



LOCAL UNION HANDBOOK

— 2024 EDITION —



FIELD SERVICE

Michael Mullane

Director

mmullane@centralstatesfunds.org

847-939-2297

Michael Michelini

Division Manager

mmicheli@centralstatesfunds.org

847-939-2296

Patti Fornino

Lead Field Service Representative

pfornino@centralstatesfunds.org

847-939-2220

Don Funk

Field Service Representative

dfunk@centralstatesfunds.org

847-939-2293

Jackie Kovacs

Field Service Representative

jkovacs@centralstatesfunds.org

847-939-2292

Cindy McGinnis

Field Service Representative

cmcginni@centralstatesfunds.org

847-939-2184

Rob Santangelo

Field Service Representative

rsantang@centralstatesfunds.org

847-939-2122

Bob Smith

Field Service Representative

rsmith@centralstatesfunds.org

847-720-3578

Beth Tober

Field Service Representative

btober@centralstatesfunds.org

847-939-2195

Darius Wells

Field Service Representative

dwells@centralstatesfunds.org

847-939-2182

If you are unsure who your Field Rep is, please contact Nelda Karas at 847-939-2301 or nkaras@centralstatesfunds.org

What Field Service Can Do For You

Our Field Service Department is here to assist our Local Unions and members every which way we can. Our job is to make your job easier. Just some of the things we do:

- Assist with negotiating TeamCare for New Groups (see New Group section for more details)
- Attend negotiation meetings
- Explain the proposed benefits to the members
- Informational table at general membership meetings
- Informational table at Joint Council meetings or grievance panels
- Benefit seminars and meetings
- Host informational teleforum calls for new employers
- Local Union office staff training and business agent training
- Steward seminars
- Pension update meetings
- Assist in enrollment and reenrollment of members
- Host a TeamCare Health Fair at your Local

ABOUT THE FUNDS

TEAMCARE®
A CENTRAL STATES HEALTH PLAN



CENTRAL STATES
PENSION FUND



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NOTE: Although located in the same office complex, it is important to note that the Central States Health Fund (also known as TeamCare) and the Central States Pension Fund are two distinct and separate legal entities. Each individual Fund is governed by their own specific Trust Agreement and the assets and liabilities of each Fund are managed separately.





About The Central States Health Fund

The Central States Health Fund, also known as TeamCare, was founded in 1950, and 2025 will be our 75th anniversary of being one of the first non-profit labor health funds in the United States. Today, TeamCare covers the lives of over 560,000 members, from 1,100 different employers, making it the largest labor healthcare fund in the country. With a proud history, our members and their families have the financial security of high quality, affordable healthcare.

When the Central States Health Fund was established, the founding Trustees from both labor and management had one purpose in mind: to provide Teamster employees and their families with the best affordable healthcare. Over 70 years later, that goal remains the same—to bring you the excellent healthcare benefits you deserve—benefits that reflect the hard work you make happen every day.

Our Local Union partners are crucial to the success of TeamCare and we strive to provide you with information to make your job easier. We have a state-of-the-art website to help you understand all the health benefits, a dedicated CustomerCare line for local union officials to get information and answers, and an experienced Field Service Representative assigned to each Local Union to troubleshoot any member issue, educate your members, and be available to our local union partners when you need help.

About The Central States Pension Fund

The Central States Pension Fund is one of the nation's largest multiemployer Taft-Hartley defined benefit pension plans. With 360,000 participants, Central States has been a secure retirement choice for Teamster members who participate through a collective bargaining agreement between our union and employer partners.

Established in 1955 to provide a lifetime monthly retirement benefit to Teamster members, Central States has paid \$85 billion in benefits to 650,000 retirees and beneficiaries.

Retirement benefits are funded by weekly contributions made by our 1,000 employer partners—negotiated under collective bargaining agreements with the Teamsters union.

As of 2023, Central States is 98.5% funded with a highly conservative investment strategy to reach full funding in coming years.

Employee / Union Trustees

Charles A. Whobrey
Gary Dunham
Trevor Lawrence
Joseph Gronek

Employer Trustees

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Christopher J. Langan (Health Fund Only)
Robert Whitaker
Mark F. Angerame
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Executive Director

Thomas C. Nyhan

TEAMCARE BY THE NUMBERS

2023 Claims Processed



6.4 Million
Medical
Claims



3.9 Million
Rx
Claims



928,000
Dental
Claims



205,000
Vision
Claims



24,000
STD
Claimants



\$3.4 Billion Dollars

Benefits Paid
by TeamCare
in 2023



**Low Admin
Costs**



Only **\$.04** of Each
Dollar Goes to
Administrative Costs

PENSION FUND BY THE NUMBERS

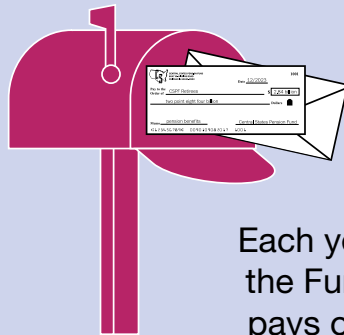
\$86 Billion Dollars

Paid in
Benefits to

656,544
members &
beneficiaries



From its inception
in 1955 to
December 2023



Each year
the Fund
pays out

\$2.84 BILLION



TEAMCARE®
A CENTRAL STATES HEALTH PLAN



CENTRAL STATES
PENSION FUND

**NEW GROUPS
& POLICIES**

NEW GROUPS & POLICIES



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NEW GROUPS



Hybrid New Pension Employer:

Employers that have participated in the Pension Fund since on or before October 14, 2011 and are considering a withdrawal from the Pension Fund due to concerns over a rise in withdrawal liability, may be eligible to resolve their withdrawal liability and become a New Employer as defined by the Plan, subject to the Direct Attribution Method. To attain status as a New Employer under the hybrid method, the employer will need to retire its present withdrawal liability via an agreement with the Pension Fund, which will require the employer to guarantee participation in the Pension Fund for an extended period of time for the location and classifications for which the current contract covers. By being considered a New Employer, the employer would no longer be subject to further mandatory contribution rate increases. Additionally, upon completion of any contribution commitments under this settlement, the parties may be able to negotiate reducing the pension contribution rate on a going forward basis. As for the members, the transition to the hybrid method is completely transparent to your Central States participants and they continue to add to their prior pension credits in compliance with the Primary Schedule, with no loss of “adjustable” benefits that would otherwise be applied if there was a withdrawal from the plan.

For further details on the potential conversion to New Employer (Hybrid) status, please contact your Field Service Representative. (See front inside cover for list of Field Service Representatives.)



Adding An Employer to TeamCare

As healthcare costs increase, many employers look to lower healthcare costs by moving to higher deductible plans, reducing network size, providing less benefits, offering consumer-based healthcare or a health savings account. Bottom line—this is just another way to put the cost burden on your member and away from traditional healthcare plans like TeamCare.

From small groups (under 10 employees) to large national employers with locations throughout the country—no group is too small or too large. For over 70 years, TeamCare has been the expert in providing unmatched healthcare benefits to our Teamster local unions, employers, and members. That's important because a group healthcare plan is the linchpin of any collectively bargained economic package. TeamCare provides quality benefits at a cost lower than the industry average—allowing our union partners more flexibility in negotiating other economics like wages, pension, and ancillary benefits.

What TeamCare Offers Our Local Union Partners

TeamCare wants your business. As one of the largest health funds in the country, TeamCare leverages our size to negotiate competitive discounts with our healthcare vendors and networks—passing on those savings to our local union partners.

Here are just some of the services TeamCare offers our local union partners when contacted for a proposal:

- **A three-year guaranteed rate quote with rates well below industry averages**
- Detailed evaluation and comparison of current plan to TeamCare plans
- Demographic and cost-analysis of current plan to TeamCare plans
- One-shop all-inclusive plan options with medical, dental, vision, STD, life insurance, retiree coverage
- Over 50 “ready to go” all-inclusive health plans, ranging from Cadillac-like plans to quality major medical plans
- Option to “Build a Plan” and customize benefits
- Dedicated Field Service Representative available for onsite meetings with employer, negotiating committee and/or bargaining unit
- Onsite benefit education meetings at union hall or at employer location
- Benefit and enrollment webinar/teleforum presentations for your members
- Onsite annual open enrollment meetings
- For larger new groups, expedited service to our new members through a dedicated CustomerCare Center prompt and an employer/union web portal
- Option to offer TeamCare to the non-bargaining units, management, or other union groups at the same employer as the Teamster group
- Onsite health fairs at the union hall or employer location

...All by maintaining our low administrative costs—approximately 4 cents of each contribution dollar.



What TeamCare Needs For A Proposal

TeamCare is standing by to help. Together, we can design a plan that works for you. To begin a proposal—it's as simple as contacting your Field Service Representative who can walk you through the information necessary for TeamCare to provide a rate quote.

Although we understand that we might not be able to get all the necessary information, TeamCare at a minimum will need:

- A list of the bargaining unit employees with birth date, gender, zip code and current health coverage enrollment Tier status (Single, Family, opt-out, etc.).
- A summary of their current health plan health coverage. This could be the Summary of Plan Benefits and Coverages (usually a 3 to 5-page document) or Benefit Summary.
- The current full monthly or weekly cost (includes the employer and the employee share). The COBRA cost is also acceptable.

TeamCare also reviews the insurability of the group. Preferably TeamCare would like to receive the most recent three years of claims experience and a list of catastrophic claims. However, some employers or other carriers may not be able to provide that information to TeamCare. In those cases, TeamCare will require a two page HIPAA-compliant Health Questionnaire to be completed by the employees.



The TeamCare Proposal: Things to Know

- After reviewing the demographics and insurability of the group, TeamCare will provide the Local Union a guaranteed rate quote. Typically these rate quotes are for a three-year period which allows the union and the employer to budget the healthcare economics for the next three years.
- In some cases, based on the insurability of the group, TeamCare may only be able to initially offer a one-year rate quote. In those cases, TeamCare will evaluate the group after the first year of participation and then provide the local union and employer with a three-year rate quote.
- TeamCare has an information brochure available for local unions to share with employers that is available by scanning the QR code at the bottom of the page or by visiting **MyTeamCare.org/Summit-Resources**.
- New Group Participation Rules, Transitional Requirements, and Participation Agreements are also available through the QR code.
- Rate increases have averaged 3% in the last three years.



MyTeamCare.org/Summit-Resources

A list of Field Service Representatives can be found on the inside front cover.

You can also contact:

Mike Mullane, Director of Marketing and Field Service at 847-939-2297

Mike Michelini, Division Manager of Field Service at 847-939-2296



TeamCare and the Central States Pension are two distinct and separate legal entities—governed by two distinct trust agreements. Under federal law, the assets and liabilities of each are separate and cannot be combined, mixed or commingled.

