



Health and Welfare Benefit Summary Green Mountain Transit



An Outstanding Partnership...

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Medical
benefit
summary

Allegiant Care is committed to partnering with its members and their employers to provide **HIGH QUALITY, COMPREHENSIVE, and COST-EFFECTIVE** healthcare benefits for those members and their families to improve and maintain their quality of life.

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Learn how
prescription
options can
save money

As fellow Teamsters, the staff at Allegiant Care identifies with members' needs and goes above and beyond to provide superior service and devoted customer care, establishing **PEACE OF MIND, SECURITY** and the **LOYALTY** they have come to expect from Teamsters.

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Retiree
Qualifications



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About Allegiant Care

Allegiant Care is a nonprofit health and welfare benefits fund dedicated to delivering the highest quality healthcare for Teamsters at the best price. For over 50 years, Allegiant Care (formerly Northern New England Benefit Trust) has provided members with comprehensive, cost-effective benefits with the goals of improving members' quality of life and providing peace of mind.

Allegiant Care is single-minded in its commitment to its members. Allegiant Care is "Teamsters taking care of Teamsters." Allegiant Care representatives are there to help members navigate the often-confusing healthcare maze. They are committed to working with members to resolve issues promptly. With one phone call, members can get answers about medical, prescription, dental, vision, life, disability and retiree medical benefits.

With a proud history as a trusted leader in healthcare for over half a century, Allegiant Care will continue to advocate on behalf of Teamster members and their families.

Summary of Medical Coverage Anthem PPO2

This document is for summary purposes only. Complete details will be provided in the Summary Plan Description which will be mailed to members upon initial eligibility.

Type of Care	PPO2 Cost to Member (Network Provider)
Plan Information	
Annual Deductible (In-Network Provider)	\$750 Individual/\$1,500 Family
Medical Coinsurance Out-of-Pocket Maximum	\$4,000 Individual/\$8,000 Family
Office Visits	
Preventive Care	No charge (Not covered out-of-network)
PCP Visit (other than preventive)	\$30 copay/visit
Specialist Visit	\$40 copay/visit
Chiropractor	\$40 copay/visit
Prenatal Care	\$30 copay/first visit; 20% coinsurance after deductible for subsequent visits and delivery
Outpatient Care	
Outpatient Surgical Procedure	20% coinsurance after deductible
CAT/PET/MRI scans at outpatient facility	20% coinsurance after deductible
Routine Lab/X-ray	20% coinsurance after deductible
Inpatient Care	
Hospital Stay	20% coinsurance after deductible
Skilled Nursing Facility	20% coinsurance after deductible
Emergency Care	
Emergency Room	\$200 copay/visit (waived if admitted)
Ambulance Transportation (Medically Necessary)	20% coinsurance after deductible
Urgent Care	\$40 copay/visit
Continuing Care	
Outpatient Therapy (Physical, Occupational, Speech)	20% coinsurance after deductible
Home Health Care	20% coinsurance after deductible
Hospice Care	20% coinsurance after deductible
Durable Medical Equipment	20% coinsurance after deductible
Hearing Aids	\$3,000 maximum/pair, once every 3 yrs; 2 pairs/lifetime
Out-of-Network Care	
Annual Deductible	\$2,000 Individual/\$4,000 Family
Coinsurance	50% coinsurance after deductible
Out-of-Pocket Maximum	\$8,000 Individual/\$16,000 Family
Pre-Authorization Required for some services including but not limited to the following: Imaging, Inpatient Behavioral Health, Substance Abuse, Outpatient Therapy, Skilled nursing care, Home/Hospice care, Durable Medical Equipment.	

Summary of Prescription Coverage Allegiant Rx5

The prescription drug benefit is administered by Allegiant Rx, in partnership with MedOne for mail-order prescriptions.

Retail Purchases (up to 30-day supply)

Retail benefits are available at most major pharmacies (except Wal-Mart, Walgreens, and Sam's Club). You can find in-network pharmacies at www.myallegiantrx.com. Maintenance medications may be filled at retail up to three times; after the third fill, they must be filled through mail order to receive the copay benefit.

Mail Order Purchases (maintenance medications up to 90-day supply)

Mail-order prescriptions are filled through MedOne and may include up to a 90-day supply, depending on your doctor's prescription and plan limits. Brand-name drugs are dispensed only when no generic equivalent is available.

General Plan Information	
Calendar Year Deductible	\$100 Individual/\$300 Family Combined Retail/Mail Order
Out-of-Pocket Maximum	\$2,500 Individual; \$5,000 Family

Retail Pharmacies (30-day supply)	Your Cost
Preventive Drugs	No cost
Generic Drugs	\$15.00 copay
Brand-Name Drugs No generic substitution available	\$40.00 copay
Brand-Name Drugs Generic substitution available	\$40.00 copay plus the cost difference between brand-name and generic drug
Note: You may fill a maintenance medication at a retail pharmacy up to three times. After that, it must be filled through mail order for the copay to apply. If you continue to fill at retail after the third fill, you will be responsible for 100% of the discounted cost.	

