

AGENDA

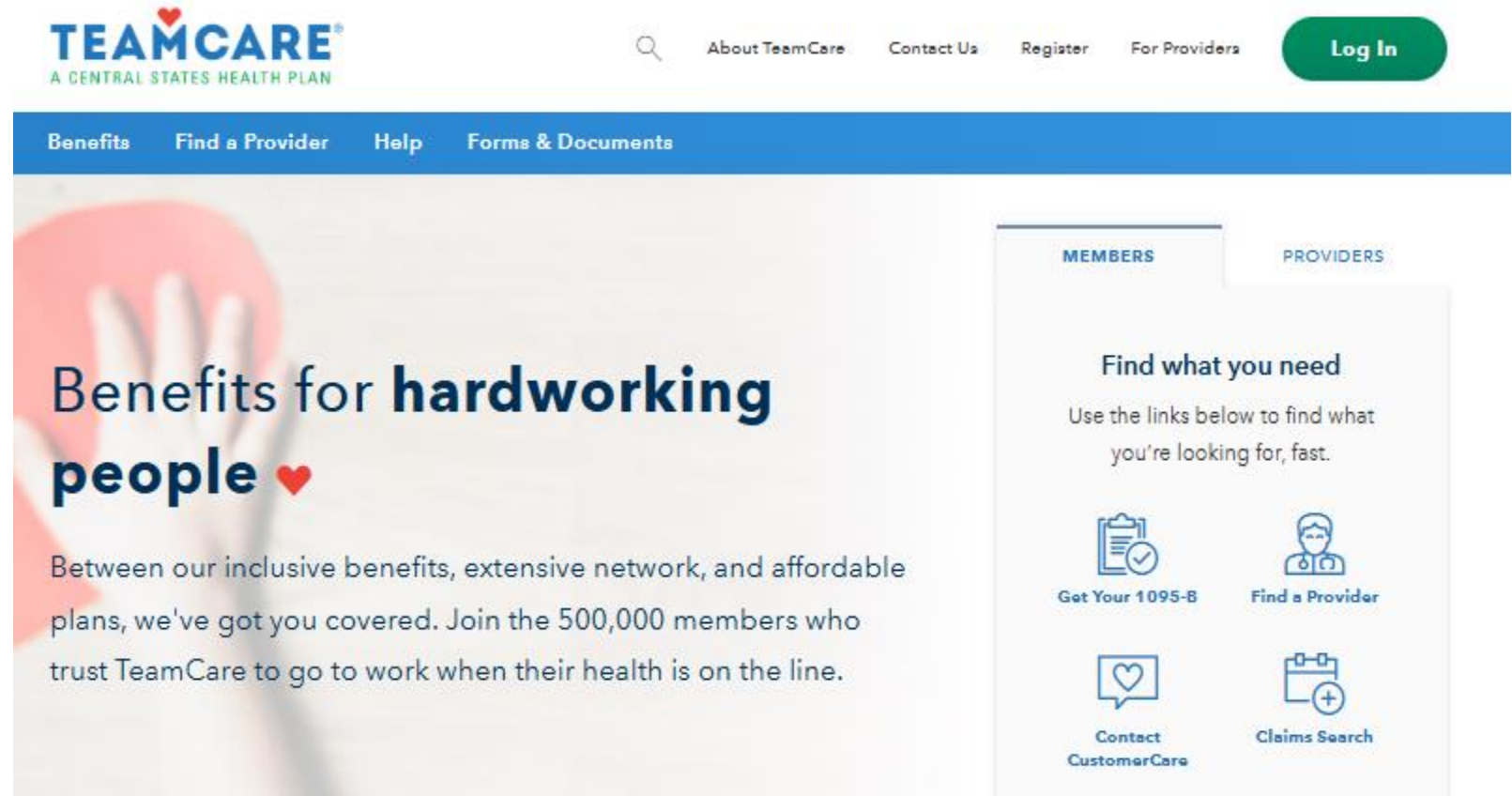
All about MyTeamCare.org



- Review Key Functionality
- Self-Serve Options
- Helpful Resources
- Digital Communication Options
- Available Local Union Reports
- Other items to know
- Find a Provider

