

Retiree Health Plan Eligibility

October 13, 2022

WORKSHOP AGENDA

- ✓ PLANS OFFERED
- ✓ HOW TO QUALIFY
- ✓ WHO IS COVERED
- ✓ ELIGIBILITY PERIODS
- ✓ BENEFITS OFFERED
- ✓ HOW TO APPLY
- ✓ COST OF THE PLANS
- ✓ HOW TO SUBMIT CONTRIBUTIONS
- ✓ POSTPONING BENEFITS
- ✓ APPEALS
- ✓ VOLUNTARY WITHDRAWALS
- ✓ MEDICARE BENEFITS



RETIREE HEALTH PLANS

Pre-Medicare Benefits

Plans RU and RV for UPS
and TForce Freight
Members

Plan R4 for all other
Members

Medicare Benefits

Medicare Advantage Plans

401h Prescription Plan

HOW TO QUALIFY

Health and Welfare Requirement

Covered under a Plan that includes Retiree Health for:
5 out of the last 5 years or
7 out of the last 10 years
Prior to Retirement

Teamster Pension/Teamster CBA Years Requirement

20 Years under a Teamster Collective Bargaining Agreement

5/5 OR 7/10 RULE EXAMPLE

Year	Period	Covered Weeks	Qualifying Years
1	10/1/2021 – 9/30/2022	42	1
2	10/1/2020 – 9/30/2021	39	0
3	10/1/2019 – 9/30/2020	52	1
4	10/1/2018 – 9/30/2019	40	1
5	10/1/2017 – 9/30/2018	25	0
6	10/1/2016 – 9/30/2017	48	1
7	10/1/2015 – 9/30/2016	50	1
8	10/1/2014 – 9/30/2015	40	1
9	10/1/2013 – 9/30/2014	15	0
10	10/1/2012 – 9/30/2013	40	1
	Total		7 years

In this example, the member did not have 40 covered weeks under the Active Health Plan in 5 out of the last 5 years preceding retirement. However, the member has at least 40 covered weeks in 7 out of the last 10 years and as a result has met the health contribution requirement to qualify for Retiree Health Coverage.

WHO IS COVERED

RU and RV

- Member and Spouse as long as they are not entitled to Medicare
- Children up to age 19, and up to age 25 if they are a full-time student
- Disabled Children

R4

- Member and Spouse as long as they are not entitled to Medicare



ELIGIBILITY PERIOD

R4

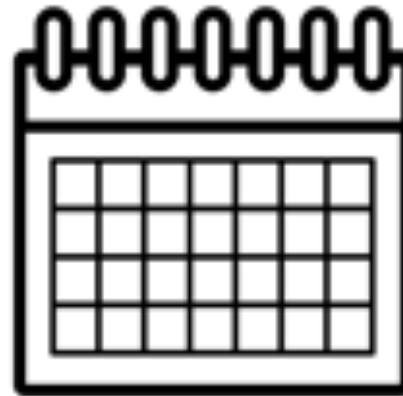
- Coverage can begin as early as age 57
- Members are covered to age 65 or early Medicare Entitlement
- Spouses are covered up to 3 years after the member turns 65 or retirement date if the member is 65 at retirement, Medicare Entitlement date, or 5 years from the members death in certain circumstances



ELIGIBILITY PERIOD

RU and RV

- Coverage can begin as early as 52 for Full Time Package members hired prior to August 1, 2013 who are not covered by a Central Region Supplement
- All other UPS and TForce Freight members can begin coverage at age 55
- Members and Spouses eligible to age 65 or early Medicare Entitlement Date
- Children are covered to age 19, can continue coverage up to age 25 if a Full-Time Student, and can be covered if Disabled





PLAN BENEFIT LIMIT (ANNUAL)

\$250,000 per Individual

TEAMCARE PPO OFFICE VISIT

\$20 copayment for in-network office visit (Plan Deductible does not apply)

MEDICAL PLAN BENEFITS

TeamCare Wellness
A TeamCare Physician must be used.