Mail-Order Pharmacy (90-day supply)	Your Cost
Preventive Drugs	No cost
Generic Drugs	\$30.00 copay
Brand-Name Drugs No generic substitution available	\$80.00 copay
Brand-Name Drugs Generic substitution available	Not covered at mail order

Summary of Dental Coverage

Northeast Delta Dental – Delta6

In-Network Providers

The Northeast Delta Dental (NEDD) plan includes all of the following coverage categories performed by dentists who participate in the Delta Dental PPO and Delta Dental Premier networks. Members should visit www.nedelta.com for an updated list of participating dentists in their area.

Diagnostic/Preventive Coverage A	Basic and Restorative Coverage B	Prosthodontics Coverage C
Deductible: None	Deductible: \$25/Individual; \$50/Family (Coverages B and C only)	
Covered at *100%	Covered at *80%	Covered at *50%
Diagnostic: <ul style="list-style-type: none"> Evaluations X-Rays (Complete series or panoramic film) Bitewing x-rays X-rays of individual teeth as necessary Preventive: <ul style="list-style-type: none"> Cleanings Fluoride Space maintainers Sealant application Occlusal Guards Athletic Mouth Guards Emergency Palliative Treatment <p><i>Note: Expenses incurred for covered Diagnostic and Preventive services do not accrue to your annual maximum.</i></p>	Restorative: <ul style="list-style-type: none"> Amalgam (silver) fillings Composite (white) fillings Oral Surgery (routine extractions) Endodontics: <ul style="list-style-type: none"> Root canal therapy Periodontics: <ul style="list-style-type: none"> Treatment of gum disease Sealant application Periodontal maintenance <p><i>Note: Cleanings may be routine (Coverage A) or Periodontal (Coverage B), or a combination of both.</i></p> Denture Repair: <ul style="list-style-type: none"> Repair of a removable denture to its original condition Brush Biopsy 	Prosthodontics: <ul style="list-style-type: none"> Removable and fixed partial dentures (bridge; complete dentures) Rebase and reline (dentures) Crowns Onlays Inlays
		Orthodontics Coverage D
		Deductible: None
		Covered at *75%
		Orthodontics: Correction of crooked teeth for adults and children Orthodontic Lifetime Maximum: 75% up to \$1,500 Per Person
Calendar Year Maximum: \$2,000 per person (Coverages A, B and C combined)		
*Benefit percentages shown are based upon the actual charge submitted to a maximum of the participating dentist's approved fees, or the Delta Dental's allowance for non-participating dentists.		

Out-Of-Network Providers

NEDD provides coverage regardless the choice of dentist, participating or not. When visiting a non-participating dentist, members are required to submit their own claim. Payment for treatment performed by a non-participating dentist will be limited to the lesser of the actual submitted charge or Delta Dental's allowance for non-participating dentists in the geographic area in which services were provided.

Summary of Vision Coverage EyeMed Premium

The Allegiant Care vision benefit uses the EyeMed Vision Care (“EyeMed”) provider network. You will get more from your benefit when you use a network provider. To find in-network providers near you, go to <https://eyedoclocator.eyemedvisioncare.com> and select the “Insight” network.

Exam Services	Member Cost (In-Network)
Routine Eye Exam	\$0 copay
Contact Lens Fit and Follow-Up - Standard	\$0 copay
Retinal Imaging	\$39 copay

Frequencies	How often can I use the benefit?
Eye Exams	Once every 12 months
Lenses including contact lenses	Once every 12 months
Frames	Once every 24 months ¹

¹ Dependents under the age of 19 can order frames once every 12 months

Eyewear	First Pair	Second Pair (Member & Spouse Only)
Frames	\$200 Allowance and 20% discount off balance	\$130 Allowance and 20% discount off balance
Lenses		
Single Vision/Bifocal/Trifocal/Lenticular	\$0 copay	\$10 copay
Progressive - Standard	\$0 copay	\$80 copay
Progressive - Premium - Tiers 1/2/3	\$0/\$0/\$0 copay	\$80/\$80/\$125 copay
Progressive - Premium - Tier 4	\$125 copay	\$175 copay
Lens Options and Coating		
Anti-Reflective Coating – Standard	\$0 copay	\$33 copay
Anti-Reflective Coating – Premium Tiers 1/2/3	\$0/\$12/\$37 copay	\$46/\$58/\$83 copay
Scratch Resistant Coating	\$0 copay	\$15 copay
Ultraviolet Coating	\$0 copay	\$15 copay
Tint	\$0 copay	\$15 copay
High-Index (HI)	\$0 copay	\$55 copay
Polarized	\$0 copay	\$0 copay
Polycarbonate – Standard	\$0 copay	\$0 copay
Photochromic - Non-Glass	\$0 copay	\$75 copay
Contact Lenses (in lieu of glasses)		
Conventional or Disposable	\$150 Allowance	\$150 allowance
Medically Necessary	\$0 copay; paid in full	Up to \$300 reimbursement