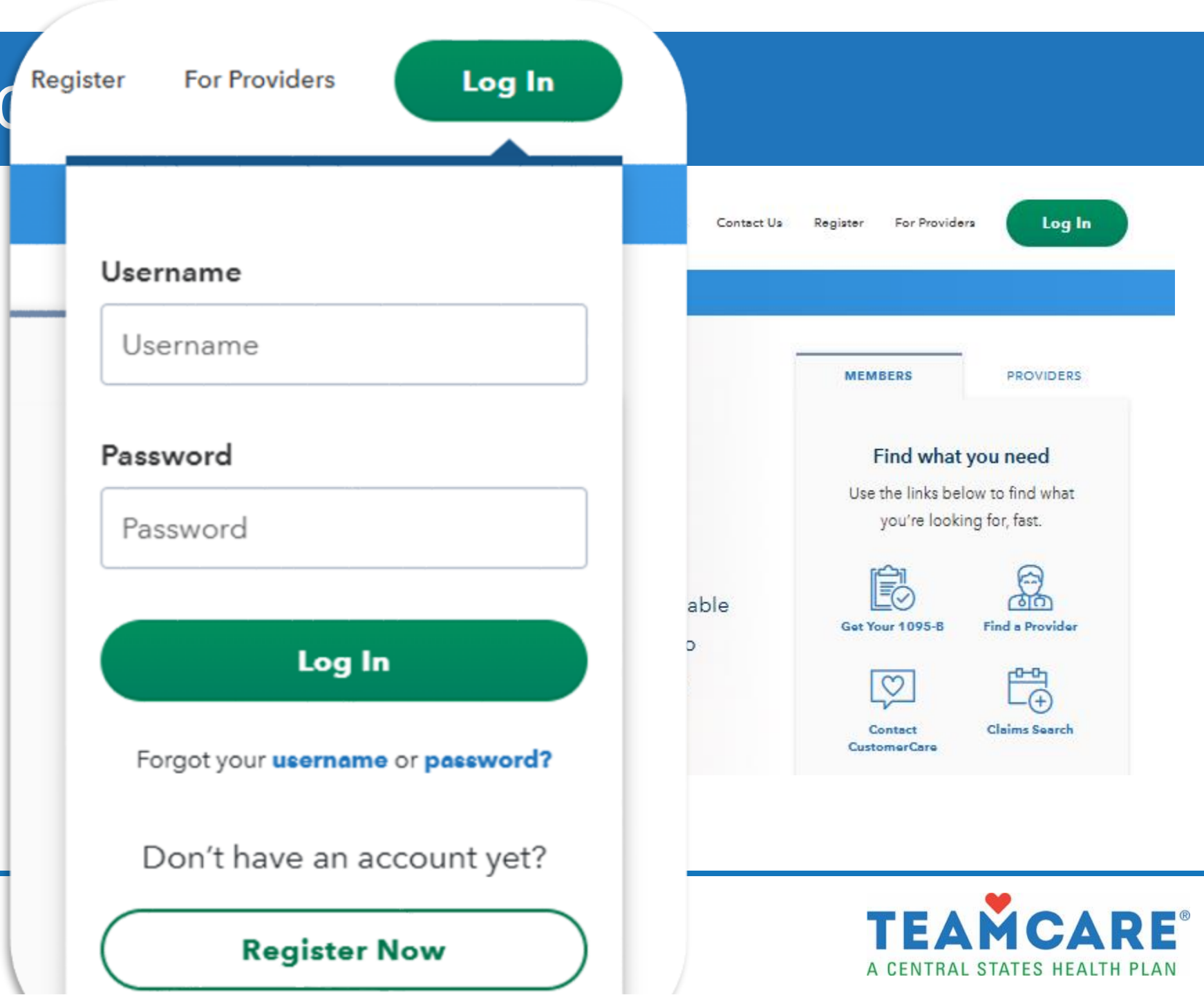
MYTEAMCARE.ORG

- MyTeamCare.org had full refresh in 2018.
- Continue to add and enhance functionality ever since.



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MY DASHBOARD

[About TeamCare](#)[Contact Us](#)[Message Center](#)[Carrie](#) [Dashboard](#)[Member Administration](#)[Forms & Documents](#)[Help](#)

My Dashboard

Welcome, Carrie !

Member Search

Find information about a member's plan, eligibility, benefits, claims, or dependents using the search box below.

MEMBER ID OR SSN

Search

Plan Documents Search

Look up a plan's documents using the plan code.

PLAN CODE

Search

MEMBER ADMINISTRATION:

Currently Viewing JOHN		Member ID 806	Plan Code U2	Plan Tier Family	
Address 8647 W HIGGINS RD CHICAGO, IL 60631-2803		Plan documents and benefits information are available on through the Plan Documents Search on your Dashboard.			
Name	Type	Age	Date of Birth	Other Medical Insurance	Other Dental Insurance
JOHN	Subscriber	55	01/01/	No	No
MARY	Spouse	52	02/01/	No	No
JANE	Dependent	13	02/02/	No	No
Primary Secondary Tertiary					

Allows for quick validation of all indicative information, name, address, date of birth, plan, plan type, and dependents.

MEMBER

Currently Viewing
JOHN

Address
8647 W HIGGINS RD
CHICAGO, IL 60631-2803

Name	Type
JOHN	Sub
MARY	Sp
JANE	Dep

Allows for c
address, da

Family Overview

202520242023

Family Medical Plan Deductible: **\$400.00**

Used from 1/1/2025 through 4/8/2025

\$200.00

Left to Meet Deductible **\$ 200.00**

Family Out-of-Pocket Expense Limit: **\$2,000.00**

Used from 1/1/2025 through 4/8/2025

\$472.46

Left to Reach Limit **\$ 1,527.54**

Individual Overview

Use the dropdown menu to select another family member to view.

VIEW:

JOHN

202520242023

Individual Medical Plan Deductible: **\$200.00**

You have reached your individual deductible. TeamCare is now paying for most of your covered services.

\$200.00

Left to Meet Deductible **\$ 0.00**

Individual Out-of-Pocket Expense Limit: **\$1,000.00**

After your out-of-pocket expense limit is met, TeamCare will pay 100% for most of your covered services. The limit does not include co-pays, deductibles, and some other payments; view your Plan Documents for more details on your coverage.

\$472.46

Left to Reach Limit **\$ 527.54**

Plan Tier

Family

benefits information are available
Documents Search on your


ther Dental Insurance











ion, name,
ents.

CURRENT BENEFITS:

Current Benefits for JOHN

Shows when benefits have been used last and when they will be available to be used next.

Expand All 

	Dental	
	Vision	
	Chiropractic	
	Hearing Aid	
	Orthodontic	

Click down carrot to expand each section or Expand All to open everything.

EXPANDED BENEFIT SECTIONS

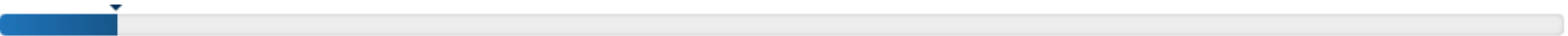


Dental



\$188.00 Used

\$2,500.00 Max



Left to Reach Maximum \$ 2,312.00

The member is responsible for all costs after reaching the dental maximum. The annual dental maximum does not apply to children under age 19.