POLICIES AND PROCEDURES

Contract Policies

The Contract Department is responsible with reading all participating employers' new and renewal agreements to make sure that the agreements comply with the Fund's rules and regulations as documented in the Funds' Trust Agreements, Special Bulletins, and Rehabilitation Plan. Contract Staff also make sure that the health and/or pension rates match what is required to continue to maintain accurate benefits for the membership.



By using this QR Code or visiting **MyTeamCare.org/Summit-Resources**, the parties can review the Fund's Contract Policy Reference Guide.

Sample Contract Language

For potential new employers, and for existing employers, the Fund has drafted some sample contract language for the parties to use during negotiations that complies with all of the Funds' policies and procedures.



By using this QR Code or visiting **MyTeamCare.org/Summit-Resources**, you can select and review either the sample Health & Welfare Contract Language or the Sample Pension Contract Language.

Participation Agreements

The Fund requires that every new health and/or pension employer sign a Participation Agreement ("PA") with the Fund. PA's do not expire, so the Fund does not require a new one with each contract renewal. If a PA is needed for a group, the Fund will send one with the health and/or pension rate letter prior to the contract's expiration or with the new group letter. However, the Local can ask the employer to sign a new PA with every new contract renewal agreement, if they prefer.

Exceptions:

- Non-Unit groups that participate in the Health Fund need to sign a new PA every time their rates change. Fund staff will send a request for the new PA with the health rate letter.
- Municipalities (in states where the Local Union is not allowed to bargain over benefits) will be requested to sign a new PA for every renewal.





HEALTH FUND: TEAMCARE

HEALTH FUND:
TEAMCARE



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TeamCare Partners

| | | |
|-----------------------------|-----------------------------------|---------------------|
| BlueCross BlueShield | bcbsil.com | 800-810-2583 |
| Caremark | caremark.com | 888-483-2650 |
| Teladoc Health | teladochealth.com/TeamCare | 800-835-2362 |
| QuestSelect | questselect.com | 800-646-7788 |
| USIN | | 877-674-0674 |
| Humana Dental | humanadentalnetwork.com | 800-592-3112 |
| EyeMed Vision Care | eyemed.com | 866-723-0514 |

BEFORE WE GET STARTED...

Healthcare is full of acronyms and terms. Below are some of the more frequently used acronyms and terms you should know:

| | |
|--------------|---|
| ACA | Affordable Care Act (aka ObamaCare) |
| COB | Coordination of Benefits |
| COBRA | Consolidated Omnibus Budget Reconciliation Act (healthcare self-payments) |
| DME | Durable Medical Equipment |
| EOB | Explanation of Benefit statement |
| FSA | Flexible Spending Account (Not offered by TeamCare) |
| HDHP | High Deductible Health Plan (Not offered by TeamCare) |
| HIPAA | Health Insurance Portability and Accountability Act |
| HMO | Health Maintenance Organization |
| HSA | Health Spending Account (Not offered by TeamCare) |
| IMR | Independent Medical Review |
| OOP | Out-of-Pocket |
| PBM | Pharmacy Benefits Manager (Caremark) |
| PBP | Plan Benefit Profile |
| PCP | Primary Care Physician |
| PDB | Predetermination of Benefits |
| PPO | Preferred Provider Organization |
| SBC | Summary of Benefits and Coverages |

Allowed Amount: In-network negotiated reimbursement fees for covered services. Network providers agree to accept the allowed amount as payment in full. Members are not billable (balance billing) for charges above the allowed amount.

Coinurance/Cost-sharing: After the deductible is met (if any), it is the member's cost-sharing responsibility as outlined in the Plan Benefit Profile. For example, Plan C6 members have a 20% coinsurance for charges that apply to Major Medical expenses, and a 0% coinsurance for charges that apply to Surgery expenses.

Coordination of Benefits (COB): Industry process to determine which insurer pays first when two or more health insurance plans are responsible for paying the same medical claim. COB typically occurs when both the member and their spouse each have coverage. COB determines which plan pays primary (first) and which plan pays secondary.

Copayment: A flat dollar amount paid for an in-network covered benefit.
Example: UPS members under Plan U1 have a \$10 copayment for visit to a primary care doctor.

Deductible: The annual amount a member is responsible and must pay for covered services before TeamCare begins to pay as indicated in the Plan Benefit Profile. For example, a UPS member has a \$100 per person deductible (\$200 family max).

Explanation of Benefits (EOB): A benefit statement sent by TeamCare to the member that includes a summary of how TeamCare processed the claim, how much TeamCare paid on the charges, and what the member's responsibility may be (if any). It also contains the annual summary of the member's deductible and out-of-pocket (OOP) costs in the plan.

Formulary: Sometimes referred to as a “drug list,” it is a list of drugs identified by Caremark that are covered by TeamCare. There are many different prescriptions that treat the same illness and the formulary list will identify those covered by TeamCare. More formulary information can be found at **MyTeamCare.org**.

Grandfathered Health Plan: As defined in the Affordable Care Act, a group health plan that was created—on or before March 23, 2010. Most of the TeamCare plans, including UPS, are grandfathered plans. Although TeamCare offers grandfathered health plans, certain provisions like dependent coverage to age 26, no-cost wellness, and other provisions are standard in our grandfathered plans.

In-Network Providers: A provider or health professional who has agreed to the provisions and reimbursement as outlined by the network. TeamCare has contracted with the following networks: BCBS, Caremark, USIN, Teladoc Health, QuestSelect, EyeMed Vision Care, and Humana Dental.



Open Enrollment Period (OEP):

Period of time that TeamCare members under a “tiered plan” can make changes to their dependent coverage and/or choose from available plans (if applicable), for any reason. The OEP begins November 1st and lasts 3 weeks. Any changes go into effect the start of the next plan year.

Out-of-Network Providers:

A provider or health professional not under contract with your insurance provider. Services with out-of-network providers will cost the member more money since there are no negotiated reimbursement rates and may cause the loss of their Family Protection benefit.

Out-of-Pocket (OOP) Limit: The maximum amount a member will be required to pay for covered services in a year, before the plan covers 100% of all costs. Out-of-pocket limits vary by plan and can be found on the Plan Benefit Profile.

Special Enrollment Event (also known as Life Event): Any event or occurrence such as death, birth, divorce, or loss of coverage that allows a TeamCare member under a “tiered plan” to change their dependent coverage and/or choose from available plans.

**DISCLAIMER:**

This document is intended as a summary to assist local unions. All information in this booklet is subject to the terms of the actual Health Plan Document and Pension Plan Document, which is the final written authority on all matters about the Plan. Only the Board of Trustees is authorized to interpret the Central States Health and Welfare Plan Document and Central States Pension Plan Document. No employer or union or any representative of any employer or union is authorized to interpret the Plan Documents. If there is a discrepancy between this document and Central States Health and Welfare Plan Document or Central States Pension Fund Plan Document, the Plan Document of the specific Fund will be the controlling document in determining benefits.

PLAN BENEFIT PROFILE

The Plan Benefit Profile (PBP) will probably be the most utilized tool for members to understand their benefits. The PBP is a snapshot of a member's specific TeamCare Benefit coverage. The PBP can be downloaded from **MyTeamCare.org**.

For more detailed information about benefits, it can be found in the Summary Plan Description, also available at **MyTeamCare.org**.



WELCOME ENROLLMENT PACKET

Enrolling a New Hire in TeamCare

There are over 1,100 participating employers in TeamCare who onboard approximately 500+ new hires each week. In some “peak” weeks, that number can be as high 2,000 new hires. TeamCare sends a personalized Welcome Enrollment Packet to each of the new hires joining TeamCare.

Most new hires have an initial 30-day probationary period before the employer begins reporting the first health and welfare contribution to TeamCare. When TeamCare becomes aware of a new hire, it is our job to make sure that our new member has a smooth transition and enrolls the family timely.

The TeamCare Welcome Enrollment Packet provides the member with all the information needed on their new plan of benefits, including:

- Detailed information on how to add family members through our online enrollment at **MyTeamCare.org**
- A paper enrollment form is also enclosed as an alternative to online enrollment
- A TeamCare highlight brochure of the benefits offered under their plan
- A Plan Benefit Profile and Plan booklets that provide information on their specific plan of benefits
- Temporary ID cards for member to use until receipt of their TeamCare Medical ID card and TeamCare Benefits ID card
- Life Insurance Beneficiary form (if member's plan offers life insurance)

The easiest and quickest way for a member to add their family members is through online enrollment at **MyTeamCare.org**. Members can add dependents, upload certificates/documents and follow the progress through the online enrollment. Please encourage your members to utilize this tool.

Finally, in addition to the Welcome Enrollment Packet from TeamCare, the member will receive two other mailings with their ID cards:

- TeamCare PPO Medical ID card sent directly by the PPO network; and
- TeamCare Benefits ID card sent by our vendor that includes all information for ancillary benefits like Rx, Vision, Dental, etc.

ELIGIBILITY

Standard Reporting and Eligibility

All NMFA, NATA, and most “white paper contracts” fall into this category. An employer is required to accumulate work history data for each of their employees during the current month and then report it to Central States, and pay for it, by the 15th of the following month.

Weekly Contributions - The employer is required to remit a full Weekly contribution on behalf of any employee who works, or is compensated, for any portion of a week. Standard establishing period applies, which means that any employee reported to TeamCare, that has not had eligibility with TeamCare in the last 52 weeks, will not be able to use their TeamCare benefits until we have received the 8th Weekly contribution. Coverage begins on the member's 9th week of contributions.

For UPS Part-Time Employees

Under the UPS National Master Agreement, a newly hired UPS part-time employee becomes eligible for benefits on the tenth month after their initial hire date with UPS.

Hourly Plan

The Hourly Plan was developed to accommodate those members whose work opportunities were of a seasonal nature but during that seasonal period the amount of work performed was prodigious. The Hourly Plan requires the employer to remit a contribution for each hour worked. The added benefit to this type of reporting is that any hours that are reported on behalf of a member, in excess of the number of hours needed to provide eligibility, are saved in a bank for future use. Depending on the collective bargaining agreement, an employee may bank up to 12 months of future eligibility. Banked hours can be viewed at **MyTeamCare.org**.

The standard establishing rule does not apply to the Hourly Plan as eligibility is provided in monthly increments. Each plan has a set “hourly base” which is the minimum number of hours needed to provide eligibility in a given month.

