

**BAY AREA DELIVERY DRIVERS
SECURITY FUND**

**SUMMARY AND SUPPLEMENTAL
INFORMATION**

**PLANS 11A & 11B INSERT
(RETIREE PLANS)**

Please retain this insert with your Summary Plan Description Booklet

BAY AREA DELIVERY DRIVERS SECURITY FUND SUMMARY AND SUPPLEMENTAL INFORMATION PLANS 11A AND 11B INSERT

This Insert provides information on **PLANS 11A & 11B** benefits for covered retirees and their eligible dependents and is intended as a convenient quick-reference guide to your benefits. It describes coverage levels and plan features, such as the use of preferred providers, that will save you money. This Insert supplements the “**BAY AREA DELIVERY DRIVERS SECURITY FUND BENEFITS BOOKLET FOR PLANS 5, 6, 6A, 11A and 11B,**” which contains information applicable to *all* Bay Area Delivery Drivers Plans by describing Plan terms specific to Plans 11A & 11B. This Insert and the *Benefits Booklet* are your Plans 11A & 11B *Summary Plan Description*.

If you are enrolled in Kaiser for your medical benefits, your medical coverage is different than the benefits described in the *Benefits Booklet* and this Summary. You should have received Kaiser’s Explanation of Coverage, a booklet called “*Your Health Plan Coverage*” which describe your medical benefits. If you have chosen the Plan’s Kaiser option and do not yet have a copy of Kaiser’s “*Your Health Plan Coverage*” please call the Fund Administrative Office and arrange to have a copy mailed to you.

When You Need Care

Here are some things to keep in mind when you go to a doctor, hospital, need a prescription filled, or to go to an eye doctor:

- **The Plans 11A & 11B Indemnity Medical Plan use the *Blue Cross of California* preferred provider (“PPO”) network.** The PPO network is a group of hospitals, doctors, laboratories, pharmacies and other providers that have contracted with Blue Cross to establish how much can be charged for hospitalization, surgery, doctor visits, etc. As described in the chart below, the Plan covers a percentage of covered charges. If you are treated by a PPO doctor or hospital, the Plan pays that percentage of the PPO contract rate. If you are treated by a non-PPO doctor or hospital, the Plan pays the same percentage but the percentage payable applies to “usual, reasonable and customary charges,” which are usually higher than the PPO rate. Here’s an example.

You go to the hospital that is *not* in the PPO for a test. The hospital charges \$1,200 for the test but the Plan determines that the “usual, reasonable, and customary” charge for the test is only \$1,000. The Plan will then pay its percentage of the charges based on \$1,000 but you will have to pay the \$200 that exceeds “usual, reasonable and customary” charges and this amount is *not* subject to your annual out-of-pocket maximum.

- **The Plans 11A & 11B Prescription Drug Program use the *WelldyneRx* Pharmacies.** WelldyneRX contracts with retail pharmacies and maintains a mail order program. However, if you use a pharmacy outside of the WelldyneRx Network the Plan will limit what it pays for your prescription up to a formula described in the *Benefits Booklet* under the heading “Use of Retail Pharmacies.”

- **The Plans 11A & 11B Vision Benefits are provided through the *Vision Service Plan* (“VSP”).** VSP contracts with vision care providers. When you use a VSP optician for eye exams, glasses or contact lenses many services described in the *Benefits Booklet* under the heading “Vision Benefits” are covered in full. However, what the Plan will pay a non-VSP provider is limited to a set maximum.

To take advantage of the benefits available when you use a network provider, contact the applicable network (Blue Cross Prudent Buyer network for medical benefits at www.bluecrossca.com or 1-800-688-3828, WelldyneRx for prescription drugs at www.welldynex.com or 1-888-479-2000, Vision Service Plan for vision care at www.vsp.com or 1-800-877-7195) to confirm that the provider you want to use is in the network.