Teladoc Telemedicine Benefit
Teladoc.com/TeamCare
800-TELADOC (835-2362)

CVS MinuteClinic
CVS.com/MinuteClinic
866-389-ASAP (2727)

Hospital Expense Benefit

Surgical and Obstetrical Benefit

Ambulance Service Benefit

Emergency Room Services

Lab Benefit
questselect.com
800-646-7788

Imaging Benefit

To schedule a service call
877-674-0674

PLAN DEDUCTIBLE (ANNUAL)

\$100 per Individual
\$200 per Family

OUT-OF-NET

For non-emergency medical care, your cost is 10% of Allowed Amount

For further information, including a full Summary Plan Description, visit our website at MyTeamCare.org.

◆ Wellness benefits are payable at 100% of covered charges

◆ Teladoc provides 24/7 access to doctors by phone or video for a variety of services, including general medical conditions, dermatology and behavioral health at no cost (\$0 copay). Plan Deductible does not apply

◆ MinuteClinic is a walk-in facility within certain CVS medical conditions, minor injuries and illnesses, health at no cost (\$0 copay). Plan Deductible does not apply

◆ After Plan Deductible, 80% of semi-private room rate Out-of-Pocket Expense Limit is met.

◆ After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ After Plan Deductible, 80% of covered charges subject to medical necessity review; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ The TeamCare Lab Benefit is a voluntary program that covers lab testing at 100% (Plan Deductible does not apply) provided the physician submits the requisition through QuestSelect, simply visit a QuestSelect collection site.

◆ If you do not use the TeamCare Lab Benefit, after Plan Deductible the outpatient lab benefit is 80%; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ The TeamCare Imaging Benefit is a voluntary program that covers MRI, CT, and PET scans at 100% (Plan Deductible does not apply) provided that the scans are scheduled directly through USIN.

◆ If you do not use the TeamCare Imaging Benefit, after Plan Deductible the outpatient imaging benefit (including x-rays) is paid under Major Medical at 80%; then 100% after Medical Out-of-Pocket Expense Limit is met.

UPS RETIREES

Plan RU (Full-Time) and Plan RV (Part-Time) Benefit Profile
Coverage Period: Beginning on or after 01/01/2022



PLAN BENEFIT LIMIT (ANNUAL)

\$250,000 per Individual

TEAMCARE PPO OFFICE VISIT

\$20 copayment for in-network office visit (Plan Deductible does not apply)

MEDICAL PLAN BENEFITS

TeamCare Wellness
A TeamCare Physician must be used.

Teladoc Telemedicine Benefit
Teladoc.com/TeamCare
800-TELADOC (835-2362)

CVS MinuteClinic
CVS.com/MinuteClinic
866-389-ASAP (2727)

Hospital Expense Benefit

Surgical and Obstetrical Benefit

Ambulance Service Benefit

Emergency Room Services

Lab Benefit
questselect.com
800-646-7788

Imaging Benefit

To schedule a service call
877-674-0674

RETIREE PLAN R4/R6 BENEFIT PROFILE
Medical and Rx Coverage Period: Beginning on or after 01/01/2022
Dental and Vision Benefits: Beginning on or after 05/01/2022

PLAN DEDUCTIBLE (ANNUAL)

\$100 per Individual

OUT-OF-NETWORK PENALTY

For non-emergency medical care, your cost is 10% greater than an in-network provider plus all charges above Allowed Amount and the loss of TeamCare Family Protection Benefit.

MEDICAL OUT-OF-POCKET EXPENSE LIMIT (ANNUAL)

\$1,000 per Individual

For further information, including a full Summary Plan Description (SPD), visit our website at MyTeamCare.org.

◆ Wellness benefits are payable at 100% of covered charges. PPO office visit copayment does not apply. Your Plan provides coverage for Retiree and/or Spouse only.

◆ Teladoc provides 24/7 access to doctors by phone or video for a variety of services, including general medical conditions, dermatology and behavioral health at no cost (\$0 copay). Plan Deductible does not apply.

◆ MinuteClinic is a walk-in facility within certain CVS and Target stores that provides treatment for general medical conditions, minor injuries and illnesses, health screenings and vaccinations 7 days a week (hours vary) at no cost (\$0 copay). Plan Deductible does not apply.

◆ After Plan Deductible, 80% of semi-private room rate with no maximum day limit; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ After Plan Deductible, 80% of covered charges subject to medical necessity review; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ After Plan Deductible, 80% of covered charges; then 100% after Medical Out-of-Pocket Expense Limit is met.