- Eligibility for TeamCare Hourly Plan benefits is determined monthly.
- Eligibility is based on the hourly contribution requirement negotiated in the collective bargaining agreement—typically between 120 to 160 hours per month.
- Reported work hours in a calendar month, will provide coverage in the second month following the month worked. You always know when you have coverage.
- If you work the necessary number of hours in a month (as determined in your collective bargaining agreement), **you’ll be eligible for benefit coverage in the second month following the month worked.**
- Surplus hours worked in a month are held in an “hourly bank” that will be applied to your future coverage.
- If the monthly hours worked and reported by the employer fall below the monthly hour eligibility requirement, TeamCare will deduct any necessary dollars from your “hourly bank” to meet the monthly hour eligibility requirement.

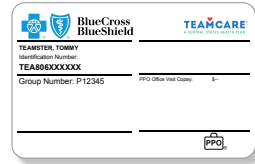
Example: Terry works for an employer that has a 160 hour monthly eligibility requirement. Terry works 180 hours in September 2024. The worked hours in September will be reported by the employer to TeamCare in October.

Because Terry met the 160 hour monthly eligibility requirement, Terry will have benefit coverage for the month of November; and 20 hours will be applied to his hourly bank to be used for future eligibility.

WHICH CARD TO PRESENT

TeamCare PPO Medical ID Card

This card, with the BlueCross BlueShield, should be presented to any medical provider, mental health provider, or chiropractor. To check if a doctor, facility, or hospital participates in the network, call the phone number on the back of the card or visit the *Find A Provider* link at **MyTeamCare.org**.



TeamCare Benefits ID Card

Present this card to take advantage of your other great health benefits such as:

- Prescription: CVS Caremark
- Telehealth: Teladoc Health
- Dental: Humana Dental
- Vision: EyeMed Vision Care
- Advanced Imaging: USIN
- Lab Testing: QuestSelect



BCBS ID cards and TeamCare Benefits ID Cards are only issued in the member's name, but any covered dependents can use the cards.



A great tool for members is to download ID Cards directly to their smart phone from their dashboard at **MyTeamCare.org** or through the **MyTeamCare** app.



MEDICAL BENEFIT



TeamCare is a Preferred Provider organization (PPO), where members can enjoy the benefits of network-based healthcare. We offer the finest quality providers and facilities through the PPO network, BlueCross BlueShield. With 95% of all medical claims submitted by a TeamCare PPO provider—the quality and expansiveness of our TeamCare network speaks for itself.

Through TeamCare, members may seek care from any physician or hospital in the network. By seeking care from a network provider, they will receive higher, in-network benefits. In most cases, members may seek care from an out-of-network provider and still receive benefits. However, there is an out-of-network penalty that members will be responsible for and they will also have to file all claims.

MINUTECLINIC



\$0 copay for convenient, affordable healthcare

MinuteClinic can treat and write prescriptions for common illnesses such as strep throat, pink eye, and ear, nose, and throat illness. It also provides a wide range of wellness services, such as flu shots, and offers routine lab tests.* There is no office visit copay when visiting the MinuteClinic.

*Lab fees and screenings may be billed separately. MinuteClinic services may vary by state.

TELEHEALTH BENEFIT



Teladoc Health is a no-cost telehealth benefit

Members can call from home or on the road and speak to a U.S. board-certified and state-licensed doctor in all 50 states, 24/7/365. Teladoc Health offers visits for general medicine, dermatology, and mental health—conveniently and at no cost to the member!

Download the Teladoc Health app, visit **TeladocHealth.com/TeamCare**, or call **800-TELADOC**.

*Please remember to select TeamCare as your benefit provider when creating an account with Teladoc. If you do not see TeamCare as a benefit option during registration, please contact TeamCare at 800-TEAMCARE (832-6227).





PRESCRIPTION BENEFIT



One of the most utilized TeamCare benefits is the Prescription Benefit. TeamCare partners with CVS/Caremark to manage both our Retail Pharmacy Program (for short-term fills) and the Caremark Maintenance Choice Program (for long-term maintenance medication fills). It is important to note that WalMart, Sam's Club, and Amazon/PillPack are not part of the TeamCare Prescription programs.

Retail Pharmacy Program (30 days or less)

The Retail Pharmacy Program allows the member to fill a short-term prescription at any of the 68,000+ pharmacies. These prescriptions are typically prescribed for less than a 30-day supply, such as an antibiotic.

Caremark Maintenance Choice Program/Mail Service Program (maintenance medications)

For long-term prescriptions that are taken on a regular basis for chronic conditions like high blood pressure, diabetes or high cholesterol, the TeamCare Prescription Benefit provides two easy and convenient ways to fill these prescriptions. A member can receive a 90-day supply of medication either at:

- Any CVS pharmacy or Kroeger pharmacy through the Maintenance Choice program; or
- Caremark Mail Service program or Costco mail service program

In simple terms, short-term fills can be filled at any in-network pharmacy like CVS, Walgreens, Rite-Aid, Albertsons, etc; while long-term fills (maintenance medications) can be filled either at a CVS pharmacy or through the mail-order program.

Certain states have laws that may affect your Prescription Benefit. Visit **[MyTeamCare.org/statelaws](https://www.teamcare.org/statelaws)** for more information.

Helpful hint on Caremark Mail Service program: Registering for the mail service for the first time can be done easily online or by phone. Members can register at **[caremark.com/mailservice](https://www.caremark.com/mailservice)** to fill a new prescription benefit or members can call 800-875-0867. Caremark will handle the rest.

Important Prescription Highlights:

- If a generic drug is available, the member must take the generic or be responsible for the cost difference plus any copayment.
- By the third fill, long-term maintenance medication must be filled through the Maintenance Choice or Mail Service program or be subject to a greater coinsurance.
- For injectable medications, TeamCare provides a \$1,000 per member per calendar year out-of-pocket maximum, once this is met, all injectable medications will be paid at 100%.
- TeamCare does not cover medicines on a formulary exclusion list that is maintained by CVS/Caremark.

For more information call **888-483-2650** or visit **[caremark.com](https://www.caremark.com)**.

OUTPATIENT IMAGING BENEFIT



TeamCare partners with USIN to provide advanced imaging tests (MRI's, CT's and PET scans) all at no cost. These tests need to be scheduled directly through USIN by calling **877-674-0674**. USIN will set up an appointment at a time and location that is convenient for the member. All the member must do is present their Benefits ID card. Test results will be sent directly to the requesting provider.

*If there is not a USIN facility within 40 miles of the members home, TeamCare will make a network exception to have the test covered at 100%. To receive this exception the member must get approval from TeamCare prior to getting the test performed at a PPO facility.

OUTPATIENT LAB BENEFIT

QuestSelect™

TeamCare offers covered members voluntary outpatient lab testing at no cost when performed through QuestSelect. Members can request their provider send the specimens to Quest directly or they can visit a QuestSelect collection site to have their specimen taken. Members must show their TeamCare Benefits ID card which lists their QuestSelect information.

For questions regarding this benefit, members can call QuestSelect Client Services at **800-646-7788**. Note: Physician must mark the specimen as QuestSelect or members will not be eligible.

VISION BENEFIT



In-Network Through EyeMed

TeamCare offers both in-network and out-of-network Vision benefits. TeamCare offers a voluntary network through the EyeMed Select network. The network has over 25,000 locations including national providers like Lenscrafters, Pearle Vision, or Target Optical; and local optometrists and ophthalmologists. Members that have vision benefits included in their plan receive the following in-network benefits once every 12 months*:

- One eye examination
- One set of frames up to \$150 allowance
- One pair of eyeglass lenses
- Or, in lieu of glasses, contacts up to \$120 allowance

Out-of-Network Vision Benefits

For non-EyeMed providers, TeamCare will reimburse the member for an exam, glasses or contacts once every 12 months*.

The maximum reimbursement is:

- | | |
|-------------------------------|---------|
| • Routine eye exam | \$50.00 |
| • Frames | \$75.00 |
| • Lenses | \$50.00 |
| • Bi and tri-focal lenses | \$50.00 |
| • Lenticular lenses | \$60.00 |
| • Contacts in lieu of glasses | \$80.00 |

For out-of-network Vision claims, mail an itemized receipt to:



TeamCare
PO Box 5116
Des Plaines, IL 60017-5116

For more information call **866-723-0514** or visit **eyemed.com**.

**For MM500 plans, Vision Benefits are payable once every 24 months, and there is a \$60 copay for progressive lenses. Refer to your plan benefit profile for your details.*



LENSCRAFTERS

INDEPENDENT
PROVIDER
NETWORK



AMERICA'S BEST
CONTACT LENS SPECIALISTS



DENTAL BENEFIT



Like the Vision benefits, TeamCare offers both in-network and out-of-network benefits. Members can choose any dentist they want, but TeamCare also offers a voluntary network through Humana Dental that allows members to maximize their dental benefit and with lower out-of-pocket expenses. Using an in-network dental provider protects the member from charges above the negotiated in-network discounted fee.

Key Dental Benefit Highlights:

- Dental exams and cleanings are allowed once every six months to date. At **MyTeamCare.org**, members can log in and view when they are eligible for their next dental exam, cleaning and/or x-rays.
- The annual dental maximum does not apply to dependent children under age 19.
- The orthodontic benefit is for dependent children up to age 26.
- Predetermination of benefits is available for charges of \$500 or more. These can be submitted to TeamCare at the address below.
- Services provided by an in-network Humana Dental provider will be filed directly with TeamCare.
- Services provided by an out-of-network dental provider must be submitted to TeamCare by the provider or the member. Providers are encouraged to submit the claim electronically, members can submit claims to:



TeamCare
PO Box 5116
Des Plaines, IL 60017-5116

- To find an in-network provider, visit **humanadentalnetwork.com** or call **800-592-3112** to find a Humana dental provider.



SHORT-TERM DISABILITY BENEFIT

If the member becomes disabled due to a non-work-related illness or injury and cannot work, most TeamCare plans offer Short-Term Disability Benefits to provide some income to help the member get through a rough time. The benefits and the number of weekly payments can be found in the Plan Benefit Profile.



To receive these benefits, the member must be disabled as a result of a non-work-related injury or illness or unable to work due to pregnancy, **and** must be receiving regular care from a doctor. Additionally, the member must be actively employed and covered by the Plan when disabled.

NOTE: Short-Term Disability Benefits are not payable for illnesses or injuries that are work related or are the result of surgical procedures not covered under the Plan.