Dental Services

Service	Date Last Used	Date Available
Bitewing X-Ray	06/13/2024	Immediately
Dental Exam	01/16/2025	07/16/2025
Dental Cleaning	01/16/2025	07/16/2025
Full Mouth Panoramic X-ray	02/14/2022	Immediately
Periodontal Cleaning		Immediately

See this member's Plan Benefit Profile document for specific dental services.

EXPANDED BENEFIT SECTIONS



Dental



Vision



Service	Date Last Used	Date Available
Routine Eye Exam	02/25/2015	Immediately
Glasses - Frames	02/28/2025	02/28/2026
Glasses - Lens	02/28/2025	02/28/2026
Contacts	02/28/2025	02/28/2026

Vision benefits are payable once every 12 months. There is no out-of-network penalty for vision benefits, but there is a maximum reimbursement per service.

See this member's Plan Benefit Profile document for specific dental services.

EXPANDED BENEFIT SECTIONS

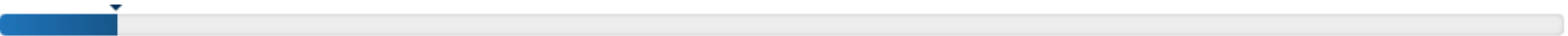


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Ex



Chiropractic



0 Used

24 Max Visits Allowed



Remaining

24

See this member's Plan Benefit Profile document for details about their chiropractic benefit.



Hearing Aid



Service	Date Last Used	Date Available
Hearing Aid		Immediately

The hearing aid benefit covers the cost of hearing aids up to a maximum of \$3,000 per ear, once every 36 months.

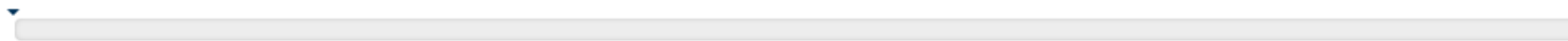


Orthodontic



\$0.00 Used

\$2,500.00 Max



Left to Reach Maximum

\$ 2,500.00

The member is responsible for all costs after reaching the maximum. The out-of-pocket limit does not apply to orthodontic care. The Orthodontic Benefit only applies to child/Adult child dependents. It does not apply to the member or spouse.

NEW DENTAL FEATURES

Tooth Chart



Tooth	Service Date	Procedure Code	Provider Name		
14	10/08/2024	D2740	ADISKA FAMILY DENTAL STOCKBRIDGE	 View	▼
14	09/09/2024	D3348	ROOT CANAL SPECIALTY ASOCIATES	 View	▼
14	10/08/2019	D2740	MNS PLLC DBA FOWLerville DENTA	 View	▼
13	01/24/2019	D2740	MNS PLLC DBA FOWLerville DENTAL	 View	▼
31	03/27/2017	D2740	MNS PLLC DBA FOWLerville DEN	 View	▼

ID CARDS

OVERVIEW **ID CARDS** ELIGIBILITY HISTORY CLAIMS SEARCH SHORT-TERM DISABILITY

Medical ID


[FRONT](#) [BACK](#)



JOHN

Identification #
TEA806(


Group # P13168 PPO Office Visit Copay \$20

 [Download Printable Card](#)

Benefits ID

[PRESCRIPTION](#) [VISION](#) [DENTAL](#) [LAB](#) [IMAGING](#) [TELEHEALTH](#)

Subscriber	JOHN
Member ID	806
Group Identification #	RX1373
RxBIN	004336
RxPCN	ADV
Issuer	(80840) 9151014609
Find a Pharmacy	1-888-483-2650
Provider Look-up	Caremark.com

 [Download Printable Card](#)

- Download ID Cards
- Available on Phone
- Request ID Cards

ID CARDS

Request an ID Card

Recent Requests

There have been no ID card requests on your account within the last 30 days.

Before you order a new ID card:

- **You do not need to request a card** if you change networks or change plans and your co-pay is different – we'll automatically mail new cards to you.
- **You do not need to request a card if you change your name**, however you do need to contact us to inform us of your name change. Once you inform us of this change, an updated card with your new name will be sent to you automatically.
- **If you are a new member** we'll send your cards to you automatically as well, no need to request them!
- **You can download an electronic ID card** that can be saved as a screenshot and used right from your phone.

☐ I would still like to request a new ID card.

[Request an ID Card](#)

OVERVIEW

Medical ID

FRONT

BACK



JOHN

Identification
TEA806C

Group #
P13168



Download

ID Cards

on Phone

ID Cards

CLAIMS

Patient	Provider	Service Date	Claim Status	Claim Paid Date	Billed Amount	Owe	
Mary [REDACTED]	STERN CARDIOVASCULAR FOUN ...	02/03/2025	<input checked="" type="checkbox"/> Paid	02/17/2025	\$16.00	\$0.76	 View
Mary [REDACTED]	STERN CARDIOVASCULAR FOUN ...	02/03/2025	<input checked="" type="checkbox"/> Paid	02/17/2025	\$405.00	\$26.00	 View
Mary [REDACTED]	HEATHER DONATO ...	01/29/2025	<input checked="" type="checkbox"/> Paid	02/06/2025	\$200.00	\$20.00	 View

- Displays a list of claims, for more details, EOB PDF can be downloaded
- Claims can be exported to CSV file

CLAIM SEARCH/FILTERS

- Filter claims by various fields
- Search for specific claim by number

Claims Search

SEARCH FOR A CLAIM NUMBER:

[Hide Claims Filters ^](#)

Family members

Claim Type

Provider

Claim Status

DATE RANGE

- Valid Date
- Valid Year

to

- Valid Date
- Valid Year

COSTS

☐ Only claims you may owe ☐ Only claims with a deductible

[Apply Filters](#)

SHORT-TERM DISABILITY CLAIMS HISTORY

[OVERVIEW](#)[ID CARDS](#)[ELIGIBILITY HISTORY](#)[CLAIMS SEARCH](#)[SHORT-TERM DISABILITY](#)

Short-Term Disability Claims History

To find out more about short-term disability and how to apply, visit our [how-to guide](#) and [FAQs](#) on the [Help page](#).

