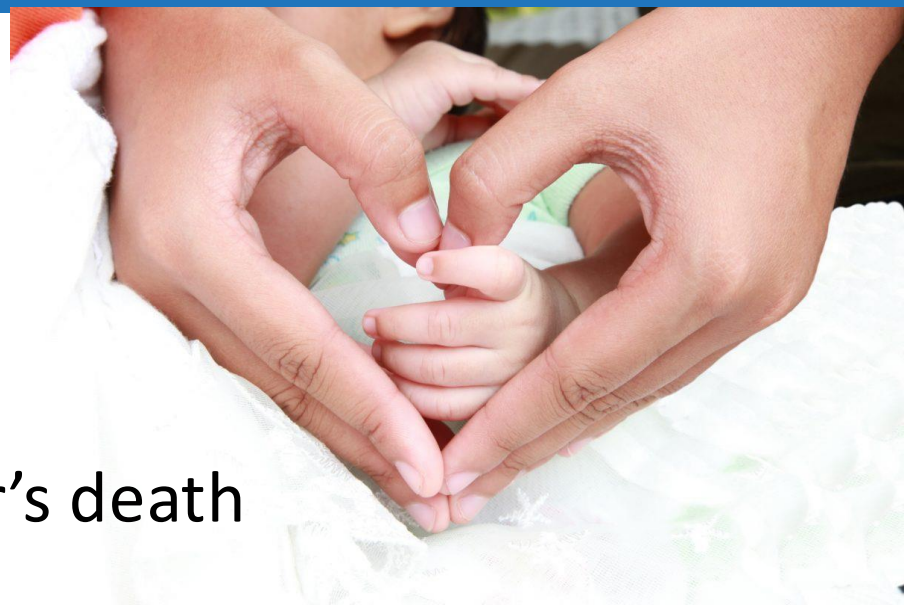
- Life Insurance Preference Beneficiary Form
- Form must be signed and dated to be valid

If there isn't a named beneficiary on file, the benefit amount will be paid in order as follows:

- Surviving spouse
- Surviving children, in equal shares
- Parents, in equal shares
- Siblings, in equal shares
- Member's estate

Life Insurance Benefits

Family Protection



Free coverage, same Active Plan, for up to 5 years

No out-of-network claims 2 years preceding member's death

Active contributions required on member's date of death

No other health insurance available

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What to know about Appeals

Bridget Phenegar

Division Manager of Communications

What to know when filing an Appeal

TeamCare has a two-step appeal process

How to submit an appeal

ONLINE

Logging in at **MyTeamCare.org** and select Message Center or Document Upload Center under My Documents on your Dashboard

FAX

847-518-9794

MAIL

TeamCare
A Central States Health Plan
PO Box 5126
Des Plaines, IL 60017-5126

An Appeal Must Include:

- Member's name and address
- Member's identification number
- Claim number, if known
- Patient's name
- Relationship of patient to plan member
- The date of loss for which the claim was made
- Exact reason of dissatisfaction of claim handling
- Documents and records to support your position

How to maximize TeamCare benefits

- Utilize in-network providers
- Predetermination of benefits for specialty services
- Inform TeamCare of any family or beneficiary changes
- Understand Short-Term Disability benefits
- Know Retiree eligibility requirements