Here are three very important steps to help ensure that the member's disability payment gets paid as quickly as possible:

1 Visit *Forms and Documents* link at **MyTeamCare.org** and download/print Short-Term Disability Claim Form-Initial Report of Disability. The form needs to be completed by your doctor, your supervisor/HR rep, signed, and returned to TeamCare. For members who work in NY, NJ, CA, and RI—See State Exceptions on next page.

| 2 | For UPS members: | For TForce members: | For all other members: |
|---|--|---|------------------------|
| | Call The Hartford at 866-825-0186 to initiate your leave at UPS. | Email tfleave@tforcefreight.com or visit the TELUS Health Portal at tforce.abilitiabsenceus.com to initiate your leave. | Proceed to step 3. |

3 Submit to TeamCare:

FASTEST: Online at Message Center at **MyTeamCare.org**

FASTER: Fax to (847) 518-9757

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

All Short-Term Disability checks are mailed to the members and a claim typically takes 7-10 days to process.

SHORT-TERM DISABILITY STATE EXCEPTIONS

Some states have their own short-term disability programs—meaning the benefit comes directly from the state.

Members Who Work in New York or New Jersey:

- **Non-UPS:** Submit claim directly through the TeamCare Message Center at **MyTeamCare.org** or to the address on the form.
- **UPS:** Submit a claim online through The Hartford at **abilityadvantage.thehartford.com** or by calling 866-825-0186.
- **TForce Freight:**
 - In New York, submit a claim with Prudential Insurance Company of America at **prudential.com/mybenefits**, by calling 877-367-7781, or by faxing 877-889-4885.
 - In New Jersey, submit a claim with the state by visiting **nj.gov/labor/myleavebenefits**, calling 609-292-7060, or faxing 609-984-4138. Once approved, members must send a copy of the statement to TeamCare.



All Members Who Work in California or Rhode Island:

Your benefit comes directly from the state. Submit a claim through the state's short-term disability program:

- In California visit **edd.ca.gov**
- In Rhode Island visit **dlt.ri.gov/tdi**

For the above states, it is the member's responsibility to submit a copy of that claim to TeamCare (online, fax, or mail) to ensure there is continued coverage while the member is off on disability.

AFTER APPROVAL

Members should view the remarks box on the Explanation of Benefits attached to their Short-Term Disability checks. There members can find the auto-payment date, as well as any additional information requests from the Short-Term Disability department.

A screenshot of a TeamCare form, likely an Explanation of Benefits. The form has the TeamCare logo at the top. There are several sections with headings like "TeamCare", "Remarks", and "Comments". A red rectangular box highlights a section at the bottom of the form, which appears to be a "Remarks" or "Comments" box. The text inside the box is partially legible and seems to contain information about the claim and payment.

Short-Term Disability Questions Frequently Asked By Your Members

When does my Short-Term Disability Benefit (STD) begin?

To receive STD benefits, you must be disabled as a result of a non-work-related injury or illness or unable to work due to pregnancy and you must be receiving regular care from your doctor. You must complete the STD Initial Report of Disability which must be signed by your employer and your treating physician. Payments will begin:

- For an injury, STD is typically paid from the date the doctor first determines you're disabled.
- For an illness or pregnancy, STD is typically payable from the 8th day after you become disabled.

In general, turnaround time is approximately 7-10 business days from receipt of a completed Disability form. To check the status of your claims, visit My Claims on your Dashboard at **MyTeamCare.org**. More detailed information is available in the Summary Plan Description.

Am I entitled to STD if I had an on-the-job accident?

No. STD is not payable for accidents or injuries that are covered under Workers' Compensation.

How many weeks of Short-Term Disability will I receive when I deliver my baby?

Typically, a normal vaginal delivery allows you six weeks of benefits. In the case of a surgery, you are allowed eight weeks. If you have complications either pre or post-delivery, we will need documentation from your doctor to approve additional STD.

Is there a different form to complete after my Initial Report of Disability?

Yes. You first apply for benefits on the STD Initial Report of Disability. During that same disability period, updates must be submitted on the Continued Report of Disability Form. Our Short-Term Disability Department will send the form in the mail when the update is needed.

When does my Short-Term Disability Benefit end?

STD ends when you are no longer disabled, retire or have received the maximum number of week's payable under your Plan.



LIFE INSURANCE BENEFIT

If Life Insurance is part of the Health and Welfare Package, TeamCare will pay Life Insurance Benefits on the member, the covered spouse, and any covered children under age 26. To file for benefits a **"Health Fund Notice of Claim for Death and Accidental Death Benefits"** must be filled out and returned to TeamCare. This form can be obtained at **MyTeamCare.org** under *Forms and Documents*.



Key Benefit Highlights:

- For benefits to be payable, the member must be covered by TeamCare on the date of death or within a 31-day grace period following their last day of coverage.
- All death claims must have a certified death certificate.
- Claims must be filed within 3 years.
- If member dies because of an accident, their beneficiary will receive the Accidental Death Benefit in addition to the Life Insurance Benefit.

If there is no beneficiary on file, TeamCare will pay the benefit in full in the following order:

1. Surviving spouse
2. Equal shares to the surviving children
3. Equal shares to the surviving parents
4. Equal shares to the surviving siblings
5. The estate

Beneficiaries can be changed anytime. A Life Insurance Designation Form can be obtained at **MyTeamCare.org** under *Forms and Documents*.

FAMILY PROTECTION BENEFIT

The Family Protection Benefit is a unique and unmatched benefit provided to TeamCare members and their families. In the event of the member's death, the Benefit provides TeamCare coverage to covered dependents for up to 5 years at no cost. To qualify, the member and covered dependents must have utilized in-network TeamCare medical providers for all non-emergency medical care during the two-year period (or less if TeamCare participation is less than 2 years) before the member's death.

Filing for the Family Protection Benefit

Once TeamCare receives the application for the Life Insurance benefit, TeamCare will review the family's eligibility for the Family Protection Benefit. A letter regarding the Life Insurance Benefit and Family Protection Benefit will be sent within a few weeks after receipt of the Life Insurance application.

If the member does not have a Life Insurance benefit under his plan (see Plan Benefit Profile), TeamCare must be notified and provided with a copy of the member's death certificate. When sending in the death certificate, please ensure that the member ID is also enclosed. This information can be faxed to the Life Insurance/Family Protection Department at **847-518-9786**.

Coverage under the Family Protection Benefit will end on the earliest of:

- 5 years from the member's death
- Coverage under another plan (including Medicare)
- Remarriage (NOTE: Children can continue to be covered unless other coverage is available)
- Child's 26th birthday or the date the child gains coverage under another plan

RETIREE HEALTH PLAN COVERAGE

FOR EMPLOYERS THAT HAVE FUTURE RETIREE HEALTH PLAN COMPONENT

The Retiree Health Plan provides health coverage benefits until the member reaches age 65 or becomes eligible for Medicare benefits. Traditional medical expenses such as hospital, surgical, lab, diagnostic imaging, office visits, and prescription drugs, along with dental and vision benefits (effective 5/1/2022), are covered under the retiree health plan. Spouse coverage is also available under the retiree health plan. The level of retiree health plan benefits a member is eligible to receive and the applicable retiree health premiums will depend on the member's employer and the active plan of benefits the participant was enrolled in prior to retirement. The length of spousal coverage, the availability of dependent child coverage, and eligibility for any dental or vision benefits will vary depending on the participant's employer and active plan of benefits. Members can find specific details about their active and retiree health benefits by signing in at **MyTeamCare.org**.

To qualify for retiree health coverage the member must meet the plan's TeamCare contribution requirement and the Pension Benefit/Union Service requirement.

TeamCare Contribution Requirement:

As of the eligibility date, the member must have at least 40 weeks of active TeamCare contributions in a plan which includes retiree coverage in each of the last five years, or at least 40 weeks of active TeamCare contributions in at least seven out of the last 10 years immediately preceding the eligibility date. The eligibility date is the date the member retires; although in some cases, it can be the last date of active TeamCare contributions. The eligibility date is simply the date as of which the TeamCare contribution requirement is measured and may not be the same as the date coverage begins under the Retiree Health Plan.

Pension Benefit/Union Service Requirement:

The member must be eligible to receive, at minimum, a pension benefit from the Central States Plan, The UPS/IBT Plan, or another Teamster Related Pension Plan based upon 20 years of service or must retire with at least 20 years of service under a recognized collective bargaining agreement negotiated by an affiliate of the Teamsters.

The Fund automatically determines eligibility for retiree health benefits when members apply for their retirement pension benefits with either the UPS/IBT plan or the Central States Pension Plan. To avoid any interruptions in health coverage, members who are eligible are automatically enrolled in the retiree health plan and any applicable retiree health premiums are deducted from their pension benefit checks. The Fund will mail a Retiree Health Election Form to each eligible member once approved. The member must then choose to remain enrolled, decline, or postpone the retiree health coverage by completing the Retiree Health Election Form and returning it to the Fund. If a member declines or postpones retiree health coverage within the specified timeframe any collected retiree health premiums will be refunded back to the member.

Either the member or the member's spouse may independently elect on a one-time basis to postpone retiree health plan coverage to a later date, provided there is other health insurance coverage. To postpone coverage, the member must complete and submit the Retiree Health Plan Postponement Form. To reactivate coverage, the member must complete the Retiree Health Plan Reinstatement. Both forms can be found at **MyTeamCare.org**.

The Retiree Health Plan is NOT a supplement to Medicare. It is the member's responsibility to notify TeamCare if he/she (or covered dependent) is eligible for Medicare to prevent an overpayment.



Cost of Retiree Health Plan Coverage

The Board of Trustees reviews the monthly premiums required for Retiree Health Plan coverage at the end of each year. Through the Health Fund's strong performance, the Board of Trustees has maintained annual increases well below industry standards. Local Union partners and retirees are notified each year when rates change. The following chart contains rates for 2024:

Non-UPS Retirees (Plan R4):

| Retiree's Age at Retirement | Contribution Rate Per Person | | |
|-----------------------------|------------------------------|-------|----------|
| | 2024 | 2023 | Increase |
| 62-64 | \$100 | \$100 | \$0 |
| 61 | \$256 | \$253 | \$3 |
| 60 | \$363 | \$359 | \$4 |
| 59 | \$447 | \$442 | \$5 |
| 58 | \$513 | \$508 | \$5 |
| 57 | \$581 | \$575 | \$6 |

*TForce employees: Contact TeamCare for eligibility and rate information prior to retirement.

UPS Retirees (Plan RU/RV):

| 2019-2024 | | |
|--------------|--------|---------------|
| UPS Retirees | Member | Member+Family |
| | \$200 | \$400 |

Under the terms of the collective bargaining agreement, the Retiree Health Plan premiums will remain \$200 for one-person and \$400 for family coverage for the duration of the agreement.