Disability Date	Claim ID	Claim Status	Claim Received Date	
12/11/2024	D243540049	Approved	12/19/2024	View Details
12/19/2023	D233630043	Denied	12/29/2023	View Details
12/08/2020	D203660018	Approved	12/31/2020	View Details

- Click View Details Link to access additional details regarding that claim

Short-Term

OVERVIEW

Short-Term

To find out more

Disability Date

12/11/2024

12/19/2023

12/08/2020

• Click






TeamCare has approved the member's Short-Term Disability claim. Please review the letter associated with this claim ID in the Letters section below for full details. If you have additional questions, please send us a secure message via the [Message Center](#). You may also call us at [1-800-TEAMCARE](#) (1-800-832-6227).

Claim Status	Claim ID	Disability Date	Received Date	Last Worked Date
✓ Approved	D243540049	12/11/2024	12/19/2024	12/10/2024

Benefit Summary

Benefit Begin Date	Benefit End Date	Next Payment Date	Last Payment Date
12/18/2024	04/20/2025	04/07/2025	03/31/2025
Last Payment Amount			\$323.22
Remaining weeks			2

Short-Term Disability Payments

Benefit From - To	Check Date	Check Status	Paid Amount	
03/24/2025 - 03/30/2025	03/31/2025	✓ Paid	\$323.22	 View
03/17/2025 - 03/23/2025	03/24/2025	✓ Paid	\$323.22	 View
03/10/2025 - 03/16/2025	03/17/2025	✓ Paid	\$323.22	 View
03/03/2025 - 03/09/2025	03/11/2025	✓ Paid	\$323.22	 View
02/24/2025 - 03/02/2025	03/03/2025	✓ Paid	\$310.04	 View

[View Details](#)

[View Details](#)

[View Details](#)

at claim

Letters

Find full details regarding the member's Short-Term Disability claims in the letters from TeamCare below.

Date	Name
------	------

We do not have any letters related to this claim.

Continuation of Coverage

Once Short-Term Disability benefits begin, we will notify you of the date payments end. You may be asked to submit an additional **Continuation Form** if you need further Short-Term Disability benefits. You can submit a **Continuation Form** through the **Message Center** or **Document Upload Center**.

NEW ONLINE HEALTH PAYMENT (MEMBER ONLY)

COBRA or Retiree Health Payment

Make a Payment

Streamline your payments with TeamCare's secure online solution.


[View My Documents](#)



Send us a payment.

Make a Payment

HELPFUL RESOURCES



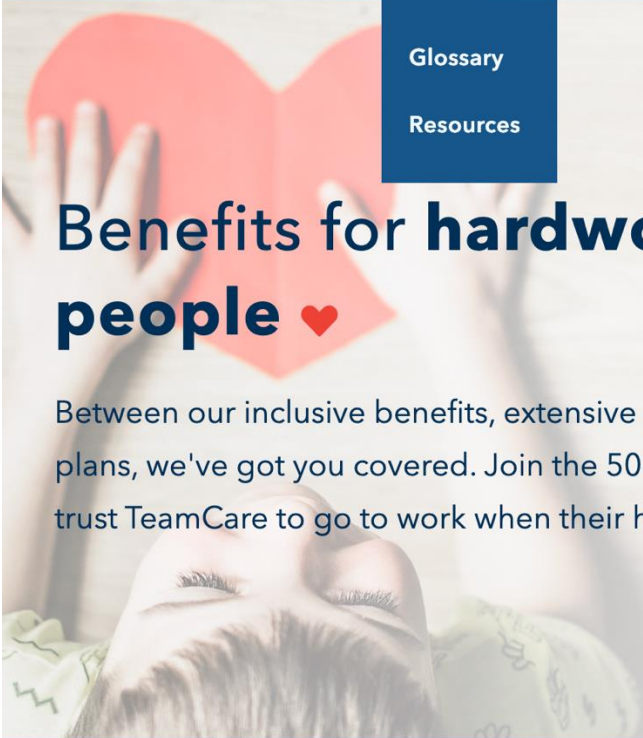
[About TeamCare](#)[Contact Us](#)[Register](#)[For Providers](#)[Log In](#)

[Benefits](#)[Find a Provider](#)

[Help](#)

[Glossary](#)[Resources](#)

[Forms & Documents](#)




Benefits for **hardworking people** ♥


Between our inclusive benefits, extensive network, and affordable plans, we've got you covered. Join the 500,000 members who trust TeamCare to go to work when their health is on the line.


[MEMBERS](#)[PROVIDERS](#)


Find what you need



Use the links below to find what you're looking for, fast.


[Get Your 1095-B](#)

[Find a Provider](#)

[Contact CustomerCare](#)

[Claims Search](#)

  **SUMMIT** 2025



A CENTRAL STATES HEALTH PLAN

HELPFUL RESOURCES: HOW-TO GUIDES


- 11 unique how-to guides

MEMBERS PROVIDERS


How-Tos




How to Appeal a Claim



How to Enroll



How to File for Short-Term Disability



How to Add a Dependent

HELPFUL RESOURCES: HOW-TO GUIDE TOPICS

Topics include:

- Enrollment
- Appealing Claims
- Adding Dependents
- Short-Term Disability
- Registration
- Explanation of Benefits
- Website Self-Service Information
- Coming Soon: SMS Opt-In

[Benefits](#) [Find a Provider](#) [Help](#) [Forms & Documents](#)

How to Register - Members

As a new TeamCare member, the first step is to register and create an account. Your TeamCare account allows you to check the status of claims, view plan documents, find providers, and communicate directly with us.

