



PHILADELPHIA

Update

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

www.teamsterfunds.com

October 2007

Yearly Open Enrollment Period to Begin This Month A New Benefit Offering This Year—Aetna HMO Act now—before the open enrollment period ends!

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. ***And there's a new option this 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 new Aetna HMO program. ***The Aetna program will replace the Keystone Health Plan East HMO option effective January 1, 2008.*** 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 option and Aetna's Member Service team at 1-800-533-2195 for information on the HMO plan.

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, 2008 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, 2008, call 1-800-533-2195 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 Keystone HMO coverage now and want to keep HMO coverage (under the Aetna program) into next year, you will be receiving an Aetna HMO packet and directory at your home within the next 3 business days. If you don't receive them by November 5th, call 1-800-533-2195 to request a kit be sent 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 don't, your coverage will default to the Aetna HMO program for next year and Aetna will

automatically select a Primary Care Physician for you (which you can later change, if you wish). ***If you are presently enrolled in the Keystone HMO program and wish to change to the Blue Cross PPO program, you must contact the Fund office to obtain the necessary form to change your coverage.***

Already enrolled in the HMO and worried about the need to change doctors? Chances are about 95% that your Primary Care Doctor already participates in Aetna's HMO network. Check with your Doctor's office to be sure. But remember, whether you are currently enrolled in the HMO or want to begin to have HMO coverage in 2008, you must fill out the Aetna enrollment form and list the Primary Care Doctor's Aetna PCP number.

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 6, 2007 and the effective date of your new coverage will be JANUARY 1, 2008. This means your application for a change in coverage must be received in the Fund office by the

close of business on Thursday, December 6th. 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 6th 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 6, 2007 and the clock is ticking!

Whether:

- ***you want HMO coverage***
or
- ***you now have HMO coverage and want to keep it***
or
- ***you want to change from HMO coverage to PPO coverage***

for the 2008 Plan Year, you must act NOW!

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:	In Network Out of Network*	In Network Only None
Deductible (Individual/Family)	\$225/\$450	\$500/\$1,000
Out-of-Pocket Maximum - Per Person	\$500	\$1,500
Lifetime Maximum	\$2 Million	\$2 Million
Coinsurance - Plan Pays	90% (100% after Out-of-Pocket Maximum is reached)	80%
Primary Care Office Visit Copay	\$15, No deductible	80%, after deductible
Specialist Office Visit Copay	\$25, No deductible	80%, after deductible
Maternity Care: - First OB Visit	\$15, No deductible	80%, after deductible
Hospital Care - Maternity	90%, after deductible **	80%, after deductible
Inpatient Hospital Services	90%, after deductible **	80%, after deductible
Inpatient Hospital Days	365	70
Out-Patient Surgery	90%, after deductible **	80%, after deductible
Emergency Room Copay (Waived if Admitted)	\$100, No deductible	\$100, No deductible
Skilled Nursing Facility	90%, after deductible **	80%, after deductible
Out-Patient Radiology & Laboratory	*1st \$100 of allowable lab charges covered @ 100%, then 90%, after deductible **	80%, after deductible
Physical, Speech, Occ. Therapy	\$25, No deductible	80%, after deductible
Copay per visit	\$25, No deductible	80%, after deductible
Durable Medical Equipment and Prosthetics	90%, after deductible **	80%, after deductible
		100% up to 180 days per calendar year
		100% - up to 60 consecutive days per condition covered, subject to significant improvement 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.

Although the Aetna plan, like the Keystone plan, is an HMO, there may be slight differences in some of the ancillary benefit offerings between the two plans, such as fitness reimbursements, discounts, etc.

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.

Remember:
Newly expanded Member Service call
7 am—5 pm on Mondays, Tuesdays & Fridays
8 am—8 pm on Wednesdays & Fridays
1-800-523-2846