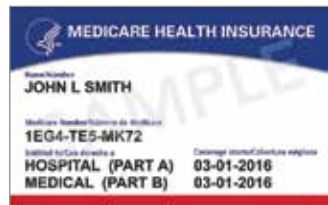
Use this QR code or visit **MyTeamCare.org/Summit-Resources** to get the most up to date Retiree Health Plan contribution rates.

MEDICARE ADVANTAGE PLAN BENEFITS

TeamCare, in partnership with Humana Inc., offers Medicare eligible retirees the option of enrolling in a Medicare Advantage health plan which was designed just for Teamster retirees and provides a plan of medical and prescription benefits greater than original Medicare. The plans combine Medicare Part A (hospital benefits), Part B (physician and other medical services) and Part D (prescription drug) into one complete benefits package.

Additionally, the plans offer extra benefits such as access to fitness centers, vision and dental discounts, emergency coverage worldwide, and Humana Active Outlook®, which is a health program and magazine.

Members and their spouses who wish to participate in these programs must be enrolled in Medicare Part B prior to enrolling in any Medicare Advantage Plan available through Humana. Part B covers physicians and other medical services and requires a separate premium paid to Medicare. The Part B premium is deducted from the enrollee's Social Security benefit check.



TeamCare Advantage Plan

The TeamCare Advantage Plan is available to qualifying members for free and any premium payments are covered by the Fund. To qualify for the TeamCare Advantage Plan the member must:

- have qualified for coverage under the Retiree Health Plan,
- be eligible to receive a retirement or disability benefit from the Central States Pension Plan,
- had Plan C6 coverage under the Active Health Plan as of his/her date of retirement date, and
- be at least 63 years of age as of his/her date of retirement

The TeamCare Advantage Plan is available for a 2, 4, and 6 year coverage period if retiring at age 63, 64, and 65 respectively. The coverage period begins when the member reaches age 65 or an earlier date of Medicare entitlement, but no earlier than the first day of the month following the member's retirement.

The Fund determines eligibility for the TeamCare Advantage Plan when members retire and apply for pension benefits with the Central States Pension Plan. The Fund then notifies Humana of any qualifying members. Humana will then mail an enrollment application to qualifying members as their coverage period approaches. **This plan is not available to UPS members.**

TeamCare Gold Plan

The TeamCare Gold Plan is available to Teamster retirees who are not eligible for the TeamCare Advantage Plan, whose coverage period under the TeamCare Advantage Plan ends, or who decline the TeamCare Advantage Plan. The TeamCare Gold Plan's premiums are the responsibility of the member and are priced below the market value for similar Humana plans in the member's area. Humana will offer enrollment to the TeamCare Gold Plan to Teamster retirees as their qualifying age approaches.



Use this QR code or visit **MyTeamCare.org/Summit-Resources** to view more details about these Medicare Advantage Plans.

AGE 65 PRESCRIPTION DRUG BENEFIT

The Age 65 Prescription Drug Benefit (NATA 65) applies only to retirees who receive pension benefits from the Central States Pension Plan and have established Benefit Class 18+. The benefit provides a 20% copayment by the member or spouse at the time of prescription purchase with the remaining 80% to be paid by the Pension Fund. The maximum benefit is \$1,000 per calendar year for the member and \$1,000 per calendar year for the spouse.

To qualify for the Age 65 Prescription Drug Benefit the member must be receiving a pension benefit from the Central States Pension Plan, have at least 20 years of contributory credit service, and the member's employer must be submitting contributions to the plan at Benefit Class 18+ levels when the member retires. The recipient of the benefit (member or spouse) must be age 65 or older.

When the member becomes eligible for the Age 65 Retiree Prescription Drug Benefit, he or she will receive a new prescription card and an informational package explaining the details of the plan and the benefits, and must notify TeamCare.

APPEALS PROCESS

Step One Appeal

A TeamCare member or healthcare provider may file an appeal when there is a disagreement with the decision based on benefits. Appeals must be received within 180 days from the date the healthcare benefit was denied, reduced, or terminated.



TeamCare will mail the Step One appeal decision within 30 days of receiving the request.

Step Two Appeal

If the first appeal is denied, a second and final appeal may be submitted by completing the appeal notification that was sent with the first decision. The final appeal must be received within 180 days from the date that the first appeal was denied.

The Step Two Appeal review is conducted by either the Trustee Appellate Review Committee or the Staff Final Review Committee and a final decision will be communicated to the members within 30 days of receiving the request.

If a member is still dissatisfied with TeamCare's decision at the conclusion of the Step Two Appeal, they have the right to file suit in state or Federal court pursuant to Section 502(a) of the Employee Retirement Income Security Act.

How to File an Appeal

Visit **MyTeamCare.org/help/appeal-a-claim** and select "Print and complete the form". Once logged in, the member can download the Claims Appeal Form. The member can also call the CustomerCare Center at **800-TEAMCARE** to request a form be sent to them.

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

Ways to Submit The Appeal:

| | | | | | |
|---------------|---|------------|--------------|-------------|---|
| ONLINE | Logging in at MyTeamCare.org and select the Message Center | FAX | 847-518-9794 | MAIL | TeamCare A Central States Health Plan PO Box 5126 Des Plaines, IL 60017-5126 |
|---------------|---|------------|--------------|-------------|---|

COBRA SELF-PAYMENT RIGHTS

COBRA, which stands for the Consolidated Omnibus Budget Reconciliation Act of 1985, is a federal law that provides members and dependents notification when their health plan coverage has ceased. It also allows them to make self-payments for a period of time to continue their health plan coverage.

If a member loses health plan coverage due to a reduction in hours or termination of employment, a notification will be sent by TeamCare in writing with the option of continuing coverage for up to 24 months. NOTE: COBRA only requires 18 months, but TeamCare provides the option for an extra 6 months.

Under COBRA, the member can choose:

- Either the full plan of coverage that the member's employer provided; or
- In some cases as determined by plan, a lower alternative "core" coverage (same as active coverage but only includes the medical and prescription portions of this coverage).
- Also, if a dependent loses coverage due to a divorce or the member's death, healthcare coverage may be continued for up to 36 months at one of the plans offered.

In most cases, TeamCare is made aware of coverage ending through the employer's reporting. In those cases, TeamCare will send a COBRA letter with details outlining payment options and the time frame the payments are due to TeamCare.

Important Time Frame And COBRA Information

- Under COBRA regulations, a member has up to 60 days to notify TeamCare of their election to make COBRA self-payments.
- The member then has 45 more days to make payments to TeamCare.
- Once COBRA self-payments begin, they must be made continuously in order to continue to receive coverage.
- Once COBRA payments begin, a member has the right to discontinue making payments or reduce coverage in the future.
- TeamCare makes every effort to notify a member as soon as possible when there has been a loss of health plan coverage. If a member believes a COBRA letter should have been sent, please call 800-TEAMCARE (832-6227).

COBRA Questions Frequently Asked By Your Members

When and how must first COBRA self-payments be made?

If you elect continuation coverage, you do not have to send any payment with the election form. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election (this is the date the election notice is post marked, if mailed). Failure to do so results in the loss of all COBRA rights under TeamCare. You are responsible for making sure that the amount of your first payment is correct. The amount of your first payment must be sufficient to pay for the coverage elected from the initial loss of coverage date through the current week if coverage is to be maintained into the future.

Can a member make COBRA payments in advance?

Yes. In fact, paying before the due date will ensure that the member has no lapse in coverage or disruption to service occurs.

Does TeamCare accept electronic fund transfers or what forms of payment are accepted?

At this time, TeamCare accepts personal check, cashier's check, and money order. We do not accept credit cards. Please reference your Unique Member Identification Number (UMI) on your payment. Payments should be sent to:



Self-Payments Department
TeamCare—A Central States Health Plan
Dept 10291
Palatine IL 60055-0291



TEAMCARE QUESTIONS FREQUENTLY ASKED BY YOUR MEMBERS



Do I need a referral to see a specialist?

TeamCare does not require a referral for claim payment. NOTE: Using an out-of-network specialist will affect claim payment and other benefits like the Family Protection Benefit.

How do I request additional ID Cards?

Log in at **MyTeamCare.org** and click on “Request an ID Card” in your Dashboard. You can request new TeamCare Medical ID Cards and TeamCare Benefits ID Cards to be mailed to you, as well as view digital versions.

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

Yes. You are eligible for services covered under TeamCare when treatment is received outside the United States. Treatment received must be considered Standard Medical Care, Services, or Supplies.

I just got married/had a baby. What do I do?

Contact TeamCare via your Message Center or at 800-TEAMCARE to request an Enrollment Form. You have sixty (60) days from the date of the to complete the Enrollment Form and return it to TeamCare.

My spouse lost her/his job and insurance. How can I have them added to my Plan? What documents do you need?

Contact TeamCare to request an Enrollment Form. A Letter of Credible Coverage (or other proof of termination of coverage) must be attached from your spouse's insurance company stating the last date of coverage. These documents must be submitted to TeamCare within sixty (60) days of the involuntary loss of coverage.

Are dental implants covered?

For plans that include a dental benefit: dental implants are covered under your dental benefits up to the annual dental maximum (if applicable).



When does coverage end for my adult child?

Coverage for an adult child ends when:

- Your coverage ends
- The adult child reaches age 26
- The adult child enters the military

Children who are mentally or permanently physically disabled may be eligible for some benefits after the age of 26.

Can I see my life insurance beneficiary online? How can I make a change?

This information is not available online. You can contact us for a copy of the Designation of Beneficiary Form we have on file. To change your beneficiary, you must submit an updated form. New Life Insurance Beneficiary Designation Forms are available at **MyTeamCare.org**

I am scheduled to have surgery soon. Who should call TeamCare, my doctor or me?

Providers can check eligibility on-line or by calling to verify eligibility and plan coverage. If your doctor is part of a PPO network, the doctor may also need to pre-certify certain procedures. The appropriate phone numbers and requirements are shown on your TeamCare Medical ID card.

How do I obtain copies of my Explanation of Benefits (EOB)?

Please visit **MyTeamCare.org**. Click on the "Claim Search" button. After signing in, the Explanation of Benefits (EOB) are located in the "Recent Claims" section.

Use this QR code or visit **MyTeamCare.org/Summit-Resources** to view more FAQs.





COMMUNICATIONS



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Focus On Your Funds 48



Monday through Friday, 8:00am - 5:30pm CST

MyTeamCare.org

**Members: 800-TEAMCARE
Locals: 800-323-2130
Providers: 800-323-2190**

MyCentralStatesPension.org

800-323-5000

MyTEAMCARE.ORG

Our website has mobile functionality and enhanced features for our members, local unions, employers and providers.