How to Register - Member

[Start Registration](#)

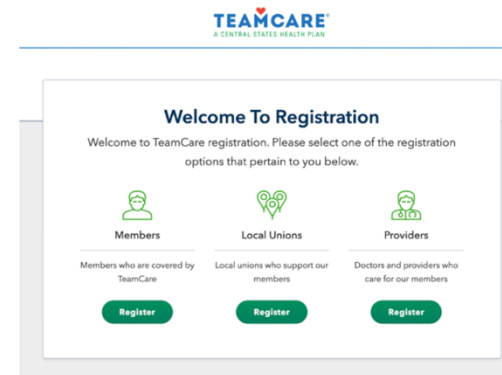
[Account Creation](#)

[Dependent Access Options](#)

[Verification](#)

[Complete Registration](#)

Start Registration



[Start the registration process here](#), or visit the [MyTeamCare.org](#) homepage and click on Register.

HELPFUL RESOURCES: FAQs

- General questions and topics include Coordination of Benefits, Subrogation & Reimbursement, Workers' Compensation.
- Prescription, dental, vision, and short-term disability benefit questions.
- Eligibility questions related to multi-tier, adult children, and COBRA.
- Form 1095-B and out-of-pocket expenses tax questions.
- Web account topics like registration, general access inquiries.
- Specific questions for Employers

FAQ Categories

Your Plan

General questions about your TeamCare plan, as well as topics including Coordination of Benefits.

Your Benefits

Questions about your benefits, including Prescription, Dental, Vision, and Short-Term Disability.

Eligibility

General eligibility-related questions, as well as questions about Multi-Tier, Adult Child Eligibility, and COBRA.

Tax

Questions about tax-related topics, including Form 1095-B and out-of-pocket expenses.

Web

Questions about registering for a MyTeamCare web account, and who can access your account.

For Employers

Common questions from employers, including questions about employer reporting.

HELPFUL RESOURCES: FAQ EXAMPLES

General

Prescription

Do I have to use a mail order pharmacy? ✓

Do I have to use generic medications? ✓

What is not covered under my TeamCare Prescription Benefit? ✓

How do I file a prescription claim if I didn't use the TeamCare Prescription Benefit? ✓

Why was my or my family member's prescription rejected for coverage? ✓

Will you cover a prescription from my dentist? ✓

How do I get a copy of my prescription history? ✓

Is there a mandatory formulary? ✓

General Eligibility

If I die before I retire, what benefits are available for my family? ✓

When am I eligible for Health Plan benefits after my return to work from layoff? ✓

When does my coverage end? ✓

Why don't I have coverage the first eight weeks my employer pays into the Plan? ✓

Are my parents or boyfriend/girlfriend/fiancée eligible for benefits? ✓

Am I eligible for benefits if I need treatment outside the United States? ✓

When does coverage end for my spouse? ✓

When does coverage end for my child? ✓

HELPFUL RESOURCES: FAQ EXAMPLES

General

Prescription

Do I have to use a mail order pharmacy? ✓

Do I have to use generic medications? ✓

What is not covered under my TeamCare Prescription Benefit? ✓

How do I file a prescription claim if I didn't use the TeamCare Prescription Benefit? ✓

Why was my or my family member's prescription rejected for coverage? ✓

Will you cover a prescription from my dentist? ✓

How do I get a copy of my prescription history? ✓

Is there a mandatory formulary? ✓

General Eligibility

Form 1095-B

What is Form 1095-B? ✓

Does TeamCare provide minimum essential coverage under the ACA? ✓

How do I get a copy of my Form 1095-B? ✓

What if I had health coverage from different insurance companies? ✓

What do the check boxes in Part IV on Form 1095-B mean? ✓

I believe that the boxes checked on my Form 1095-B are incorrect. What should I do? ✓

If my address is incorrect on my Form 1095-B, do I need to get a corrected form? ✓

Does TeamCare provide tax advice regarding the Form 1095-B? ✓

Why did I receive a Form 1095-C from my Employer? ✓

HELPFUL RESOURCES: FORMS & DOCUMENTS

- 9 categories for members
- Documents can be viewed online or downloaded

The screenshot shows the 'Forms & Documents' page of the TEAMCARE website. At the top, a blue navigation bar contains links for 'Benefits', 'Find a Provider', 'Help', and 'Forms & Documents'. Below this, the page title 'Forms & Documents' is displayed. A secondary navigation bar includes tabs for 'MEMBERS', 'PROVIDERS', and 'LEGAL'. The main content area is divided into three sections: 'Claims', 'COBRA', and 'Family - Dependents'. The 'Claims' section features a 'Subrogation Form' with a description and a 'Download PDF' link. The 'COBRA' section features a 'Health Fund COBRA Continuation Coverage Rights' document with 'View Online' and 'Download PDF' links. To the right of the main content, a 'Jump to a Category' sidebar lists various document types: Claims, COBRA, Family - Dependents, Prescription, Short-Term Disability, Retiree Health Plans, Life Insurance, HIPAA, and Annual Reports.

A CENTRAL STATES HEALTH PLAN

Benefits Find a Provider Help Forms & Documents

Forms & Documents

MEMBERS PROVIDERS LEGAL

Claims

Subrogation Form

Complete this form if someone covered by your plan has suffered an injury that was, or may have been, caused by another person.

[Download PDF](#)

COBRA

Health Fund COBRA Continuation Coverage Rights

A document containing information about your COBRA continuation coverage rights.