Check this Insert and your *Benefits Booklet* to learn if the service you want to use is subject to any special rules (for example, pre-authorization) or limitations. If you don’t follow these rules, you may be required to pay more than you expected. If you aren’t sure what the rules or limits are, call the Fund Administrator for help.

Make sure you have your ID card with you to show the provider. For medical benefits, this will be your **Blue Cross** card. For prescription drug benefits, show your WelldyneRx card. You are encouraged to use your prescription drug ID card at a WelldyneRx network pharmacy to purchase your prescriptions as this will save money for the Fund and may save you money as well. For VSP you will be asked to provide your Social Security number, and/or date of birth.

HOW BENEFIT AMOUNTS ARE CALCULATED

In calculating how much it will pay as a medical benefit, the Plan goes through the following steps:

First, the Plan tests the charges submitted against the Plan’s definition of covered charge. If the charges satisfy the definition, then they are considered covered charges. Any portion of the charges that do not satisfy the definition or that exceed a covered charge limit will not be considered covered under the plan.

Second, your Plan pays two types of medical benefits—Basic Medical and Major Medical. Basic Medical benefits are paid first. If, after payment of the Basic Benefit and satisfaction of the Major Medical deductible, there is a remaining charge that is a covered Major Medical benefit the charge will be multiplied by the percentage payable by your plan.

Third, if any part of the amount calculated in the second step exceeds an applicable benefit maximum, that part will not be paid by the Plan and will be your responsibility, along with any coinsurance you are required to pay.

SCHEDULE OF PLAN BENEFITS

The following schedule is a quick reference to the key features of your Plan benefits. It tells you:

- what types of benefits are available,
- the general types of services and supplies each benefit covers,
- how you and the Fund share the cost of benefits through deductibles and coinsurance,
- limits on benefits: per treatment, per year and per lifetime.

PLANS 11A & 11B
SUMMARY OF BASIC AND MAJOR MEDICAL BENEFITS
(Provided under the Self-Funded Plan)

General Plan Features

Annual Deductible (Major Medical only)	\$25/Individual 2 per Family
Annual Maximum Benefit (Major Medical only)	\$2,000,000
Annual Out-of-Pocket Maximum (Total individual annual out-of-pocket maximum—Major Medical only)	\$100 Individual

Benefits for Covered Services and Charges

(In all cases, you are responsible for all charges not covered under the Plan.)

For purposes of the Charts below,

- **“N/A” means “Not Applicable”:** In other words, there is no benefit payable.
- **“Plan pays 90 %” means 90% of the Blue Cross of California Prudent Buyer Plan contact rate if you use a Blue Cross Network hospital or doctor, or 90% of Usual, Reasonable & Customary charges for a hospital or doctor that does *not* participate in the Prudent Buyer Network.**

	Basic	Major Medical
Inpatient Hospital Services and Supplies	Plan pays 100% of covered charges; maximum 365 days per disability	Plan pays 90%
Outpatient Hospital and Ambulatory Surgical Center	\$50	Plan pays 90%
Ambulance Services For medically necessary transportation to or from a hospital	\$150 per trip	Plan pays 90%
Surgeon	\$55 per relative value unit/maximum \$4,400	Plan pays 90%
Assistant Surgeon	N/A	Plan pays 90%
Anesthesia	\$18 per relative value unit	Plan pays 90%
Doctors’ Visits (Home, Hospital and Other)	\$18 per visit/maximum \$540 any 6 consecutive months	Plan pays 90%

PLANS 11A & 11B
SUMMARY OF BASIC AND MAJOR MEDICAL BENEFITS
(Provided under the Self-Funded Plan)