Some highlights of the website:

- “How-To” guides on common tasks like adding dependents to your plan, applying for Short-Term Disability and updating your web account
- Interactive digital ID cards
- Enhanced CustomerCare support tools
- FAQ’s section
- Easy-to-navigate member dashboard
- Also available on the **MyTeamCare** app



Is Your Local Union Registered?

By registering on **MyTeamCare.org**, your Local Union staff can view much of the same information that registered members can see:

- Eligibility
- Request ID cards
- Download plan benefit information
- Obtain a HIPAA certificate
- Download forms for short-term disability
- Review claim submissions
- Print out explanation of benefits
- ...and so much more!

To access the Local Union portal on our website, TeamCare will provide log-in information to an “Administrator” at each Local Union. Most Local Unions typically only have one user, but for Local Unions that have multiple locations or multiple staff handling TeamCare issues, the designated Administrator at each Local Union can establish a user account for each of these additional users. These users will then set their own passwords for access to the site.

TeamCare does require that the Local Union sign a Business Associate Agreement (BAA). The Business Associate Agreement is a standard form required under HIPAA which protects the Personal Health Information (PHI) of our members in accordance with HIPAA guidelines. Without a signed BAA, TeamCare cannot provide PHI information on a member.

If you are interested in registering, please contact your Field Service Representative.

MyCENTRALSTATESPENSION.ORG

These are some of main functions the members can utilize on **MyCentralStatesPension.org**.



What Is My Pension?

The Benefit Estimator is available to calculate your pension, so you know what to expect at retirement.



My Pension Check

View pension check schedules, get set up for direct deposit, and verify your income.



I Want To Apply For Benefits

Start the process of applying for Retirement, Disability, or Survivor Benefits.



Online Help

FAQs, Forms and Documents, QDRO, Reemployment—get your questions answered here.

Also available:

- Plan Benefits
- Tax Calculator
- Pension Message Center
- Pension Work History
- Pension Applications



TEAMCARE CONNECTIONS

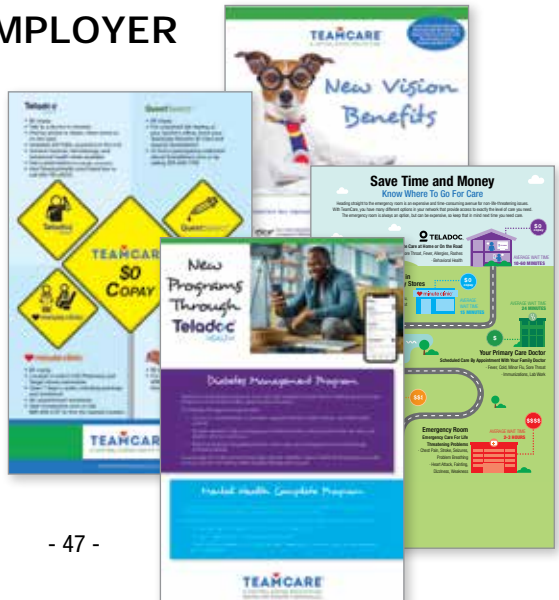
TeamCare Connections is a quarterly health and wellness newsletter. Connections provides benefit updates, health tips, member stories, and ways to save money by using TeamCare partners, such as MinuteClinic, Humana Dental, and EyeMed.

Members can update their mailing address on **MyTeamCare.org** as well as sign up to receive an email version of TeamCare Connections to their inbox.



LOCAL UNION/EMPLOYER POSTERS

From time to time, TeamCare will provide Local Unions with posters. These posters highlight important information or benefit tips for your members. We appreciate the help of our Local Union partners in hanging the posters at your union hall and/or participating employers.





FOCUS ON YOUR FUNDS



Starting in 2024, TeamCare and Central States Pension Fund will be sending a quarterly electronic newsletter to our Local Union partners called Focus On Your Funds in an effort to provide more timely information and updates.

The goal of the newsletter is to provide updates on the various benefits and improvements being made by the Funds. If there is an issue you'd like to see addressed in an upcoming Focus On Your Funds, please let your Field Rep know.



**American
Red Cross**



IN THIS SECTION:

UPS51-52

American Red Cross53-54



Summary of TeamCare UPS Plans:

| PLAN | UPS |
|------|---------------------------|
| U1 | FT UPS PACKAGE |
| U2 | FT UPS PACKAGE (PRIOR C6) |
| U3 | PT UPS PACKAGE |
| UW | FT UPS WORLDPORT |

Weekly Coverage

UPS will make a health plan contribution to TeamCare for every week in which a member receives any form of compensation. “Compensation” is broadly defined and includes actual work as well as vacation, paid time off, sick leave, paid holiday, personal day, FMLA leave, and workers’ compensation as stated in the collective bargaining agreement.



Weekly Coverage

UPS will make a health plan contribution to TeamCare for every week in which a member receives any form of compensation. "Compensation" is broadly defined and includes actual work as well as vacation, paid time off, sick leave, paid holiday, personal day, FMLA leave, and workers' compensation as stated in the collective bargaining agreement.

Short-Term Disability

- In addition to filing a short-term disability claim with TeamCare (signed by the member, employer, and doctor):
 - UPS members must also call The Hartford at **866-825-0186** or **abilityadvantage.thehartford.com**. A medical note supporting your leave must be provided to The Hartford either by mail or through **abilityadvantage.thehartford.com**. General questions about your leave from UPS can be directed to The Hartford.
- A UPS employee who works in New Jersey, New York, Rhode Island or California will have their STD benefit by the state. In NY and NJ, a member must submit your claim through The Hartford and send a copy to TeamCare; while in CA and RI, the member must file the claim with the state:

California: edd.ca.gov **Rhode Island:** dlt.ri.gov/tdi

A copy of the claim filed with the state must also be sent to TeamCare.

Long-Term Disability

- UPS Plan U1 & U2 – Eligible for the Extension of Benefits once the LTD ends (13 week and Major Medical Extension).
- UPS Plan U3 – Not eligible for the LTD; eligible for the Extension of Benefits (13 week and Major Medical Extension).
- Kaiser Plans – Eligible for 1 year of LTD coverage if approved by The Hartford's LTD Plan. No coverage under TeamCare for Basic or Major Medical Extension.
- LTD benefits are handled through The Hartford. Questions regarding the benefit can be directed to The Hartford at **866-825-0186** or at **abilityadvantage.thehartford.com**.

American Red Cross will begin making contributions on the employee's 9th week of employment and the employee will have immediate coverage with the first employer contribution.

New Hires

- A TeamCare Enrollment Welcome Packet is sent to new hires approximately 2-3 weeks after TeamCare receives the first contribution from ARC. Each packet will contain temporary ID cards to be used until they get their cards in the mail. ID cards will be mailed separately by the HMO/PPO network and a separate card will be mailed for ancillary benefits from TeamCare.
- Newly hired ARC employees can waive coverage. An employee who elects to waive coverage must return their enrollment form, **along with proof of other insurance coverage**, either through the TeamCare Message Center, fax, or mail.

Important Red Cross Information

- Members in the Northwest (Oregon and Washington), Northern and Southern California have the option to select a Kaiser Permanente HMO plan for their medical benefit.
- Employees can "opt-out" during Open Enrollment or if they have a "Special Life Event" with proof of other coverage.
- If a member does waive coverage, they are waiving coverage for all benefits—Medical, Prescription, Dental, Vision, Life Insurance and even Short-Term Disability.
- Members who do waive coverage can "opt-in" with a qualifying event or during the next open enrollment period, but this cannot be done online at this time.
- If an employee is on an unpaid leave of absence, American Red Cross will send a billing notice with the full premiums associated with the coverage elected. Questions regarding payroll deductions, billing notices, Supplemental Life Insurance, Supplemental Long-Term Disability and FSA's should be directed to the RedCross@work Service Center at **877-860-7526** or via email at **Benefits@redcross.org**.

American Red Cross Payroll Deductions Through 2024 For The Full Plan:

(As negotiated in the CBA between ARC and the Union Coalition.)

| PAYROLL DEDUCTION: SERVICE OVER ONE YEAR (FULL PLAN) | |
|---|----------|
| PLAN AN and AK/WK | |
| Full-Time Employee Cost - Deduction Per Pay Period | |
| Member (Employee) | \$56.19 |
| Member + Spouse | \$229.40 |
| Member + Children | \$248.52 |
| Member + Family | \$324.80 |
| PLAN AB and CK | |
| Part-Time Employee Cost - Deduction Per Pay Period | |
| Member (Employee) | \$124.92 |
| Member + Spouse | \$513.57 |
| Member + Children | \$580.53 |
| Member + Family | \$848.16 |

New ARC Groups

If you are organizing a new group with American Red Cross—please contact Field Service Representative Patti Fornino at 847-939-2220 to assist with the transition to TeamCare.



As of the printing of this book, American Red Cross and the Teamsters were in the middle of contract negotiations. Any changes reflected in the new agreement are not represented in this book.



PENSION



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ADDITIONAL PENSION TOPICS AND RESOURCES



The Fund’s website **MyCentralStatesPension.org** contains additional information on a variety of other pension topics:

- How-To Guides on submitting applications for benefits and appeals
- Help with Divorce Situations (QDRO Model Orders and Procedures)
- FAQs on Earning and Losing Credits, Breaks in Service, Vesting, Guardianships and POAs
- Frequently Used Forms (Tax Forms, Direct Deposit Forms, Employment Affidavits, Reemployment Forms, Appeal Forms, Benefit Application Forms, Joint and Survivor Option Forms)
- Important Documents (Summary Plan Description, Plan Documents, Trust Agreement, and Independent Special Counsel Reports)

RETIREMENT BENEFITS

To qualify for a retirement benefit from the plan a member must have at least 5 years of vesting service (10 years prior to 1999). The plan's normal age of retirement is age 65, but some members with 20 years of service might be able to receive their full retirement benefit as early as age 62. The earliest age a member may retire and begin receiving benefits from the plan is age 57.

The decision to retire is an important decision and members should consider the following when making their retirement decision:

1. Understand the amount of pension benefits he or she is eligible to receive.
2. Understand the impact that age at retirement has on the amount of pension benefits the member is eligible to receive.
3. Be aware there is a 12-month limit to the amount of retroactive benefits a member can receive counted from the date a complete benefit application is filed with the plan.
4. Understand the impact of retirement on health insurance coverage.
5. Understand the plan's restrictions on reemployment, particularly if the member is planning to supplement their retirement income by working.
6. Be aware that in order to collect retirement benefits a member must first permanently end their employment (resign) with a contributing employer or any employment which would be restricted under the plan's reemployment rules.
7. Be aware that benefits may be reduced after retirement, if the employer discontinues participation in the plan.

