

**BAY AREA DELIVERY DRIVERS  
SECURITY FUND**

**SUMMARY AND SUPPLEMENTAL  
INFORMATION**

**PLAN 7 INSERT**

*Please retain this insert with your Summary Plan Description Booklet*

# BAY AREA DELIVERY DRIVERS SECURITY FUND SUMMARY AND SUPPLEMENTAL INFORMATION PLAN 7 INSERT

This Insert provides information on **PLAN 7** benefits for covered employees 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 Plan 7. This Insert and the *Benefits Booklet* are your Plan 7 *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 describes 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,*” 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 need vision care.

- **The Plan 7 Indemnity Medical Plan uses 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 a lower percentage of usual and customary charges.
- **The Plan 7 Prescription Drug Program uses the *WellDyneRx* Pharmacies.** WellDyneRx contracts with retail pharmacies and maintains a mail order program. To qualify for benefits, you must use a pharmacy which has contracted with WellDyneRx. If you use a pharmacy outside of the Prescription WellDyneRx Network, *no benefits are payable under the Plan* and you will be responsible for the entire cost. For questions and a list of participating pharmacies, contact WellDyneRX at 1-888-479-2000 or on-line at [www.welldynex.com](http://www.welldynex.com).
- **The Plan 7 Vision Benefits are provided through the *Vision Service Plan* (“VSP”).** VSP contracts with vision care providers. When you use a VSP doctor 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.anthem.com/ca](http://www.anthem.com/ca) or 1-800-688-3828, WellDyneRx for prescription drugs at [www.welldynex.com](http://www.welldynex.com) or 1-888-479-2000, Vision Service Plan for vision care at [www.vsp.com](http://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. 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 does not satisfy the definition or that exceeds a covered charge limit will not be considered covered under the plan.

**Second**, your Plan pays two types of medical benefits—In-Network and Out-of-Network. 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 a lower percentage of usual and customary charges.

**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.
- For more detailed information than is contained in this schedule consult your *Benefits Booklet*.

**PLAN 7**  
**SUMMARY OF COMPREHENSIVE MAJOR MEDICAL BENEFITS**  
**(Provided under the Self-Funded Plan)**

**General Plan Features**

<b>Annual Deductible</b>	\$100/Individual 2 per Family
<b>Annual Maximum Benefit</b> (Major Medical only)	\$2,000,000
<b>Annual Out-of-Pocket Maximum</b> (Total individual annual out-of-pocket maximum)	\$3,100 Individual \$5,000 Family

**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,

- **“Plan pays 70%” means 70% of the Blue Cross of California Prudent Buyer Plan contract rate if you use a Blue Cross Network hospital or doctor, or “Plan pays 50%” means 50% of Usual, Reasonable & Customary charges for a hospital or doctor that does *not* participate in the Prudent Buyer Network.**

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Inpatient Hospital Services and Supplies</b>	Plan pays 70%	Plan pays 50%
<b>Outpatient Hospital and Ambulatory Surgical Center</b>	Plan pays 70%	Plan pays 50%
<b>Ambulance Services</b> (For medically necessary transportation to or from a hospital)	Plan pays 70%	Plan pays 70%
<b>Surgeon</b>	Plan pays 70%	Plan pays 50%
<b>Assistant Surgeon</b>	Plan pays 70%	Plan pays 50%
<b>Anesthesia</b>	Plan pays 70%	Plan pays 50%
<b>Doctors’ Visits</b> (Home, Hospital and Other)	Plan pays 70%	Plan pays 50%

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	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Visits to other Practitioners</b> <b>Acupuncture</b> (charges in excess of benefit shown are not counted toward out-of-pocket maximum) ----- <b>Chiropractic</b> (Maximum 15 visits per course of treatment unless additional treatments are pre-approved as medically necessary) ----- <b>Physical Therapy</b> (must be prescribed by physician Maximum 15 visits per course of treatment unless additional treatments are pre-approved as medically necessary)	Plan pays 50% of covered charges to a maximum of \$30 per session and 50 sessions per calendar year -----  Plan pays 70% -----  Plan pays 70%	Plan pays 50% of covered charges to a maximum of \$30 per session and 50 sessions per calendar year -----  Plan pays 50% -----  Plan pays 50%
<b>X-Ray and Laboratory Services, Accident OR Illness</b>	Plan pays 70%	Plan pays 50%
<b>Additional Accident Coverage</b>	Plan pays \$1,000 per accident	Plan pays \$1,000 per accident
<b>Specified Disabilities Coverage</b> (refer to Benefits Booklet for list of included disabilities)	Plan pays 70%	Plan pays 50%
<b>Preventive Care</b> <b>Physical Exam</b> (covered charges will based on Centers for Disease Control (CDC) guidelines)  <b>Cancer Screening</b> (covered screenings will be based on American Cancer Society recommendations and guidelines provided they also meet approval of the Federal Food and Drug Administration)  <b>Well Child Care</b> (covered charges will based on Centers for Disease Control (CDC) guidelines)	Plan Pays 100%  Plan pays 100%  Plan pays 100%	Plan pays 50%  Plan pays 50%  Plan pays 50%