	Basic	Major Medical
Visits to other Practitioners Acupuncture (charges in excess of benefit shown are not counted toward out-of-pocket maximum) ----- Chiropractic Maximum 15 visits per course of treatment unless additional treatments are pre-approved as medically necessary ----- Physical Therapy (must be prescribed by physician) Maximum 15 visits per course of treatment unless additional treatments are pre-approved as medically necessary	N/A ----- N/A ----- N/A	50% of covered charges to a maximum of \$30 per session and 50 sessions per calendar year ----- Plan pays 90% ----- Plan pays 90%
X-Ray and Laboratory Services, Illness	\$500 any consecutive 6-month period of disability	Plan pays 90%
X-Ray and Laboratory Services, Accident	\$500 all injuries sustained in one accident	Plan pays 90%
Additional Accident Coverage	Plan pays \$1000 per accident	N/A
Specified Disabilities Coverage (refer to Benefits Booklet for list of included disabilities)	\$5,000 for charges incurred within 2 years of contracting the disability	N/A
Preventive Care Physical Exam (covered charges will Disease Control (CDC) guidelines) ----- Cancer Screening (covered screenings will be based on American Cancer Society recommendations and guidelines provided they also meet approval of the Federal Food and Drug Administration) ----- Well Child Care (covered charges will based on Centers for Disease Control (CDC) guidelines)	N/A ----- N/A ----- N/A	Plan Pays 100% ----- Plan pays 100% ----- Plan pays 100%

PLANS 11A & 11B
SUMMARY OF BASIC AND MAJOR MEDICAL BENEFITS
(Provided under the Self-Funded Plan)

	Basic	Major Medical
Radiation Therapy	N/A	Plan pays 90%
Mental Health (inpatient) (Requires Blue Cross authorization and patient must be hospital confined for at least 24 hours) ----- Mental Health (outpatient) (charges in excess of benefit shown are not counted toward out-of-pocket maximum)	Plan pays 100% of covered charges; maximum 365 days per disability ----- 18 per visit/maximum \$540 any 6 consecutive months	Plan pays 90% ----- Plan Pays 90%
Diabetes Self-Management Training (covered charged will be based on the Affordable Care Act (ACA) guidelines)	N/A	Plan Pays 100%
Diabetes Equipment and Supplies	N/A	Paid by Prescription Carrier
Home Health	N/A	100% of charges provided by an approved home health care agency
Hospice Care (Requires treatment plan to be submitted by physician to Administrator's office for approval)	N/A	Plan pays 100% of approved treatment
Durable Medical Equipment (DME) (Must be prescribed by physician; rental cost not to exceed purchase price; Refer to Benefits Booklet for limitations)	N/A	Plan pays 90%
Prostheses (Must be prescribed by physician; initial prosthetic device only—replacement and/or repair not covered)	N/A	Plan pays 90%
All Other Major Medical Covered Expenses	N/A	Plan pays 90%
QUESTIONS?	For questions on benefits: Contact Administrator's Office Phone: 1-800-654-1824 Fax: 1-925-833-7301 To find a provider: Blue Cross: www.bluecrossca.com	

**PLANS 11A & 11B
SUMMARY OF ALL OTHER PLAN BENEFITS**

<p>Treatment of Alcoholism and Chemical Dependency Benefits</p> <p>For questions, contact TAP at 1-510-562-3600</p>	<p>Provided by Teamsters Assistance Program of Northern California (TAP)</p> <p>Refer to your Benefits Booklet for a complete description of your benefits</p>
<p>Prescription Drug Benefits</p> <p>For questions, contact WelldyneRx at 1-888-479-2000 or www.welldynrx.com</p>	<p>Provided through WelldyneRx</p> <p>Refer to your Benefits Booklet for a complete description of your benefits</p>
<p>Vision Benefits</p> <p>For questions, contact VSP at 1-800-877-7195 or www.vsp.com</p>	<p>Provided through Vision Service Plan (VSP)</p> <p>Refer to your Benefits Booklet for a complete description of your benefits</p>
<p>Life Insurance Benefits</p> <p>For questions, contact the Administrator's office at 1-800-654-1824</p>	<p>Provided through ReliaStar Life Insurance Company</p>
<p>Life (employee)</p>	<p style="text-align: right;">\$2,500</p>

NOTE: Any conflict between the provisions described in this Insert and the provisions of your collective bargaining agreement will be resolved in favor of the latter.