Members are encouraged to obtain a benefit estimate prior to retirement. The best way to determine eligibility for retirement benefits is to use the benefit estimator available on the Fund's website: **MyCentralStatesPension.org**. The benefit estimator allows members to obtain an estimate of their current retirement benefits and to also project their retirement benefits into the future.

Members can apply for benefits by completing the application for retirement benefits, which can be downloaded from **MyCentralStatesPension.org**. Additional documents that should be submitted with the benefits application include birth certificates, marriage certificates, and divorce decrees. Members should allow 90 days after submitting their benefit application for plan benefits to be processed.

Use this QR Code or visit **MyTeamCare.org/Summit-Resources** to view the Application for Retirement Pension Benefits.



REEMPLOYMENT RESTRICTIONS

There are very specific rules regarding employment while receiving a pension. A member should always seek approval from the Fund before accepting a job. Any employment that is not approved by the Fund may result in recovery of any overpaid Retirement Benefits.

A member must notify the Fund prior to beginning any employment and provide the following information: name of employer, location, job duties, job title, type of industry, and number of hours worked per month. If a member begins working in Restricted Reemployment and has not notified us, the Fund reserves the right to recover any overpaid pension benefits or Retiree Health Plan claims.

Work That Is Not Permitted

- Work in the Core Teamster Industries (either in a union or non-union capacity)
 - Trucking and Freight
 - Small Package and Parcel Delivery
 - Car Haul
 - Tank Haul
 - Warehouse
 - Food Processing or Distribution (including Grocery, Dairy, Bakery, Brewery and Soft Drink)
 - Building Material and Construction
 - Labor Organization
- Work for a contributing employer
- Work in any position covered by a Teamster contract

Work that is outside the Core Teamster Industries, which is not for a contributing employer, and work that is not in a position covered by a Teamster contract may still be restricted and limited to 80 hours per month up to age 60 if it is:

- Work in the same industry in which the participant earned contributory service with the plan
- Work in the same job classification as other plan participants within 100 miles

Work That Is Generally Exempt From Reemployment Restrictions:

- Government employment provided the federal, state, or local agency is not a contributing employer or former contributing employer
- Work for a charitable organization provided the organization is not engaged in substantial commercial activities
- Work after age 65 for less than 40 hours per month
- Work after age 65 that is not in the same trade or craft with which the participant earned contributory service with the plan
- Work after the participant has applied and been approved by the plan for the Post-Age 65 Exemption to the Reemployment Rules
 - This exemption applies to retirees who have reached age 65 and who immediately prior to reaching age 65 or later have received 12 consecutive months of pension benefits without engaging in Restricted Reemployment. The exemption is effective after the end of the 12-month period.

RETIREMENT PAYMENT OPTIONS AND DEATH BENEFITS AFTER RETIREMENT

The member must choose a payment option at retirement, which affects the amount of the member's monthly retirement benefit. Depending on the payment option chosen, death benefits may be available to the member's spouse or other beneficiary after retirement.

With Joint and Survivor Option Coverage

The Joint and Survivor Option provides a spouse with a lifetime benefit after the member's death. The member can choose between a 50% Surviving Spouse Option or a 75% Surviving Spouse Option. If the Joint and Survivor Option is elected, the member's monthly retirement benefit is reduced using an adjustment factor which is dependent on the member's age and the spouse's age at retirement. After the member's death, the spouse will receive either 50% or 75% of the member's reduced benefit for her or his lifetime. If the member's spouse dies first, the member's monthly benefit can be restored to the amount he or she would have received without the Joint and Survivor Option. To restore the benefit, the member must first supply the plan with a copy of the death certificate.

Without Joint and Survivor Option Coverage

If the Joint and Survivor Option is declined, and the member retires with less than 20 years of service or if the member is only eligible for a Contribution-Based Pension at retirement, then no survivor or death benefits of any kind will be payable after the member's death.

If the Joint and Survivor Option is declined, and the member qualifies for Twenty-Year Service Pension, Deferred Pension, or Contributory-Credit Pension at retirement (even if the member receives a Contribution-Based Pension because the amount may have been greater) then one of the following death benefits will be payable:

- If the member is married, established benefit class 4 or greater, and dies before receiving 60 months of payments, the balance of the 60 payments is payable to a surviving spouse
- If the member is not married and the member dies before receiving 60 months of payments a \$1,000 Lump Sum Death benefit is payable to the first of the following:
 - The member's dependent children
 - The member's non-dependent children
 - The member's parents
 - The member's brothers and sisters
- If the member's benefit class is less than 4, a \$1,000 Lump Sum Death Benefit is payable to the first of the following:
 - The member's spouse
 - The member's dependent children
 - The member's non-dependent children
 - The member's parents
 - The member's brothers and sisters
 - The member's estate



DEATH BENEFITS PRIOR TO RETIREMENT

The plan provides for the following death benefits in the event the member dies prior to collecting retirement benefits from the plan:

50% Surviving Spouse Benefit

This is a lifetime monthly benefit payable to a surviving spouse beginning with the month following the date a member would have reached age 57 or the month following a member's death, if later.

60-Month Benefit

This is a monthly benefit payable to a surviving spouse or, if none, to dependent children beginning with the month following the date a member would have reached age 57 or the month following a member's death, if later. Although the monthly amount of this benefit is greater than the 50% Surviving Spouse Benefit, it ends after 60 months of benefits have been paid or, if earlier, upon the death of the surviving spouse or dependent children. If there is more than one dependent child, the monthly benefit is divided equally among them. The 60-month benefit is only payable if the member meets certain service and benefit class requirements and the death occurs within a specified timeframe from when the member last worked for a contributing employer.

Lump Sum Death Benefit

As an alternative to the 50% Surviving Spouse Benefit or the 60-Month Benefit, the Lump Sum Death Benefit provides a surviving spouse or other eligible payee with a one-time payment of \$2,000, \$4,000, or \$10,000* (Benefit Class 18/18+ only) depending on the contribution levels and the applicable benefit class established by the member. The Lump Sum Death benefit is payable if the death occurs before three or more consecutive one-year breaks (worked less than 10 weeks in one calendar year), if the member had attained 10 or more years of credit, and if the plan's minimum pension contribution requirement is met.

The Lump Sum Death Benefit is payable to the first of the eligible payees in the order listed below:

- Spouse
- Dependent children
- Non-dependent children
- Parents
- Brothers and sisters
- Estate

The 60-month benefit and the Lump Sum Death Benefit are not payable if the member's adjustable benefits have been eliminated under the Rehabilitation Plan (see Rehabilitation Plan). The Application For Survivor Benefits is available on our website **MyCentralStatesPension.org**

*Unlike the \$2,000 and \$4,000 Lump Sum Death Benefit, the Benefit Class 18/18+ \$10,000 Lump Sum Death Benefit is payable in addition to either the 60-Month Benefit or the 50% Surviving Spouse Benefit.



Use this QR code or visit **MyTeamCare.org/Summit-Resources** to view the Application for Survivor Benefits.

DISABILITY BENEFITS (PENSION)

A member will be eligible for monthly disability benefits if he or she becomes totally and permanently disabled before their 62nd birthday and before three or more consecutive one-year breaks (worked less than 10 weeks in one calendar year) and have 10 or more years of credit as of the date of disability.

Members can only receive one form of benefit from the plan at a time. If a member is eligible for both a disability benefit and a retirement benefit, the member must choose which one of the benefits he or she wants to receive. A member receiving disability benefits can switch to a retirement pension upon reaching age 65, the plan's normal retirement age.

The Application For Disability Benefit is available on our website **MyCentralStatesPension.org**. The Fund will accept the Social Security Administration disability award letter or certificate as evidence of total and permanent disability. A copy of the award/certificate should be submitted with the application.

Once approved, the Fund will periodically request evidence of continuing disability. Any type of work for gain is prohibited while receiving disability benefits under the Fund's restricted reemployment rules.

REHABILITATION PLAN & ADJUSTABLE BENEFITS

Under the Pension Protection Act a pension plan is required to adopt a rehabilitation plan if the pension plan is in critical status. The Pension Fund was certified to be in critical status and established a rehabilitation plan in 2008. The rehabilitation plan requires contribution levels to be increased according to published schedules. If the required contribution levels are not remitted or if the bargaining unit withdraws from the plan, then members are subject to the loss of their adjustable benefits. Adjustable benefits include:

- (1) the Twenty Year Service Pension;
- (2) the Early Retirement Pension;
- (3) the Contribution-Based Pension (to the extent such benefit is available prior to age 65);
- (4) the Contributory Credit Pension;
- (5) the 25-And-Out Pension;
- (6) the 30-And-Out Pension;
- (7) the Vested Pension (to the extent such benefit is available prior to age 65);
- (8) the Deferred Pension;
- (9) the Twenty-Year Deferred Pension;
- (10) Monthly Disability Benefits (not yet in pay status);
- (11) Lump Sum Disability Benefits;
- (12) the 60 Month Survivor Benefit (not yet in pay status);
- (13) the Disability Death Benefit;
- (14) the Lump Sum Death Benefit;
- (15) the Benefit Class 18/18+ Death Benefit; and
- (16) Partial Pensions

In addition to the loss of benefits described above, the Contribution-Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit with a minimum retirement age of 57 in accordance with the following schedule:

| Age | 65 | 64 | 63 | 62 | 61 | 60 | 59 | 58 | 57 |
|-----------------------|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Actuarial Equivalence | 100% | 90% | 81% | 74% | 67% | 61% | 55% | 50% | 46% |

UPS EMPLOYEES

As a result of the withdrawal of UPS from the Central States Pension Plan and the creation of the UPS/IBT Plan, the Central States Pension Plan no longer processes retirement benefit claims for UPS employees. Instead, the Central States Pension Plan works together with the UPS/IBT Plan to provide members a total retirement benefit based on the member's years of service in both plans.

Regardless of age, UPS employees must file the appropriate forms with the UPS/IBT Plan to receive any benefits or to take any other action under the Central States Pension Plan. All forms required to take any action under the Central States Pension Plan or the UPS/IBT Plan may be obtained as indicated below.

- by telephone at 1-800-643-4442, or
- by e-mail at retirementdept@UPS.com, or
- by mail at the following address:
UPS/IBT Full-Time Employee Pension Plan
55 Glenlake Parkway NE
Atlanta, Georgia 30328

APPEALS

In the event a member disagrees with a benefit determination made by the Pension Fund, he or she can submit an appeal and have their benefit determination re-evaluated by a committee. Appeals should be submitted as quickly as possible after the original benefit determination. Appeal Forms can be found at **MyCentralStatesPension.org**.

