This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act, or PPACA). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Research and Correspondence Department, TeamCare -- A Central States Health Plan, 5377 West Higgins Road, Rosemont IL 60018-4938 or call 800-TEAMCARE. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

TeamCare – A Central States Health Plan, 9377 West Higgins Road, Rosemont IL 60018-4938 or call 800-TEAMCARE. For more information call 800-646-7788 or visit labcard.com. For further information, including a full Summary Plan Description (SPD), visit our website at MyTeamCare.org.
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TeamCare does not cover drugs or medicines on a formulary exclusion list compiled by CVS/Caremark. The formulary exclusion list is available at MyTeamCare.org or by contacting CVS/Caremark.

You may use any dental provider for services without an out-of-network penalty. However, TeamCare does offer a voluntary dental network through TeamCare Dental.

The Dental Plan Benefit maximums are per person per calendar year.

After the second fill of the same prescription, long-term maintenance medications must be filled through Maintenance Choice or CVS/Caremark Mail Service Pharmacy or be subject to a 50% co-payment if filled through the Retail Pharmacy Program. On both Retail and Mail Order, if a generic equivalent is available, the Participant must take the generic or be responsible for the cost difference plus any co-payment. The Medical Out-of-Pocket Expense Limit does not apply.

TeamCare offers a voluntary network through Humana Dental (Group: TC60018) that provides negotiated discounts and protection from balance billing – stretching the Annual Dental Maximum further.

TeamCare Vision is a voluntary vision network offered through EyeMed Vision Care (Advantage Plan H):

For non-EyeMed providers, the maximum reimbursement for Vision Plan Benefits is:

- Routine Eye Exam: $50.00 *
- Frames: $75.00
- Lenses (per pair): $50.00
- Bi-Focal Lenses (per pair): $50.00
- Tri-Focal Lenses (per pair): $50.00
- Lenticular Lenses (per pair): $60.00
- Contacts (in lieu of glasses): $80.00

* Routine Eye Exam charges from non-EyeMed providers for Covered Dependents under age 19 will be subject to Reasonable and Customary limits and paid at 80%.

Benefit provides $300 per week for the first 10 weeks and $350 per week for the next 16 weeks (maximum of 26 weeks); and includes continued coverage while on Short-Term Disability.

dependent Life Insurance Benefits are only payable on Covered Dependents.

Life information is only a phone call away – 800-700-MAYO (6296).

Participants have access to the AskMayo Clinic nurse line which provides reliable health information 24 hours a day. Experienced registered nurses, who draw on the resources of Mayo Clinic, are available to answer your health-related questions. Health information is only a phone call away – 800-700-MAYO (6296).

In the event of a Participant’s death, the TeamCare Family Protection Benefit provides a maximum of five years of free coverage for the Covered Spouse and Dependents provided that during the two year period prior to death, TeamCare providers were used exclusively for all non-emergency care. Please refer to the TeamCare Summary Plan Description for further information. TeamCare offers a voluntary vision network through EyeMed Vision Care (Advantage Plan H):

For a directory of EyeMed providers in the Advantage Plan H network, call 866-393-3401 or visit eyemedvisioncare.com.

To find a provider, call 800-592-3112 or visit: humanadentalnetwork.com.

We’re here to help. For further benefit information on your benefits, visit our website at MyTeamCare.org. You can review detailed claims information, re-print your Explanation of Benefits, view benefit accumulators, download forms, and link to all of your TeamCare benefits and networks. You can also call TeamCare at 800-TEAMCARE (832-6227) and speak to a Benefits Specialist.

If there is a discrepancy between the Plan Benefit Profile and Plan Document, the Plan Document will be the controlling document in determining the benefit.