◆ The TeamCare Lab Benefit is a voluntary program that covers lab testing at 100% (Plan Deductible does not apply) provided the physician submits the requisition through QuestSelect. If a physician does not submit specimens through QuestSelect, simply visit a QuestSelect collection site.

◆ If you do not use the TeamCare Lab Benefit, after Plan Deductible the outpatient lab benefit is 80%; then 100% after Medical Out-of-Pocket Expense Limit is met.





◆ The TeamCare Imaging Benefit is a voluntary program that covers MRI, CT, and PET scans at 100% (Plan Deductible does not apply) provided that the scans are scheduled directly through USIN.

◆ If you do not use the TeamCare Imaging Benefit, after Plan Deductible the outpatient imaging benefit (including x-rays) is paid under Major Medical at 80%; then 100% after Medical Out-of-Pocket Expense Limit is met.



HOW TO APPLY FOR RETIREE HEALTH BENEFITS

- Members with a Central States or UPS/IBT Plan Pension
 - TeamCare will automatically review when the Pension Application is received
- UPS Members with a Pension from Local 705, Local 710, Western PA, or the Philadelphia Funds
 - Those Funds will provide information when the Pension has been approved
- All other Pension Funds
 - The member should submit their Pension Award letter

UPLOAD	 MESSAGE CENTER Message Center at MyTeamCare.org	MAIL	 TeamCare PO Box 5109 Des Plaines IL 60017-5109	FAX	 847-518-9752	CALL	 Questions? 800-TEAMCARE
---------------	---	-------------	---	------------	---	-------------	---

COST OF RETIREE HEALTH PLANS FOR MEMBERS

AGE AT RETIREMENT	2/1/2022 THRU 1/31/2023	
	ONE PERSON	COUPLE
62 AND OLDER	\$100	\$200
61	\$244	\$488
60	\$346	\$692
59	\$425	\$850
58	\$489	\$978
57	\$553	\$1,106

December 22, 2021

December 22, 2021

**IMPORTANT INFORMATION
ABOUT YOUR RETIREE
HEALTH PLAN BENEFIT PREMIUM**

**IMPORTANT INFORMATION
ABOUT YOUR RETIREE
HEALTH PLAN BENEFIT PREMIUM**

Dear TeamCare Member:

Dear TeamCare Member:

The Central States Health and Welfare Fund Trustees are pleased to announce that your required monthly contributions for the Retiree Health Plan will not increase for 2022. However, the Trustees retain the right to alter these rates if determined necessary. Your current monthly premium for the Retiree Health Plan is:

The Central States Health and Welfare Fund Trustees review the monthly premium required for Retiree Health Plan coverage at the end of each year. Based on a review of projected healthcare costs for 2022, your monthly premium for the Retiree Health Plan is being increased effective February 1, 2022 to the following amounts:

	<u>MONTHLY PREMIUM</u>
Member	\$100.00
Spouse	\$100.00
Total	<u>\$200.00</u>

	<u>MONTHLY PREMIUM</u>
Member	\$0.00
Spouse	\$553.00
Total	<u>\$553.00</u>

No action is required on your part to continue your coverage. However, if you wish to suspend or terminate Retiree Health Plan coverage, you must contact us **in writing** stating what change you wish to make and the effective date of the change. Retirees and their spouses may individually elect on a one-time basis to suspend their Retiree Health Plan coverage to a later date provided they have other health insurance coverage in effect. For more information on this option, please visit our website at MyTeamCare.org or call us at 800-TEAMCARE (832-6227). A *Retiree Health Plan Postponement Form* is available on TeamCare's website. If you or your spouse choose to permanently terminate coverage, your decision is irrevocable and must be sent to us in writing to Retiree Health Coverage, TeamCare – A Central States Health Plan, PO Box 5109, Des Plaines IL 60017-5109.

