

TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND

PLANS-AT-A-GLANCE
OCTOBER 1, 2019 – SEPTEMBER 30, 2020

THIS IS A SUMMARY ONLY. Each Plan has additional benefits, limitations and exclusions.
The final authority is the actual Plan Document.



TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND

Effective October 1, 2019 - September 30, 2020

Package Plans

BENEFIT	PLAN "E"	PLAN "G"	PLAN "A1"	PLAN "A2"	PLAN "A3"
MRP					
Life & AD&D	\$20,000	\$30,000	\$30,000	\$20,000	\$10,000
Inpatient Hospital	PPO 80/20 Non PPO 50%	Basic & MM RBRVS \$15 Basic U&C MM x 80%	PPO 80/20 Non PPO 50%	PPO 75/25 Non PPO 50%	PPO 70/30 Non PPO 50%
Mental Health & Substance Abuse	HMC	HMC	HMC	HMC	HMC
Prescription Drugs <i>(provided by OptumRx)</i>	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply
Vision	VSP	VSP	VSP	VSP	VSP
Deductible	\$200/\$600	\$100/\$300	\$500/\$1,500	\$500/\$1,500	\$500/\$1,500
Out-of-Pocket Limit	Medical: \$2,200/\$6,600 Rx: \$1,200 Family	Medical: \$1,500/\$4,500 Rx: \$1,200 Family	Medical: \$2,000/\$6,000 Rx: \$1,200 Family	Medical: \$3,500/\$10,500 Rx: \$1,200 Family	PPO: \$4,000/\$12,000 Non-PPO: \$5,000/\$15,000 Rx: \$1,200 Family
KAISER					
Dr. Visits	\$10	\$10	\$10	\$15	\$20
Emergency Room	\$100	\$100	\$100	\$100	\$100
Hospital	No Charge	No Charge	No Charge	\$250	\$250
Outpatient Surgery - All Settings	\$100	\$100	\$100	\$100	\$100
X-ray & Lab	No Charge	No Charge	No Charge	No Charge	No Charge
Mental Health & Substance Abuse <i>(Outpatient/Inpatient)</i>	\$10/No Charge	\$10/No Charge	\$10/No Charge	\$15/\$250	\$20/\$250
Prescription Drugs <i>(provided by Kaiser-100 day supply)</i>	\$10 Generic/\$15 Brand	\$10 Generic/\$15 Brand	\$10 Generic/\$15 Brand	\$10 Generic/\$15 Brand	\$10 Generic/\$15 Brand
Ambulance (per trip)	\$100	\$100	\$100	\$100	\$100
Vision	VSP	VSP	VSP	VSP	VSP
Out-of-Pocket Limit	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
ANTHEM BLUE CROSS - HMO					
Dr. Visits	\$10 PCP/\$15 Specialist	\$10 PCP/\$10 Specialist	\$10 PCP/\$15 Specialist	\$15 PCP/\$30 Specialist	\$20 PCP/\$40 Specialist
Emergency Room	\$100	\$100	\$100	\$100	\$100
Hospital	No Charge	No Charge	No Charge	\$250	\$250
Outpatient Surgery	\$100	\$100	\$100	\$100	\$100
Ambulance (per trip)	\$50	\$50	\$50	\$50	\$50
X-ray & Lab	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drugs <i>(provided by OptumRx)</i>	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply	\$10/\$15 - 30 day supply \$10/\$20 - 90 day supply
Mental Health & Substance Abuse <i>(Outpatient/Inpatient)</i>	\$10/No Charge	\$10/No Charge	\$10/No Charge	\$15/\$250	\$20/\$250
Vision	VSP	VSP	VSP	VSP	VSP
Out-of-Pocket Limit	Medical: \$2,000/\$6,000 Rx: \$1,200 Family	Medical: \$2,000/\$6,000 Rx: \$1,200 Family	Medical: \$2,000/\$6,000 Rx: \$1,200 Family	Medical: \$2,000/\$6,000 Rx: \$1,200 Family	Medical: \$2,000/\$6,000 Rx: \$1,200 Family
CONTRIBUTION RATE					
Single			\$783.00	\$721.00	
Two-Party	Not Available	Not Available	\$1,289.00	\$1,356.00	Not Available
Family			\$1,988.00	\$1,966.00	
Composite	\$1,886.00	\$2,009.00	\$1,539.00	\$1,657.00	\$1,584.00
Blue Cross HMO "Select" Network	Not Available	Not Available	\$1,423.00	Not Available	Not Available

TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND
Effective October 1, 2019 - September 30, 2020
Stand-Alone Plans - SD \$15

BENEFIT	PLAN SD \$15		SD \$15 Northern California	
	<u>Anthem Blue Cross - HMO</u> \$15 PCP/\$30 Specialist	<u>Kaiser</u> \$15	<u>Anthem Blue Cross - HMO</u> \$15 PCP/\$30 Specialist	<u>Kaiser</u> \$15
Dr. Visit	\$15 PCP/\$30 Specialist	\$15	\$15 PCP/\$30 Specialist	\$15
Hospital	\$250	\$250	\$250	\$250
Outpatient Surgery	\$100 at a Participating free-standing or outpatient surgery facility	\$100 All settings	\$100 at a Participating free-standing or outpatient surgery facility	\$100 All settings
X-ray & Lab	No Charge	No Charge	No Charge	No Charge
Prescription Drugs	Provided by Express Scripts \$13/\$35 - 30 day supply \$26/\$70 - 90 day supply	Provided by Kaiser \$15	Provided by Express Scripts \$13/\$35 - 30 day supply \$26/\$70 - 90 day supply	Provided by Kaiser \$15
Ambulance	\$50	\$100	\$50	\$100
Emergency Room	\$100	\$100	\$100	\$100
Mental Health & Substance Abuse (Outpatient/Inpatient)	\$15/\$250	\$15/\$250	\$15/\$250	\$15/\$250
Vision	VSP	VSP	VSP	VSP
Out-of-Pocket Limit	\$2,000/\$6,000	\$1,500/\$3,000	\$2,000/\$6,000	\$1,500/\$3,000
CONTRIBUTION RATE				
Single	\$654.00	\$527.00	\$908.00	\$782.00
Two-Party	\$1,256.00	\$1,005.00	\$1,759.00	\$1,525.00
Family	\$1,903.00	\$1,520.00	\$2,668.00	\$2,146.00
Blue Cross HMO "Select" Network				
Single	\$626.00	\$527.00	Not Available	
Two-Party	\$1,201.00	\$1,005.00		
Family	\$1,819.00	\$1,520.00		

TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND
Effective October 1, 2019 - September 30, 2020
Stand-Alone Plans - X Plans

BENEFIT	X1	X2
	Anthem Blue Cross "Select" Network	
Dr. Visit	\$20 PCP/\$40 Specialist	\$15 PCP/\$30 Specialist
Hospital	\$250	\$250
Outpatient Surgery	\$100	\$100
X-ray & Lab	No Charge	No Charge
Prescription Drugs <i>(provided by Express Scripts)</i>	\$13/\$35 - 30 day supply \$26/\$70 - 90 day supply	\$13/\$30 - 30 day supply \$26/\$60 - 90 day supply
Ambulance	\$50	\$50
Emergency Room	\$100	\$100
Mental Health & Substance Abuse <i>(Outpatient/Inpatient)</i>	\$20/\$250	\$15/\$250
Vision	See "Core Plus Option"	See "Core Plus Option"
Out-of-Pocket Limit	\$2,000/\$6,000	\$2,000/\$6,000
CONTRIBUTION RATE	<i>Core Only (Medical/Rx)</i>	
Employee Only	\$503.00	\$536.00
EE+Child(ren)	\$968.00	\$1,034.00
EE+Spouse	\$1,066.00	\$1,139.00
Family	\$1,460.00	\$1,561.00
	<i>Core Plus (Medical/Rx/Vision)</i>	
Employee Only	\$512.00	\$545.00
EE+Child(ren)	\$994.00	\$1,060.00
EE+Spouse	\$1,082.00	\$1,155.00
Family	\$1,486.00	\$1,587.00

TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND
Effective October 1, 2019 - September 30, 2020
Kaiser Stand-Alone Plans