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	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Radiation Therapy</b>	Plan pays 70%	Plan pays 50%
<b>Mental Health (inpatient)</b> (Requires Blue Cross authorization and patient must be hospital confined for at least 24 hours)	Plan pays 70%	Plan pays 50%
<b>Mental Health (outpatient)</b> (charges in excess of benefit shown are not counted toward out-of-pocket maximum)	Plan pays 70%	Plan pays 50%
<b>Diabetes Self-Management Training</b> (covered charged will be based on the Affordable Care Act (ACA) guidelines)	100% per calendar year	50% per calendar year
<b>Diabetes Equipment and Supplies</b>	Paid by Prescription Carrier	N/A
<b>Home Health</b>	Plan pays 70% by an approved home health care agency	Plan pays 50% by an approved home health care agency
<b>Hospice Care</b> (Requires treatment plan to be submitted by physician to Administrator's office for approval)	Plan pays 70% of approved treatment	Plan pays 50% of approved treatment
<b>Durable Medical Equipment (DME)</b> (Must be prescribed by physician; rental cost not to exceed purchase price. Refer to Benefits Booklet for limitations.)	Plan pays 70%	Plan pays 50%
<b>Prostheses</b> (Must be prescribed by physician. Refer to Benefits Booklet for limitations.)	Plan pays 70%	Plan pays 50%
<b>All Other Major Medical Covered Expenses</b>	Plan pays 70%	Plan pays 50%
<b>QUESTIONS?</b>	For questions on benefits: Contact Administrator's Office Phone: 1-800-654-1824 Fax: 1-925-833-7301 To find a provider: Blue Cross: <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	

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<b>Treatment of Alcoholism and Chemical Dependency Benefits</b> For questions, contact TAP at 1-510-562-3600	Provided by Teamsters Assistance Program of Northern California (TAP) (Refer to your Benefits Booklet for a complete description)
<b>Prescription Drug Benefits</b>  For questions, contact WelldyneRx at 1-888-479-2000 or www.welldynrx.com	Provided through WelldyneRx only. (No benefits available at non-Prescriptions Solutions pharmacy) <u>Retail:</u> Copay - \$10 generic / \$20 brand (30 day supply) <u>Mail Order:</u> Copay - \$20 generic / \$40 brand (100 day supply)
<b>Dental Benefits</b>  For questions, contact the Administrator's office at 1-800-654-1824	Annual Deductible - \$50 per patient Calendar Year Maximums: \$5,000 per patient.  <u>Benefits:</u> Diagnostic & Preventive - 90% Basic and Major - 70% Orthodontia - 70% Orthodontia Lifetime Maximum \$2,000 Refer to your Benefits Booklet for a complete description of your benefits
<b>Vision Benefits</b>  For questions, contact VSP at 1-800-877-7195 or www.vsp.com	Provided through Vision Service Plan (VSP)  Refer to your Benefits Booklet for a complete description of your benefits
<b>Short-Term Disability Income</b> (benefits paid only for disabilities that are not work related) For questions, contact the Administrator's office	After waiting period of 7 days, weekly benefit: Weeks 1 through 26--\$40 Weeks 27 through 52--\$120 Daily Benefit: 1/7 of weekly benefit
<b>Life, AD&amp;D and Survivor Income Insurance Benefits</b> For questions, contact the Administrator's office	Provided through ReliaStar Life Insurance Company
<b>Life Insurance (employee)</b>	\$10,000
<b>AD&amp;D (employee)</b>	\$10,000
<b>Life (spouse or domestic partner)</b>	\$1,500
<b>Life (child):</b> 14 days but under 6 months of age 6 months but under 19 years of age or full time students under age 21	\$100 \$1,500
<b>Survivor Income Life Insurance</b>	\$341.48 per month; maximum 60 months

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.