This premium increase is necessary to keep pace with healthcare inflation. As a convenience to you, TeamCare will automatically update your pension benefit deduction to the new premium effective with your February 1, 2022 pension payment. **No action is required on your part to continue your coverage.** However, if you wish to suspend or terminate Retiree Health Plan coverage, you must contact us **in writing** stating what change you wish to make and the effective date of the change. Retirees and their spouses may individually elect on a one-time basis to suspend their Retiree Health Plan coverage to a later date provided they have other health insurance coverage in effect. For more information on this option, please visit our website at MyTeamCare.org or call us at 800-TEAMCARE (832-6227). A *Retiree Health Plan Postponement Form* is available on TeamCare's website. If you or your spouse choose to permanently terminate coverage, your decision is irrevocable and must be sent to us in writing to Retiree Health Coverage, TeamCare – A Central States Health Plan, PO Box 5109, Des Plaines IL 60017-5109.

It is important that you notify us if either you or your spouse is receiving any health benefits through Medicare. No one receiving Medicare benefits (even if part B is not elected) is eligible to receive retiree health benefits through TeamCare. Failure to inform TeamCare of your Medicare eligibility will require reimbursement for any benefits paid in error. Please refer to the information on the reverse side of this letter for additional details.

It is important that you notify us if either you or your spouse is receiving any health benefits through Medicare. No one receiving Medicare benefits (even if part B is not elected) is eligible to receive retiree health benefits through TeamCare. Failure to inform TeamCare of your Medicare eligibility will require reimbursement for any benefits paid in error. Please refer to the information on the reverse side of this letter for additional details.

The Trustees are pleased to continue to offer you the Retiree Health Plan at an exceptional value. The Trustees extend their best wishes to you and your families for good health and happiness in the New Year and throughout your retirement.

The Trustees are pleased to continue to offer you the Retiree Health Plan at an exceptional value. The Trustees extend their best wishes to you and your families for good health and happiness in the New Year and throughout your retirement.

Sincerely,



Thomas C. Nyhan
Executive Director

Sincerely,



Thomas C. Nyhan
Executive Director

SUBMITTING MONTHLY CONTRIBUTIONS

- Members with a Central States, UPS/IBT Plan, or Local 705 Pension
 - TeamCare will deduct contributions directly from their Pension
- All other Members
 - The member submits a Self-Payment
 - A payment coupon book will be sent to the member once approved

POSTPONING BENEFITS

Members and spouses may elect to postpone benefits to a later date

- One-time postponement
- Can occur at retirement or after coverage has already begun
- Original eligibility periods still apply
- Must submit a Postponement Form or Election Form
- Must provide proof of other insurance and Reinstatement Form



APPEALS

- If a member is denied eligibility for Retiree Health, a copy of an Appeals Form will be included in the letter of denial
- The Appeals Form is also available at our website, myteamcare.org
- Members should include supporting documentation with the Appeals Form



VOLUNTARY WITHDRAWALS

If the Bargaining Unit and Employer Voluntarily Withdraws from the TeamCare Active Plan

1. Current Bargaining Unit members will lose credit towards Retiree Health earned under that contract
2. Current Retirees will lose eligibility unless they pay the full cost of Retiree Health currently over \$1,200 per person per month.

MEDICARE ADVANTAGE PLANS

- Combines Medicare Part A (hospital), Part B (physician and medical services), and Part D (prescription drug) into one package
- Need to enroll in Part A and B with Medicare prior to enrolling in the Advantage Plans
- Part B premiums are still owed and are typically deducted from Social Security Benefit

Humana®

MEDICARE BENEFITS

Medicare Advantage Plans through Humana

TeamCare Advantage Plan

- Eligible for Plan R4, Active Plan C6, and a Central States Pension
- Retire at age 63, 2 years; Retire at age 64, 4 years; Retire at age 65 or older, 6 years
- The spouse can also have coverage during the member's eligibility period or up to 3 years after the member dies not to exceed the member's original end date
- Monthly Premiums Paid by TeamCare

TeamCare Gold Medicare Advantage

- All other retired members and TeamCare Advantage members when eligibility ends
- Monthly Premiums paid by member as determined by Humana

NATA 65 – 401H PRESCRIPTION BENEFIT

- Age 65 Prescription Benefit
 - \$1,000 Annual Prescription Benefit for the Member and Spouse
 - Member must have 20 Contributory Years of Service, an active Class 18+ Central States Pension, and Pension Contributions after June 1, 1999
 - If the member or spouse does not have a Medicare Part D plan, the NATA 65 plan will pay primary on Prescription Benefits
 - If the member or spouse has a Medicare Part D plan, the NATA 65 plan will pay secondary on Prescription Benefits



Questions?