PENSION FUND: WITHDRAWAL LIABILITY

Things to Consider Before Negotiating a Withdrawal

To help ensure that pension funds have enough assets to pay for promised benefits, the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA) imposed liabilities on employers which terminate participation in pension plans. The Central States, Southeast and Southwest Areas Pension Plan is a defined benefit plan. It pays pre-defined benefits based on certain age and service requirements; it is not a defined contribution plan which simply repays the amounts contributed plus or minus investment returns. Some of the reasons why defined benefit plans have unfunded liability include participants retiring earlier and drawing benefits longer, investments not meeting expectations, and negotiated benefit increases.

The cost of benefits is shared by all participating employers. If an employer withdraws from a pension plan before the plan's owed benefits are fully funded, the law requires that the withdrawing employer pay its pro-rata share of the unfunded vested benefits liability. This amount is known as the employer's withdrawal liability.

The employer's withdrawal liability is imposed when an employer completely ceases contributions to a pension plan. An employer that has not ceased operations in full, but discontinues a portion of its operations and continues to contribute on behalf of other employees, would typically not be assessed withdrawal liability. However, a portion of the employer's liability may be owed if contributions have ceased for a portion of its employees because the collective bargaining agreement no longer requires pension plan participation due to decertification or bargaining out of the plan, or if formerly covered work has been transferred to others who are not participants in the Fund. Also, in certain situations, a decline in business can trigger employer withdrawal liability (including a decline in the workforce of 70% or more over 3 years).

An employer or local union may contact the Central States Pension Fund to request a withdrawal liability estimate by writing the Fund's "Withdrawal Liability Department".

Rehabilitation Plan Withdrawal ("RPW"):

Effective on and after March 26, 2008, Appendix M (Rehabilitation Plan) was added to the Pension Plan. As denoted within the Plan Document, "a Rehabilitation Plan Withdrawal occurs on the date a Contributing Employer is no longer required to make Employer Contributions to the Pension Fund under one or more of its Collective Bargaining Agreements as a result of actions by members of a Bargaining Unit (or its representatives) or the Contributing Employer." Should the Pension Fund determine that an RPW has occurred the members shall have their Adjustable Benefits eliminated or reduced as outlined in the Plan Document. If the representative of the members would like further details on the potential elimination or reduction of benefits for a specific bargaining group, you may contact your Field Service Representative.



By using this QR Code or visiting **MyTeamCare.org/Summit-Resources**, the parties can review the Pension Fund's Plan Document, which contains Appendix M.

PENSION QUESTIONS FREQUENTLY ASKED BY YOUR MEMBERS

How much is my pension worth?

Upon request, the Fund will advise you of your accrued benefit as of your normal retirement age (age 65) or any other age you request. A Pension Benefit Estimator is also available at **MyCentralStatesPension.org**.

Can I get a lump sum?

No, this is not permitted under the plan.

What should I do if I am considering going back to work after I have retired?

You must notify the Fund prior to beginning any employment and provide the following information: name of your employer, location, job duties, job title, type of industry, and number of hours worked per month. If you begin working in Restricted Employment and have not notified us, the Fund reserves the right to recover any overpaid pension benefits or Retiree Health Plan claims.

Are my retirement benefits taxable?

Yes. Your monthly retirement benefits are considered taxable by the Internal Revenue Service. You can elect to have federal taxes withheld by completing an election Form W-4P. You should also check with your state tax or revenue department concerning retirement benefit tax liability.



Does the Fund withhold state or local taxes?

Central States is not required to withhold state or local taxes. If your state or local tax authority requires that you pay taxes on your Central States benefits, you may need to make payments to them directly. If you have questions regarding state or local taxes contact your state or local tax authorities.

I want to retire; How do I get started?

You will need to complete an application for Retirement Benefits, which can be found at **MyCentralStatesPension.org** along with instructions. Submit your application at least 90 days prior to your retirement date.

I am getting divorced. Does that affect my pension?

Under the law your pension may or may not be assigned in a divorce settlement. If any part of your pension is assigned, you will need to submit a Qualified Domestic Relations Order (QDRO) which gives the alternate payee their assigned share of your pension. Additional details are available at **MyCentralStatesPension.org**. You can also contact the QDRO department at 800-323-2152, ext. 3876 or QDROmail@centralstates.org.

If I elected JSO coverage at retirement and then I get divorced, is my JSO canceled?

Divorce after retirement does not cancel the Joint and Surviving Spouse Option (JSO) election. To do this your spouse must execute a written waiver of any right to and interest in the JSO. This waiver must be incorporated into a court approved property settlement agreement that is part of a judgment or order entered by a court. Additional details are available by calling the QDRO department at 800-323-2152, ext. 3876 or at **MyCentralStatesPension.org**.



Use this QR code or visit **MyTeamCare.org/Summit-Resources** to view more FAQs.

CENTRAL STATES PENSION FUND

MARKETING MATERIALS



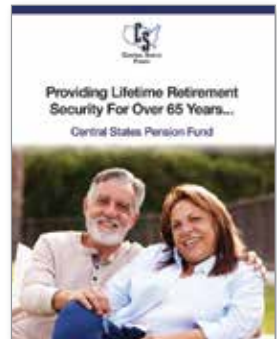
Central States Pension Fund has created marketing materials that are available for download as PDFs by using this QR code or at **[MyCentralStatePension.org/for-employers](https://www.mycentralstatespension.org/for-employers)**. If you are interested in print versions, please contact your Field Rep.

Learn More About The Fund

As of 2023, Central States is 98% funded with a highly conservative investment strategy to reach full funding in coming years.

Additionally, with an eye on growing the Fund, Central States introduced the New Employer Hybrid Plan in 2011. The Hybrid Plan protects new employers joining the Fund from withdrawal liability.

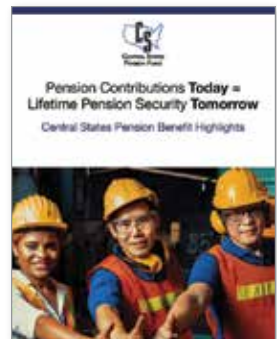
As of 2023, the New Employer Pool—also known as the Hybrid Plan, is over 140% funded, and is expected to never have withdrawal liability in the future.



Today's Contributions = Tomorrow's Pensions

Recently there has been a lot of talk about retirement insecurity. In the past few years it is widely reported how pensions are “disappearing” and being replaced by retirement savings accounts like 401(k) plans.

Then, with the recent economic downturn, Vanguard reported that in 2022 many Americans' retirement savings accounts took a big hit, averaging a 20% loss...such a hit that many Americans had to delay their retirement and continue to work.



Central States Pension Fund Secure Investment Strategy

Regardless of whether the stock market goes up or down, more than 200,000 current retired Teamsters and surviving spouses can count on receiving their monthly retirement checks from Central States because of our conservative investment strategy.

Our named fiduciary, BlackRock, manages the assets of the Pension Fund. BlackRock is responsible for developing and implementing an investment policy, in consultation with Central States' actuary and trustees, that meets the goals of meeting benefit obligations, remaining solvent indefinitely, and achieving full funding.



New Employer Pool Provides Withdrawal Liability Protections

While Central States is funded 98% overall, the new employer pool under the Hybrid Plan is estimated to be over 140% funded in 2023.

What does this mean for new employers?

Because contributions fully-fund new benefit accruals and Pension Fund assets are invested conservatively, an employer can have confidence in the Hybrid Plan staying fully funded and not having the burden of worrying about future withdrawal liability.




New Group Vesting Service Incentives And More

A rewarding retirement just doesn't happen. Through weekly pension contributions negotiated by the union and paid by the employer, your employees' hard work is rewarded with a monthly lifetime retirement benefit that they can never outlive.

To assist with getting your employees vested and eligible for benefits sooner, Central States provides special benefit incentives to employees joining the Pension Fund as part of a new group.



CONTACTS

| | |
|---|--|
|  Monday through Friday 8:00am - 5:30pm CST | MyTeamCare.org Members: 800-TEAMCARE Locals: 800-323-2130 Providers: 800-323-2190 |
| | MyCentralStatesPension.org 800-323-5000 |

Fund

| | |
|--|---|
| Steve Van Rossem Senior Director of TeamCare | svanross@centralstatesfunds.org 847-939-2100 |
| Pete Priede Senior Director of Employer Services, Pension & Finance | ppriede@centralstatesfunds.org 847-232-5700 |
| Tom Baxa Director of Employer Services | tbaxa@centralstatesfunds.org 847-232-5760 |
| Juan Beaton Director of Health & Welfare and Building Operations | jbeaton@centralstatesfunds.org 847-720-3654 |
| Laura Kallio Director of Communications | lkallio@centralstatesfunds.org 847-939-2144 |
| Tim Krumwiede Director of Audit Services | tkrumwie@centralstatesfunds.org 847-939-2201 |
| Mike Mullane Director of Field Service & Marketing | mmullane@centralstatesfunds.org 847-939-2297 |

Field Service & Marketing

| | |
|---|---|
| Michael Micheli Division Manager, Field Service | mmicheli@centralstatesfunds.org 847-939-2296 |
|---|---|

See front inside cover for List of Field Service Representatives

Health & Welfare Benefits

Kathryn Talaski

Group Manager, Health & Welfare

ktalaski@centralstatesfunds.org

847-939-2048

Pension Benefits

Fernando Rodriguez

Group Manager, Pension & Actuarial Analysis

frodrigu@centralstatesfunds.org

847-232-5762

Operations Accounting & Contracts

Mark Schneider

Group Manager, Financial Systems and Analysis

mschneid@centralstatesfunds.org

847-232-5771

Andrew Sprau

Group Manager, Operations Accounting

asprau@centralstatesfunds.org

847-232-5715

Megan Griffiths

Division Manager, Field Audit

mgriffiths@centralstatesfunds.org

847-232-5730

Anne Lammers

Division Manager, Benefit Dis. & Self-Payments

alammers@centralstatesfunds.org

847-232-5773

Karl Lewis

Division Manager, Contracts

klewis@centralstatesfunds.org

847-232-5703

Evan Peters

Division Manager, Accounts Receivable

epeters@centralstatesfunds.org

847-232-5750

Dan Shepard

Division Manager, Collections

dshepard@centralstatesfunds.org

847-720-3647

CustomerCare

Jeffery Flam

Group Manager, CustomerCare

jflam@centralstatesfunds.org

847-939-2302

Lisa DesJardins

Division Manager, CustomerCare

ldesjard@centralstatesfunds.org

847-720-3626

Research & Correspondence

Bridget Phenegar

Division Manager, Correspondence

bphenega@centralstatesfunds.org

847-939-2228

