PHILADELPHIA Update

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

www.teamsterfunds.com

November 2009

Yearly Open Enrollment Period to Begin This Month

Your Chance to Choose Between Blue Cross PPO or Aetna HMO Coverage

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 the Aetna HMO program. If, after reading the general benefit comparison printed on the next page, you are interested in obtaining more information about either of the two plans, you should contact the Fund office to obtain more information with regard to the PPO and HMO options.

If you are presently enrolled in the BlueCard PPO program and 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, 2010 you'll still enjoy coverage under the PPO program.

If you have BlueCard PPO coverage and want to switch to the Aetna HMO coverage effective January 1, 2010, call 1-800-523-2846 to have an enrollment kit mailed to you. You must fill out the enrollment form, choose a Primary Care Physician, *AND* have the enrollment form returned to the Fund office before the open enrollment period ends.

If you have Aetna HMO coverage now and want to keep that HMO coverage into next year, you don't have to do a thing. If you have HMO coverage now and don't do anything, as of January 1, 2010 you'll still enjoy coverage under the HMO program. *If you have Aetna HMO coverage and want to switch to the Blue Cross PPO coverage effective January 1, 2010, call the Fund office at 1-800-523-2846 for a coverage change form (a copy is also available on the Fund's web site).*

Whether:
• you want to change from PPO coverage to HMO coverage
or
• you want to change from HMO coverage to PPO coverage

for the 2010 Plan Year, you must act NOW!
Cut-off is December 10th

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 10, 2009 and the effective date of your new coverage will be JANUARY 1, 2010. This means your application for a change in coverage must be received in the Fund office by the close of business on Thursday, December 10h. 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 10th deadline.*

As always, regardless of the option you select, your coverage for Behavioral Health (remember to contact Total Care Network at 1-800-298-2299 to coordinate services), Weekly Disability Benefits, Prescription Drugs, Vision Care, Dental and Death Benefits will still be processed through the Fund, regardless of whether you choose the PPO or HMO option. With the exception of medications which are purchased directly with your Express Scripts Prescription Drug Card, all claims for reimbursement of these benefits should be sent directly to the Fund office for processing.

Don't forget, your last chance for making a change for next year's healthcare coverage is DECEMBER 10, 2009 and the clock is ticking!

Also in this Issue . . . . .

TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & VICINITY

OVERVIEW OF HEALTH BENEFIT PLANS
BlueCard PPO PROGRAM versus AETNA HMO PROGRAM

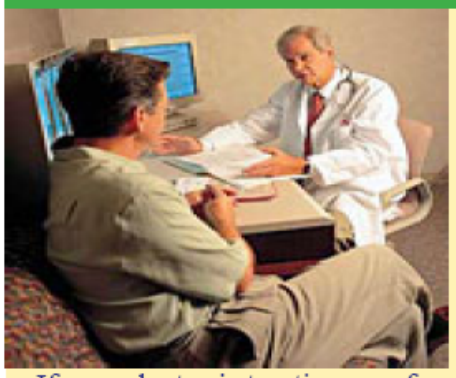
	BlueCard PPO PROGRAM		AETNA HMO PROGRAM
TYPE OF PLAN:	**Freedom to choose your own doctors and hospitals. You can maximize your coverage and minimize your out-of-pocket costs by choosing Network providers.**		**Your primary care physician coordinates all of your care. Your Aetna Primary Care Physician may also refer you to other Aetna providers for care, if needed. NO coverage Out-of-Network, except for emergency care.**
	In Network	Out of Network*	In Network Only
Deductible (Individual/Family)	$225/$450	$500/$1,000	None
Out-of-Pocket Maximum - Per Person	$500	$1,500	$440 Annual Co-Pay Maximum per Person
Lifetime Maximum	$2 Million	$2 Million	$2 Million
Coinsurance - Plan Pays	90% (100% after Out-of-Pocket Maximum is reached)	80%	100%
Primary Care Office Visit Copay	$15, No deductible	80%, after deductible	$10
Specialist Office Visit Copay	$25, No deductible	80%, after deductible	$20
Maternity Care: - First OB Visit	$15, No deductible	80%, after deductible	$20
Hospital Care - Maternity	90%, after deductible **	80%, after deductible	100%
Inpatient Hospital Services	90%, after deductible **	80%, after deductible	100%
Inpatient Hospital Days	365	70	Unlimited
Out-Patient Surgery	90%, after deductible **	80%, after deductible	100%
Emergency Room Copay (Waived if Admitted)	$100, No deductible	$100, No deductible	$100
Skilled Nursing Facility	90%, after deductible **	80%, after deductible	100% up to 180 days per calendar year
Out-Patient Radiology & Laboratory	1st $100 of allowable lab charges covered @ 100%, then 90%, after deductible **	80%, after deductible	100%
Physical, Speech, Occ. Therapy Co-pay per visit	$25, No deductible	80%, after deductible	100% - up to 60 consecutive days per condition covered, subject to significant improvement
Durable Medical Equipment and Prosthetics	90%, after deductible **	80%, after deductible	100% when authorized by Primary Care Physician and approved by Aetna

**NOTE: ***Out-of Network, non-participating 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.

Health Care Solutions Corporation: Diabetic Supply Program

"A special Teamsters Health and Welfare Fund benefit for your diabetic testing supplies"



If your doctor is treating you for diabetes, you need to contact *HCSC* for your important diabetic supplies. Your Teamsters Health and Welfare Fund has arranged for the very best **brand name** diabetic testing products to manage your diabetes testing care.