[View Online](#)

[Download PDF](#)

Family - Dependents

Jump to a Category

- [Claims](#)
- [COBRA](#)
- [Family - Dependents](#)
- [Prescription](#)
- [Short-Term Disability](#)
- [Retiree Health Plans](#)
- [Life Insurance](#)
- [HIPAA](#)
- [Annual Reports](#)

HELPFUL RESOURCES: MY DOCUMENTS

- Notices and Tax Forms
 - Documents sent annually, like 1095-B tax forms and notices related to the member's plan.
- My Plan Documents
 - Detailed descriptions of the member's plan's benefits.
- Other Forms and Document
 - Alternate payee requests, short-term disability extension application, legal policies, and annual reports.

My Documents

[NOTICES AND TAX FORMS](#)

[MY PLAN DOCUMENTS](#)

[OTHER FORMS AND DOCUMENTS](#)

The documents on this page offer detailed descriptions of your plan's benefits. For a more basic overview of this information, check out the [Benefits](#) page.

Current Documents

Plan Benefit Profile (PBP)

The Plan Benefit Profile breaks down the specific benefits included in your plan, as well as your plan's limits, deductible, and co-payments.

 [Plan Benefit Profile \(PBP\)](#)

Summary Plan Description (SPD)

This section of your Summary Plan Description includes your Plan Benefit Profile, a summary of any provisions unique to your plan, and your plan's Summary of Benefits and Coverage form.

 [SPD - Book 1 of 2](#)

 [SPD - Book 2 of 2](#)

Legal Documents

The Plan Document includes all of the in-depth legal details of your plan and benefits.

 [Plan Document](#)

 [Summary of Benefits and Coverage \(SBC\)](#)

Other

If your claim is denied in whole or in part and you disagree with its settlement, you can ask to have it reviewed.

 [Appeal Form](#)

 [Dental Breakdown](#)

HELPFUL RESOURCES: PLAN DOCUMENTS SEARCH

- Found on the Forms & Documents page or LU admin dashboard
- Search by Plan Code
- Documents Included
 - Plan Benefit Profile
 - Summary Plan Description
 - Legal Documents
 - Other Important Documents

Plan Documents: c6

 [New Search](#)

Plan Benefit Profile (PBP)

 [Plan Benefit Profile for Plan Year 2025](#)

Summary Plan Description (SPD)

 [SPD - Book 1 of 2 for Plan Year 2025](#)

 [SPD - Book 2 of 2](#)

Legal Documents

 [Plan Document](#)

 [Summary of Benefits and Coverage for Plan Year 2025](#)

Other

 [Appeal Form](#)

 [Dental Breakdown](#)

 [Plan Benefit Profile & Summary of Benefits and Coverage](#)

HELPFUL RESOURCES: NEWS POSTS

- Located on homepage
- Helpful news and tips
- Advice to make the most of TeamCare benefits
- Important Announcements
 - Special Bulletins
 - Benefit Improvements
 - Wellness Content
 - Dependent Review Information

News



Benefit Improvements for Chiropractic and Hearing Aid Benefits

Information for Local Unions on the TeamCare benefit Improvements.

FEBRUARY 27, 2025

Why you need a primary care provider

Your primary care physician provides many important long-term benefits to better your health and well-being.



March is national save your vision month

7 common vision problems your eye doctor can help with.



TeamCare Dependent Review

We are partnering with PDA Verification Team to begin a Dependent Review.



[More News >](#)

MESSAGE CENTER

- Message Center is the most convenient way to contact us if members have a question or issue with benefits.
- It's safe and secure, and all the correspondence will be saved for easy online access and record keeping.
- Choose a topic for conversation and attach any documents that may be needed.
- Benefits Specialists will respond typically within 2 to 3 business days.
- NOTE: Create a new message thread for each question, instead of replying to past messages — this helps our Benefits Specialists better assist!



How do I add a dependent/spouse?

Can you explain my prescription coverage?

What is my short-term disability claim status?

Is this procedure covered?

Can you help me understand the payment on my claim?

What is covered under wellness?

DOCUMENT UPLOAD CENTER

- Members and LU admins can submit documents related to health plan.
- Functionality to upload, view, and check the status of documents.
- Document Upload Center can be accessed four ways:
 - Forms & Documents Page
 - My Documents Tab
 - Send a Document Icon
 - Website Footer
- Message Center vs. Document Upload Center

Upload Document

Please upload documents based on the proper category and type. If you have questions, please send us a message through our message center or call us (1-800-TEAMCARE).

* Indicates Required Fields

Category

Appeal a Claim & Other Claims Issues

Type

Appeal Form & Supporting Documents

Documents you may upload/submit include:

- Responses to TeamCare requests for documents connected to an appeal
- Responses to TeamCare requests for documents not connected to an appeal

Only PDF, JPEG, PNG, and GIF files may be uploaded. Each file cannot exceed 50 MB per upload.

Appeal Form.pdf Remove

*Who does this document relate to?

Family

Description

Add Additional Document Description

+ Add Additional Documents

Cancel

Submit

NEW SMS PROGRAM

- New texting program is available to members on MyTeamCare.org.
- Opt-in for SMS right from the Communications Preferences page.
- 31 planned campaigns for 2025.
- Campaigns related to benefit status, eligibility and enrollment information, informational announcements, and new website functionality.
- Members can also opt-in to receive texts that support a more secure web login with two-factor authentication.

[My Profile](#) > Communication Preferences

Communication Preferences

Tell us how you want to receive information from TeamCare by editing your communication preferences below.

