

Check your eligibility

To qualify for TeamCareAdvantage, you must have retired from the Central States Pension Fund after July 31, 2008, and meet the following requirements:

- At least age 63
- Active plan C6 contributions
- Eligible for retiree Health Plan R4
- Eligible for a Central States pension benefit

If you meet the requirements, you will qualify for TeamCareAdvantage at no cost as follows:

- Retire at age 63 and receive two years of coverage at age 65*
- Retire at age 64 and receive four years of coverage at age 65*
- Retire at age 65 and receive six years of coverage at age 65*

*TeamCareAdvantage is available at age 65 or when you become Medicare-eligible.

Eligible spouses also receive TeamCareAdvantage coverage at age 65 at no additional cost for any period that the participant is covered. You won't give up your Medicare coverage by participating in the TeamCareAdvantage program. When you worked, Medicare taxes paid on your behalf (for 10 years or 40 quarters) guaranteed Part A eligibility for you and your spouse. However, if you participate and enroll in TeamCareAdvantage, you will still owe the Part B premium. These payments (\$174.70 per individual per month for 2024) are automatically deducted from your Social Security benefits. Keep in mind that with TeamCareAdvantage:

- You are still in the Medicare program
- You keep all your Medicare rights and protections
- You receive extra benefits and services, along with your basic Medicare coverage

For more information

Humana Group Customer Care

800-733-9064 (TTY: 711), Monday – Friday,
8 a.m. – 9 p.m., Eastern time

Centers for Medicare & Medicaid Services (CMS)

800-MEDICARE (800-633-4227),
TTY: 877-486-2048 (Available 24/7)
www.medicare.gov

Central States Health and Welfare and Pension Funds

P.O. Box 5109, Des Plaines, IL 60017-5109,
800-323-5000 (TTY: 711),
www.MyCentralStatesPension.org,
www.MyTeamCare.org

Humana is a Medicare Advantage PPO plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

At Humana, it is important you are treated fairly.

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English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **877-320-1235 (TTY: 711)**.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **877-320-1235 (TTY: 711)**.
繁體中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **877-320-1235 (TTY: 711)**。

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TeamCareAdvantage PPO plan

For qualified retirees, the TeamCareAdvantage plan provides extra benefits at no additional cost.

The Central States Funds' Trustees are pleased to announce the availability of TeamCareAdvantage, a Humana Group Medicare Employer preferred provider organization (PPO).

This program is not available to UPS members.

Humana.

Coverage when you need it

The TeamCareAdvantage plan combines Medicare Part A (hospital), Part B (other medical services) and Part D (prescription drugs) into one complete package of benefits.

With TeamCareAdvantage, you may select any doctor or hospital that accepts Medicare. Once you enroll through Humana in TeamCareAdvantage, your provider will submit virtually all of your healthcare claims, including drug claims, to Humana. There may be out-of-pocket coinsurance and copayments. TeamCareAdvantage is more than medical coverage; it offers:

- Fitness programs, which may be self-directed or include access to a fitness center
- Preventive screenings
- Emergency coverage worldwide



The benefits description below provides an overview only and is not a summary plan document. Humana will provide a complete plan and enrollment information to qualified candidates.

Covered services	TeamCareAdvantage
Annual deductible	\$0
Annual out-of-pocket maximum	\$4,000 per year
Inpatient hospital care	100% per visit after \$450 copayment per admission
Doctor's office visits	100% per visit after \$5 copayment to primary care physician; \$20 copayment to specialists
Outpatient hospital services	80%–90% based on services received, excluding preventive services, which are covered at 100%
Emergency room care	90% per visit up to a \$50 maximum out-of-pocket (waived if admitted to hospital within 24 hours)
Yearly routine physical exams (at a primary care physician's office)	100% per visit (every 12 months; does not include lab tests)

Prescription drug schedule

Covered prescription drugs are assigned to one of four different tiers with corresponding cost-share amounts. The tiers are described in the chart below:

Drug categories	Retail pharmacies, a 30-day supply	Preferred mail-delivery benefit, a 90-day supply
Tier 1 Generic or preferred generic	\$4	\$0
Tier 2 Preferred drug	\$25	\$50
Tier 3 Non-preferred drug	\$54	\$108
Tier 4 Specialty	25%	N/A*

*Specialty drugs are not available in a 90-day supply. Regardless of tier placement, specialty drugs are limited to a 30-day supply.

- Once you have reached a total yearly drug cost of \$5,030 (paid by both you and your plan), you pay a \$4 copayment for Tier 1 30-day drugs, and 25% for Tiers 2 through 4 30-day drugs.
- Once your true out-of-pocket cost (TrOOP) for Tiers 1 through 4 reaches \$8,000, you have a \$0 copayment.