BENEFIT	K \$10	KO \$15 SCAL	KO \$15 NCAL	KO \$20 SCAL	KO \$20 NCAL	KO \$30 SCAL	KO \$30 NCAL
Dr. Visit	\$10	\$15	\$15	\$20	\$20	\$30	\$30
Emergency Room	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Hospital	No Charge	No Charge	No Charge	\$100	\$100	\$250	\$250
Outpatient Surgery - All Settings	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100	\$100	\$100	\$100	\$100
X-ray & Lab	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Durable Medical Equipment	No Charge	No Charge	No Charge	20% Co-insurance	20% Co-insurance	20% Coinsurance	20% Coinsurance
Prescription Drugs <i>(provided by Kaiser)</i>	\$5	\$15	\$15	\$10/\$20 30 day supply	\$10/\$20 30 day supply	\$15/\$30 30 day supply	\$15/\$30 30 day supply
Mental Health & Substance Abuse <i>(Outpatient/Inpatient)</i>	\$10/No Charge	\$15/No Charge	\$15/No Charge	\$20/\$100	\$20/\$100	\$30/\$250	\$30/\$250
Vision	\$100 frame & lens allowance	VSP	VSP	VSP	VSP	VSP	VSP
Out-of-Pocket Limit	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
CONTRIBUTION RATE							
Single		\$509.00		\$496.00	\$711.00	\$482.00	
Two-Party	Not Available	\$980.00	Not Available	\$953.00	\$1,384.00	\$926.00	Not Available
Family		\$1,375.00		\$1,336.00	\$1,946.00	\$1,299.00	
Composite	\$1,272.00	\$1,160.00	\$1,598.00	\$1,127.00	\$1,466.00	\$1,094.00	\$1,460.00

TEAMSTERS MISCELLANEOUS SECURITY TRUST FUND

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Retiree Plans

BENEFIT	RETIREE PLAN C		RETIREE PLAN E	
	<u>EARLY RETIREES</u>	<u>MEDICARE ELIGIBLE RETIREES</u>	<u>EARLY RETIREES</u>	<u>MEDICARE ELIGIBLE RETIREES</u>
MRP				
Inpatient Hospital	PPO 80/20 Non PPO 50% Max RVS \$35	PPO 80/20 Non PPO 50%	PPO 80/20 Non PPO 50%	PPO 80/20 Non PPO 50%
Deductible	\$200/\$600	\$200/\$600	\$200/\$600	\$200/\$600
Annual Co-pay Max	Medical: \$4,000/\$12,000 Rx: \$1,200	Medical: \$4,000/\$12,000 Rx: Not Applicable	Medical: \$2,200/\$6,600 Rx: \$1,200	Medical: \$2,200/\$6,600 Rx: Not Applicable
KAISER				
Dr. Visits	\$30	\$20	\$30	\$20
Hospital	\$500	\$250	\$500	\$250
Emergency Room	\$150	\$50	\$150	\$50
Surgery	\$250	\$20	\$250	\$20
Ambulance	\$100	\$50	\$100	\$50
Prescription Drugs (provided by Kaiser)	\$10/\$30 - 30 day supply \$20/\$60 - 100 day supply	Generic: \$10/100 days Brand: \$25/100 days	\$10/\$30 - 30 day supply \$20/\$60 - 100 day supply	Generic: \$10/100 days Brand: \$25/100 days
DME	No Charge	20% Coinsurance	No Charge	20% Coinsurance
Vision	Not Available	Frames: \$150 Allowance	Not Available	Frames: \$150 Allowance
Preventive Care Services	No Charge	No Charge	No Charge	No Charge
Annual Co-pay Max	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000
ANTHEM BLUE CROSS - HMO		Anthem Senior Secure		Anthem Senior Secure
Dr. Visits	\$20 PCP/\$40 Specialist	\$10 PCP/\$20 Specialist	\$20 PCP/\$40 Specialist	\$10 PCP/\$20 Specialist
Hospital	\$500	\$500	\$500	\$250
Emergency Room	\$100	\$50	\$100	\$50
Surgery (Outpatient Facility Only)	\$100	\$250	\$100	\$125
Ambulance	\$50	\$50	\$50	\$50
Prescription Drugs (Anthem Senior Secure Only)	Not Available	Provided by ESI \$10/\$20 - 30 day supply \$20/\$40 - 90 day supply Non-Formulary: \$40 - 30 day supply \$80 - 90 day supply	Not Available	Provided by ESI \$10/\$20 - 30 day supply \$20/\$40 - 90 day supply Non-Formulary: \$40 - 30 day supply \$80 - 90 day supply
DME	No Charge	No Charge	No Charge	No Charge
Annual Co-pay Max	\$4,000/\$12,000	\$6,700	\$4,000/\$12,000	\$6,700
CONTRIBUTION RATE	\$238.00		\$256.00	

