

PRE-ADMISSION CERTIFICATION—CONCURRENT REVIEW

Prior authorization is required for all non-emergency hospital confinements.
 Notice of emergency confinements must be approved as soon as possible following admission (72-hour maximum).

For Pre-admission Certification, except for alcoholism or chemical dependency, phone Health Care Evaluation (HCE) at (209) 951-6711 or (800) 333-3018.

For Pre-admission Certification for alcoholism or chemical dependency, phone Teamsters Assistance Program (TAP) at (510) 562-3600. Outside the San Francisco Bay Area, phone (800) 253-TEAM. If you are in TBT Plan A and reside in the jurisdiction of Joint Council 38, phone Teamsters Alcohol/Drug Rehabilitation Program (TARP) at (209) 572-6966 or (800) 522-8277.

Failure to obtain Pre-admission Certification will result in a reduction of benefits. (See the *Guide to Your Benefits and Summary of Coverage* for details.)

INTERPLAN HOSPITAL NETWORK:

The Plan participates in the Interplan Preferred Provider Hospital Network. Hospitalization in a non-preferred provider facility may result in a loss of benefits of up to 50%. Requirements and reductions vary by Plan. Refer to the *Guide to Your Benefits and Summary of Coverage* for your Plan's requirements. All participants are encouraged to use preferred provider hospitals for maximum savings for you and the Plan.

For the name of the nearest preferred provider hospital, phone Interplan at (800) 444-4036 between 8:00 a.m. and 5:00 p.m. Monday-Friday.

Plan A—Revised August 1997

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CHANGE OF ADDRESS CARD

TEAMSTERS BENEFIT TRUST

Employee's Social Security Number

Employee's Name (Last, First, Middle Initial) Please Print

Home Phone ()

Work Phone ()

CURRENT Address Please Print

Apt

City

State

Zip Code

PREVIOUS Address Please Print

Apt

City

State

Zip Code

Employee's Signature:

Date Signed (Month-Day-Year)

CHANGES WILL NOT BE PROCESSED UNLESS THIS CHANGE OF ADDRESS CARD IS SIGNED AND DATED BY THE EMPLOYEE.

NOTE: THIS CARD IS FOR ADDRESS CHANGES ONLY! Please fill out a TBT ENROLLMENT FORM for the following changes: marital status, dependents, name or Social Security number. Send this card to Teamsters Benefit Trust, P.O. Box 5820, Fremont, CA 94537-5820.

Welcome to the Teamsters Benefit Trust

This package explains benefits under your TBT Plan and how to activate your coverage. The *Guide to Your Benefits* booklet in the pocket explains eligibility rules. Receipt of this package does not *guarantee* eligibility.

What You Must Do

TBT Enrollment Form. Return the tear-out enrollment form in the enclosed envelope *immediately*. Claims will not be paid and your NPA prescription drug card will not be ordered for you until this form is on file.

Medical Option Form. Return the enclosed *Medical Option Form* within 30 days to choose either the Medical Indemnity option or an HMO offered by TBT in your area. You may *only* choose an HMO if you live within its service area. See the *Comparison of Medical Benefits* chart for more information about the TBT Indemnity Medical Plan and HMO options.

If you choose the Indemnity Medical Plan, read the *Guide to Your Benefits* to learn about special features such as the Preferred Provider Organization (PPO) network. You can call Interplan at (800) 444-4036 to confirm that a hospital or other provider is in the preferred provider network. The Indemnity Medical Plan also requires that you call Health Care Evaluation at (209) 951-6711 or (800) 333-3018 for Pre-admission Review of non-emergency hospital stays. See the *Summary of Coverage* to understand important details (such as the amount of your deductibles, copayments, coverage restrictions and maximums).

HMO Application. If you choose medical coverage through an HMO, your HMO application must be returned to TBT within 30 days. The Kaiser information packet and application are enclosed. For packets and applications of other HMOs offered by TBT, call the Plan Administration Office at (510) 796-4676 or (800) 533-0119. The HMO may require copayments for office visits and certain services. See the *Comparison of Medical Benefits* for HMO options.

Dental Option Form. Return the enclosed *Dental Option Form* within 30 days or *you will have no dental coverage*. The TBT dental plan options are explained in the *Summary of Coverage* and in the *Guide to Your Benefits* booklet. New employees may choose Option 2 (Consumer Dental) or Option 3 (PacificDental Benefits, formerly called Pacific Union Dental) only. Option 1, the Indemnity Dental Plan (Delta Dental), is not available until the *second* Open Enrollment period following your initial hire date. See the *Summary of Coverage* and *Comparison of Dental Benefits* for more information and for the list of exceptions when new employees may choose Option 1.

Prescription Drug Card. No matter which medical or dental plan options you choose, prescription drug coverage is provided through National Prescription Administrators, Inc. (NPA). When the Plan Administration Office receives your *TBT Enrollment Form* (and medical/dental option forms), your plastic NPA card will be ordered. It will be mailed to you as close to your eligibility date as possible. If you need to fill a prescription after you become eligible (but *before* you receive your NPA card), you can use a direct reimbursement claim form in your *Forms* folder. For more information about prescription drug coverage, see the *Guide to Your Benefits*.

Send all forms within 30 days to Teamsters Benefit Trust, P.O. Box 5820, Fremont, CA 94537-5820. A pre-addressed envelope is enclosed. If you have questions, call the Plan Administration Office at (510) 796-4676 or (800) 533-0119.