Contact HCSC at:

1-800-655-8125

Look at your savings!

Test strips: $5.00 copay only
New Test meter: Free*
Starter Kits: Free*
Syringes: No copay*
Fits all pens lancets: No copay*
Pen Needles: No copay*
Test Solution: No copay*
Alcohol swabs: Free*
Shipping: Free with strips
Toll Free reorder

** Without strips, a $5.00 copay plus a $6.00 shipping charge will apply to the order.*

"Another cost saving product brought to you by your Teamster Health and Welfare Fund."

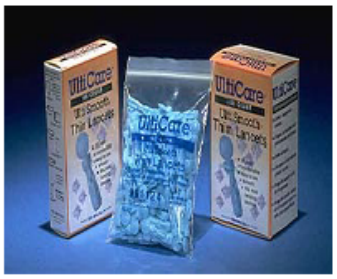
Teamsters Health and Welfare Fund
of Philadelphia and Vicinity
6981 N. Park Drive, Suite 400
Pennsauken, New Jersey 08109
Tel. 1-800-523-2846

Abbott Freestyle Lite Meters and Test Strips

Your new program has:

Diabetic test strips, Starter kits, Test meters (free), Syringes, Lancets, Alcohol swabs, Replacement pen needles, Sharps container, Free shipping, Renewal notices, Toll free number.

100 Ulticare pen needles fits any prefilled pen. Includes sharps container



Ultrasharp lancets

100 syringes w/sharps container

Why your health fund is providing a diabetic supply benefit

With so much health concern regarding diabetic-related diseases, your Teamster Health and Welfare Fund recognizes the importance of consistent and routine diabetic testing. To help you reduce, or even eliminate your out-of-pocket costs, yourTeamster Health and Welfare Fund has contracted with HCSC to provide you with the very best name-brand diabetic supply products.

Yes! You can switch from your existing diabetic testing supply to the Abbott Freestyle Lite products. Test meters are free to you.

Attention Health & Welfare Fund Participants:

Annual Notice Regarding Post-Mastectomy Reconstructive Surgery Benefits

As required by the Women's Health and Cancer Rights Act of 1998, the Health & Welfare Fund's Plan provides (as it always has) benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedemas). For more information, contact the Fund's

Important Notices in this Newsletter about:

- Health Benefit Plan open enrollment—time is limited; you must act now!
- New Diabetic Supply Benefit
- Summary Annual Report for the H&W Fund for the 2008 Plan Year

Yo! Remember—We can't let you know what's happening unless you let us know where you are!

Contact the Fund should there be any changes in your family status or address. Notifying the Union or your Employer of any such changes doesn't change Fund records. You must contact the Fund and file the necessary documents to make these changes effective with the Fund.

Find us on the World Wide Web at www.teamsterfunds.com

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SUMMARY ANNUAL REPORT FOR
TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & VICINITY

This is a summary of the annual report of the TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & VICINITY a health, dental, vision, temporary disability and death benefits plan (employer identification number 23-1392600) for the plan year ending 12/31/2008. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

THE TEAMSTERS HEALTH & WELFARE FUND OF PHILADELPHIA & has committed itself to pay certain dental, prescription, vision, medical, disability claims incurred under the terms of the plan.

Insurance Information

The plan has a contract of insurance with THE UNION LABOR LIFE INSURANCE COMPANY to pay certain death benefits claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2008 were $691,481.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was $32,321,240 as of the end of plan year, compared to $39,705,994 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of ($7,384,754). This change includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total income of $93,714,502 including employer contributions of $102,797,392, employee contributions of $1,614,679, gains/(losses) of $363,329 from the sale of assets, interest and dividend income of $1,634,742, and earnings from investments, which include unrealized gains and losses) of ($12,695,640). Plan expenses were $101,099,256. These expenses included $6,713,356 in administrative expenses, $94,385,900 in benefits paid to participants and beneficiaries, and $0 in other expenses.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Loans or other obligations in default or classified as uncollectible.
5. Transactions in excess of 5 percent of the plan assets.
6. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of WILLIAM J EINHORN, who is a representative of the plan administrator at 6981 NORTH PARK DRIVE, SUITE 400, PENNSAUKEN, NJ 08109 and phone number, 856-523-2400. The charge to cover copying costs will be $5.00 for the full annual report, or $0.10 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan: 6981 NORTH PARK DRIVE, SUITE 400, PENNSAUKEN, NJ 08109, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

BOARD OF TRUSTEES
TEAMSTERS HEALTH & WELFARE FUND
OF PHILADELPHIA AND VICINITY