RETIREE COPAYMENTS

<u>Age</u>	<u>MRP, Anthem HMO & Anthem Senior Secure</u>	<u>So. Cal. Kaiser</u>	<u>No. Cal. Kaiser</u>
Under age 55	\$357.00	\$357.00	\$444.00
55-64	\$322.00	\$322.00	\$409.00
65-74	\$126.00	\$68.00	\$112.00
75 and Over	\$68.00	\$39.00	\$77.00

Brewery Retirees add \$50.00 per family for Rx coverage

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Optional Benefits

Dental Plans (provided through Liberty Dental)			
LDP-300 Plus (DHMO Only)		LDP-100 Plus (DHMO Only)	
<u>3 Tier & Composite</u>	<u>4 Tier ("X" Plans Only)</u>	<u>3 Tier & Composite</u>	<u>4 Tier ("X" Plans Only)</u>
Single: \$14.12	Single: \$14.12	Single: \$18.00	Single: \$18.00
Two-Party: \$24.17	EE+Spouse: \$24.17	Two-Party: \$30.00	EE+Spouse: \$30.00
Family: \$34.10	EE+Child(ren): \$34.10	Family: \$42.00	EE+Child(ren): \$42.00
Composite: \$32.00	Family: \$34.10	Composite: \$39.00	Family: \$42.00
LDP-100 DHMO/Standard PPO		LDP-100 DHMO/Premier PPO	
<u>3 Tier & Composite</u>	<u>4 Tier ("X" Plans Only)</u>	<u>3 Tier & Composite</u>	<u>4 Tier ("X" Plans Only)</u>
Single: \$29.00	Single: \$29.00	Single: \$45.00	Single: \$45.00
Two-Party: \$58.00	EE+Spouse: \$58.00	Two-Party: \$90.00	EE+Spouse: \$90.00
Family: \$80.00	EE+Child(ren): \$80.00	Family: \$124.00	EE+Child(ren): \$124.00
Composite: \$65.00	Family: \$80.00	Composite: \$98.00	Family: \$124.00
LDP-100 DHMO/Premier Plus PPO			
<u>3 Tier & Composite</u>	<u>4 Tier ("X" Plans Only)</u>		
Single: \$69.00	Single: \$69.00		
Two-Party: \$113.00	EE+Spouse: \$113.00		
Family: \$156.00	EE+Child(ren): \$156.00		
Composite: \$120.00	Family: \$156.00		
Vision Plan (provided through VSP)		Prescription Plan (provided through OptumRx)	
Single: \$9.00		Single: \$91.00	
Two-Party: \$16.00	Family Vision: \$15.00	Two-Party: \$196.00	Composite: \$192.00
Family: \$26.00		Family: \$302.00	
Additional Life Options		Retiree Plans	
Additional Life @ \$2,000 Increments	\$1.00	Retiree Plan C	\$238.00
<u>Through TDBT</u>		Retiree Plan E	\$256.00
Class I - \$8,000 Life	\$1.70		
Class II - \$14,000 Life	\$3.50		
Class III - \$25,000 Life	\$5.70		

Important Numbers

- **Anthem Blue Cross**
 - PPO (800) 810-2583
 - HMO (844) 849-7938
 - Life & AD&D (800) 552-2137
 - www.anthem.com/ca
- **Chiropractic/Acupuncture (ASHN)***
 - (800) 678-9133
- **HMC**
 - (866) 269-7391
 - <https://hmc.personaladvantage.com>
 - Access Code: TMISC
- **Kaiser Permanente**
 - Member Services: (800) 464-4000
 - Spanish Line: (800) 788-0616
 - www.kp.org
- **Liberty Dental**
 - (877) 550-4536
 - www.libertydentalplan.com
- **Northwest Administrators, Inc.**
 - PSG – Local Union Use Only (877) 328-1602
 - Membership Line: (877) 214-8928
 - www.nwadmin.com
- **OptumRx**
 - (800) 797-9791
 - www.optumrx.com
- **Podiatry (PPOC)***
 - Inside California: (800) 367-7762
 - Outside California: (800) 535-3338
 - www.podiatryplan.com
- **Vision Service Plan (VSP)**
 - (800) 877-7195
 - www.vsp.com

*Medical Reimbursement Plan (PPO) Only