Explanation of Benefits (EOB) Statements

 Electronic Delivery

Electronic communications will be delivered to:

Plan Documents:

- Open Enrollment notices and forms
- Summary Plan Description
- Summary of Benefits and Coverage Statement under the Affordable Care Act
- Summary Annual Report
- Summary of Material Modifications to the terms of your plan

 Electronic Delivery

[Edit Delivery Options](#)

SMS Communications

You are opted in to receive text alerts for:

- TeamCare Updates

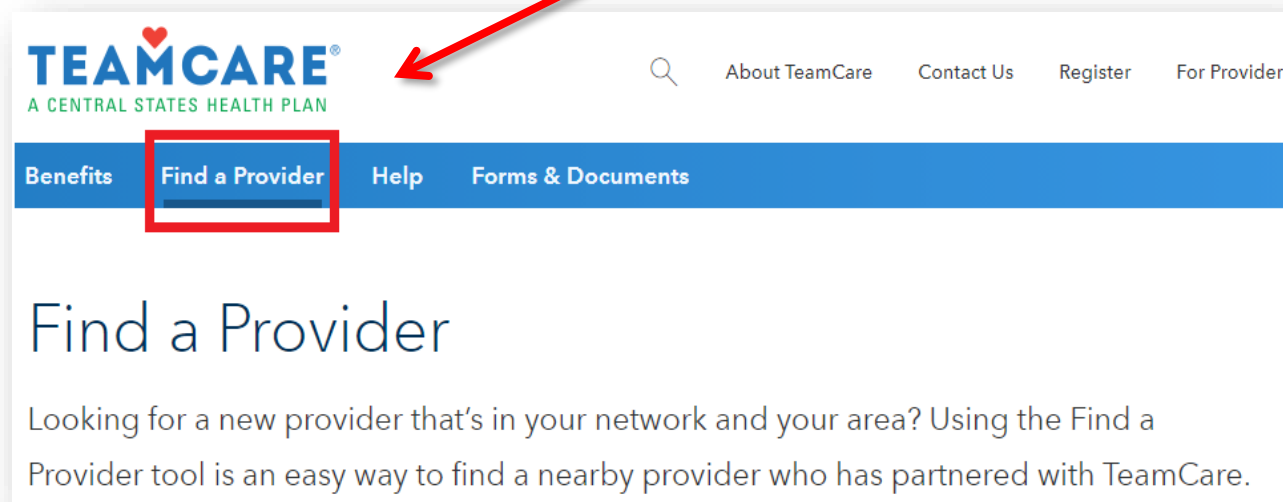
Text messages will be delivered to:

[Edit SMS Options](#)

FIND A PROVIDER

Obtaining services from providers in our networks is important.

To Find a Provider visit MyTeamCare.org



FIND A PROVIDER

Obtaining

important.



Medical Providers

Routine checkups and screenings are an important part of your overall health – and they're covered under your wellness benefit.

Find a Doctor's Office That's Convenient for You

Your medical network is Blue Cross Blue Shield. Please have your ID card ready to help identify your exact plan on your network's website. On BCBS' website, choose "Search All Providers," and then filter your results by "Network Type" and choose "Participating Provider Organization."

Visit BCBS' website to find a medical provider

Call to find a BCBS provider: **1-800-810-2583**



Virtual Care

Teladoc offers virtual visits with physicians, therapists, and dermatologists – whenever and wherever you need them.

Care Right from Your Smart Phone or Computer

With Teladoc care for your non-emergency health needs is just a few clicks away. 24/7, 365 days a year by phone, app, or web. Teladoc's providers are board-certified, state-licensed, and ready whenever you need them. Best of all, TeamCare covers your visit – there is no co-pay. Start saving time and money by registering for Teladoc today!

Visit Teladoc's website or download their app to get started

Call Teladoc if you have any questions: **1-800-TELADOC (835-2362)**

When registering for Teladoc, select TeamCare as your benefits provider. If you do not see TeamCare as a benefit option, please contact us at **1-800-832-6227**.



Dental

If you are eligible for a dental benefit, you are free to choose any dentist you want for you and your family, without an out-of-network penalty. There is no mandatory dental network.

Maximize Your Benefits Through Humana Dental

We offer a voluntary network through Humana Dental that provides negotiated discounts and protection from balance billing when using an in-network provider. This means lower out-of-pocket payments for you!

Visit Humana's website to find a dental provider

Call to find a dental provider: **1-800-592-3112**



Vision

If eligible for vision benefits, choosing an EyeMed provider in the Select Network ensures you have optimal coverage and reduces your out-of-pocket cost.

Save Money and Time Through EyeMed

You'll save even more money on eye care services by using our voluntary vision network of more than 24,000 provider locations including LensCrafters®, Target Optical®, and Pearle Vision®. On EyeMed's website, choose the "Select" network to find a provider.

Visit EyeMed's website to find a vision provider

Call EyeMed to find a vision provider: **1-866-723-0514**



Prescription

Our partnership with CVS caremark™ means you'll pay less for the prescription medicines you need, through a network of more than 68,000 pharmacies.

Short-Term or Maintenance, You're Covered With CVS caremark™

Whether you need a 30-day supply of a covered medication or a 90-day supply of your long-term medications, CVS caremark™ offers TeamCare members convenient options and lower prices.

Visit the CVS caremark™ website to find a pharmacy



ELIGIBILITY REPORT

- Available in Member Administration
- Goes Back 3 years
- By Month, then week
- Includes Plan code and eligibility

ELIGIBILITY

Eligibility History

 [Print Eligibility](#)



2025 

JANUARY

	Week 1	Week 2	Week 3	Week 4
Start of Week	12/29/2024	01/05/2025	01/12/2025	01/19/2025
Eligible	Y	Y	Y	Y
Plan Code	C6	C6	C6	C6
Reason	Eligible	Eligible		

FEBRUARY

	Week 1	Week 2	Week 3	Week 4
Start of Week	01/26/2025	02/02/2025	02/09/2025	02/16/2025
Eligible	Y	Y	Y	Y
Plan Code	C6	C6	C6	C6
Reason				

