



PHILADELPHIA

Official Publication of the
Teamsters Health & Welfare Fund
of Philadelphia and Vicinity

Update

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November 2006

Blue Cross Yearly Open Enrollment Period to Begin This Month

This month, the Fund will begin its annual open enrollment period under the Plan's Double Option feature. This is the opportunity where you, and you alone, get to make the most important decision about your family's health care coverage for the coming year.

This Newsletter outlines, in a general fashion, the coverages available to you and your family under the Fund's *Blue Card PPO* and *Keystone Health Plan East HMO* options. If after reading this material you are interested in obtaining more information about either of the two plans, you should contact the Fund office to obtain more information for the Plan that interests you.

If you don't want to make any change to your present coverage, you don't have to do a thing. If you have *PPO* coverage now and don't do anything, as of January 1, 2007 you'll still enjoy coverage under the *PPO* program. If you have *Keystone HMO* coverage now and don't do anything, as of January 1, 2007 you'll still belong to the *Keystone HMO* Plan.. It's that simple! And, best of all, if the coverage you select doesn't work out for you and your family, you'll have this same opportunity to make a change this time next year. ***For the current open enrollment period, the cut-off date will be DECEMBER 8, 2006 and the effective date of your new coverage will be JANUARY 1, 2007.*** This means your application for a change in coverage must be received in the Fund office by the close of business on Friday, December 8th.

Please keep in mind that, if you are changing from *PPO* program to the *Keystone HMO* Plan, you must complete a separate form (obtained through the Fund office) and choose a Primary Care Physician whose name and ID number must appear on the application. ***The fully completed application must be received in the Fund office no later than December 8, 2006.*** Unfortunately, given the time constraints to make all of the necessary changes to everyone's coverages to be effective January 1st, ***no exceptions will be made to the December 8th deadline.***

As always, regardless of the option you select, your coverage for Behavioral Health (remember to contact Total Care Network to coordinate services), Weekly Disability Benefits, Prescription Drugs, Vision Care, Dental and Death Benefits will still be through the Fund. With the exception of medications which are purchased directly with your Prescription Drug Card, all claims for reimbursement of these benefits will continue to be processed and/or paid directly through the Fund office. Don't forget, your last chance for making a change to next year's healthcare coverage is DECEMBER 8, 2006 and the clock is ticking!

TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & VICINITY

**OVERVIEW OF HEALTH BENEFIT PLANS
PPO PROGRAM versus KEYSTONE HMO PROGRAM**

	PPO PROGRAM		KEYSTONE HMO PROGRAM (KHPE)
TYPE OF PLAN:	Freedom to choose your own doctors and hospitals. You can maximize your coverage and minimize your out-of-pocket costs by choosing Network providers.		Your primary care physician coordinates all of your care. Your Keystone Primary Care Physician may also refer you to other Keystone providers for care, if needed. NO coverage Out-of-Network, except for emergency care.
Deductible (Individual/Family)	In Network	Out of Network*	In Network Only
Out-of-Pocket Maximum - Per Person	\$250/\$500	\$500/\$1,000	None
Lifetime Maximum	\$500	\$1,500	\$440 Annual Co-Pay Maximum per Person
Coinsurance - Plan Pays	\$2 Million	\$2 Million	\$2 Million
Primary Care Office Visit Copay	90% (100% after Out-of-Pocket Maximum is reached)	80%	100%
Specialist Office Visit Copay	\$15, No deductible	80%, after deductible	\$10
Maternity Care: - First OB Visit	\$25, No deductible	80%, after deductible	\$20
Hospital Care - Maternity	\$15, No deductible **	80%, after deductible	\$20
Inpatient Hospital Services	90%, after deductible **	80%, after deductible	100%
Inpatient Hospital Days	90%, after deductible **	80%, after deductible	100%
Out-Patient Surgery	365	70	Unlimited
Emergency Room Copay (Waived if Admitted)	90%, after deductible **	80%, after deductible	100%
Skilled Nursing Facility	\$100, No deductible	\$100, No deductible	\$100
Out-Patient Radiology & Laboratory	90%, after deductible **	80%, after deductible	100% up to 180 days per calendar year
Physical, Speech, Occ. Therapy	1st \$100 of allowable lab charges covered @ 100%, then 90%, after deductible **	80%, after deductible	100%
Durable Medical Equipment and Prosthetics	\$25, No deductible	80%, after deductible	100% - up to 60 consecutive days per condition covered, subject to significant improvement
NOTE:	90%, after deductible **	80%, after deductible	100% when authorized by Primary Care Physician and approved by KHPE

providers may bill you for differences between the Plan allowance, which is the amount paid by the PPO, and the provider's actual charge. This amount may be significant. **Plan pays 100% of the allowable charges after the \$500 yearly out-of-pocket maximum for that patient is reached.

PLEASE NOTE THAT THE ABOVE BENEFIT OUTLINE IS MEANT ONLY TO HIGHLIGHT KEY FEATURES OF THE PLANS. PRE-AUTHORIZATION MAY BE REQUIRED FOR MANY OF THE SERVICES PROVIDED. REFER TO THE BENEFIT BOOKLET FOR MORE DETAILS ABOUT THE BENEFIT PROGRAM, AS WELL AS EXCLUSIONS AND LIMITATIONS.