MARCH

	Week 1	Week 2	Week 3	Week 4	Week 5
Start of Week	02/23/2025	03/02/2025	03/09/2025	03/16/2025	03/23/2025
Eligible	Y	Y	Y	Y	Y
Plan Code	C6	C6	C6	C6	C6
Reason					

APRIL

	Week 1	Week 2	Week 3	Week 4
Start of Week	03/30/2025	04/06/2025	04/13/2025	04/20/2025
Eligible	Y	Y	N	N
Plan Code	C6	C6		
Reason		Projected Eligibility		

MAY

	Week 1	Week 2	Week 3	Week 4	Week 5
Start of Week	04/27/2025	05/04/2025	05/11/2025	05/18/2025	05/25/2025
Eligible	N	N	N	N	N
Plan Code					
Reason					

JUNE

	Week 1	Week 2	Week 3	Week 4
Start of Week	06/01/2025	06/08/2025	06/15/2025	06/22/2025
Eligible	N	N	N	N
Plan Code				
Reason				

ELIGIBILITY

TEAMCARE
A CENTRAL STATES HEALTH PLAN

Date of Birth
06-27-1962

Age
62

Currently Viewing

Address

Member ID
806
Plan Tier
Family

2025

JANUARY	Week 1	Week 2	Week 3	Week 4
Start of Week	12/29/2024	01/05/2025	01/12/2025	01/19/2025
Eligible	Y	Y	Y	Y
Plan Code	C6	C6	C6	C6
Reason	Eligible	Eligible		

FEBRUARY	Week 1	Week 2	Week 3	Week 4
Start of Week	01/26/2025	02/02/2025	02/09/2025	02/16/2025
Eligible	Y	Y	Y	Y
Plan Code	C6	C6	C6	C6
Reason				

MARCH	Week 1	Week 2	Week 3	Week 4	Week 5
Start of Week	02/23/2025	03/02/2025	03/09/2025	03/16/2025	03/23/2025
Eligible	Y	Y	Y	Y	Y
Plan Code	C6	C6	C6	C6	C6
Reason					

APRIL	Week 1	Week 2	Week 3	Week 4
Start of Week	03/30/2025	04/06/2025	04/13/2025	04/20/2025
Eligible	Y	Y	N	N
Plan Code	C6	C6		
Reason		Projected Eligibility		

MAY	Week 1	Week 2	Week 3	Week 4	Week 5
Start of Week	04/27/2025	05/04/2025	05/11/2025	05/18/2025	05/25/2025
Eligible	N	N	N	N	N
Plan Code					
Reason					

ACCESSING WORK HISTORY REPORT

HOW TO READ THIS REPORT

This report displays member work history as reported by each employer.

It is further grouped by Employee Type to show if a member was reported as a Regular, Part-Time, or Casual Employee. Additionally, if the CBA calls for Tiered Health and Welfare participation, the Employee Type will show the reported level of member coverage: Member, Member and Spouse, or Member and Children.

EMPLOYER: (Employer Name)

EMPLOYEE TYPE: Regular

Under each week, you will see the member's status (a complete list is below) and the number of units reported.

WEEK 1

ACT 5.00 0

Column 1 – Work Status

Column 2 – Days or Hours Reported

Column 3 – Weeks or Months Reported

FOR EXAMPLE:

ACT 0.00 1

Member was reported Active for 1 week

ACT 67.00 1

Member was reported Active for 67.00 Hours

VAC 5.00 0

Member was reported on Vacation for 5 Days

STATUS	DESCRIPTION
ACT	ACTIVE PAID
DEC	DECEASED UNPAID
FLP	FAMILY LEAVE PAID

ACCESS

HOW TO RE

This report dis

It is further gro
calls for Tiered
or Member and

EMPLOYER: (E

Under each we

WEEK 1

ACT 5.00 0

FOR EXAMPL

ACT 0.00 1

ACT 67.00 1

VAC 5.00 0


STATUS

ACT

DEC

FLP

EMPLOYER: (0202470) ALSICO INC - 0114										EMPLOYEE TYPE: Regular	
Member Name	01/28	02/04	02/11	02/18	02/25	03/03	03/10	03/17	03/24		
MAX, R	XFR 0.00 0	XFR 0.00 0	XFR 0.00 0	XFR 0.00 0	XFR 0.00 0	XFR 0.00 0	XFR 0.00 0	XFR 0.00 0	XFR 0.00 0		
CHRISTOPHER	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1		
EDWARD	WCP 0.00 1	WCP 0.00 1	WCP 0.00 1	WCP 0.00 1	WCP 0.00 1	WCP 0.00 1	WCP 0.00 1	WCP 0.00 1	WCP 0.00 1		
EMANUEL, C	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1		
RICKEY	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1		
RAYMOND	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1		
JARRIUS	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1		
AARON, L	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1	ACT 0.00 1		

**CENTRAL STATES FUNDS**

WORK HISTORY REPORT BY EMPLOYER
LOCAL: 00667

Start Date: 01/28/2024 - End Date: 03/27/2024
Date: 4/8/2025
Page: 7 of 119

EMPLOYER: (2967308) G UB MK CONSTRUCTORS - 0101										EMPLOYEE TYPE: Regular	
Member Name	01/28	02/04	02/11	02/18	02/25	03/03	03/10	03/17	03/24		
TOMMY, T	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0		
JOHN, W	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0	IAU 0.00 0		

MISCELLANEOUS



- Available as an App in Apple and Google Play Stores
- Great Resource for you and the members
- Not yet registered or want a personal demo:
 - GO to the CustomerCare or Field Service Help Desks
- Feedback is important, we made improvements because of you!





MYTEAMCARE.ORG

800-TEAMCARE

800-832-6227

QUESTIONS?


A CENTRAL STATES HEALTH PLAN
75
YEARS  STRONG