Summary of Vision Coverage (cont')

Safety Glasses In-Network Provider (Member only)	
Frames	\$150 Allowance plus 20% discount off balance
Lenses	
Single Vision/Bifocal/Trifocal/Lenticular	\$0 copay
Progressive – Standard Progressive – Premium - Tiers 1/2/3/4	\$0 copay \$20/\$30/\$45/\$175
Lens Options and Coating	
Anti-Reflective Coating – Standard Anti-Reflective Coating – Premium - Tiers 1/2/3	\$0 copay \$0 copay
Scratch Resistant / Ultraviolet / Tint	\$0 copay
Polycarbonate – Standard	\$0 copay
Photochromic - Non-Glass	\$0 copay

Members also enjoy additional benefits through EyeMed affiliate providers. Member is responsible for all charges after the discounts.

Other Discounts	
Additional pairs of glasses	40% off additional pairs
Non-prescription sunglasses	20% off retail
Lasik or PRK (US Laser Network)	15% off retail price
Conventional Contact Lenses	15% off balance after Allowance
Hearing Aids (Amplifon Hearing Health Care Network)	64% off retail

Out-Of-Network Providers

Members may receive services from an out-of-network provider; however, the provider must be paid in full at the time of the service and then the member may submit a claim for reimbursement. Maximum reimbursement amounts are typically lower than the provider's charge. Members are responsible for all charges above the maximum reimbursement amount allowed under the plan.

Life Insurance Overview (LF50)

Allegiant Care offers a life insurance policy to all active members. Members are required to provide beneficiary information so that the benefit may be paid in the event of the death of a member or dependent.

Coverage Type	Benefit Paid
Active Member (through age 69)	\$50,000
Spouse	\$5,000
Dependent Child	\$2,500
Accidental Death/Dismemberment Active Member (through age 69)	\$50,000

If a member continues to actively work after age 69, the Life Insurance and Accidental Death/Dismemberment benefits will be reduced as follows:

On the Date the Member...	Benefit is Reduced to...
Becomes age 70	\$25,000
Becomes age 75	\$12,500

Hearing Aid Coverage (w/ Anthem)

	Through Anthem Medical Plan
Benefit Coverage	<ul style="list-style-type: none"> Hearing aid purchase through Anthem In-Network provider
Benefits Limitations	<ul style="list-style-type: none"> Maximum \$3,000/pair Once/3 years Lifetime maximum 2 pairs

Supplemental Benefits Overview

	Health Club Benefit	Massage Benefit
Qualifying Members	<ul style="list-style-type: none"> Members and covered spouses 	<ul style="list-style-type: none"> Members and covered spouses
Benefit Coverage	<ul style="list-style-type: none"> \$100.00 payable after a six-month period with at least an average 3x/wk participation 	<ul style="list-style-type: none"> \$50.00 per massage
Benefits Limitations	<ul style="list-style-type: none"> Must be a covered member or covered spouse during the entire six-month period Must engage in physical activity an average of three times per week during the 6-month period 	<ul style="list-style-type: none"> \$1,650 per calendar year per eligible member or spouse
Filing Claims	<ul style="list-style-type: none"> Pay membership in full Submit Allegiant Care reimbursement form (completed and signed by health club representative) and receipt for payment Receive reimbursement 	<ul style="list-style-type: none"> Pay licensed massage therapist in full Submit Allegiant Care reimbursement form (completed and signed by massage therapist) and receipt for payment Receive Reimbursement

Retiree Qualifications

Allegiant Care offers subsidized medical and prescription benefits to long-term members and their spouses who retire before reaching Medicare age.¹

THE BENEFIT

If you qualify, you and your spouse can receive up to 8 years of subsidized medical and prescription coverage. The subsidy level is based on your age — and your spouse’s age, if applicable — when you first start retiree coverage. See the chart below.

Member		Spouse*	
Age 57	50% subsidy	Age 59 or less	50% subsidy
Age 60	70% subsidy	Age 60	70% subsidy
Age 62	100% subsidy	Age 62	100% subsidy

*A spouse’s subsidy cannot be higher than yours, even if your spouse is older.

GENERAL ELIGIBILITY RULES

To qualify for retiree coverage, you must meet all of the following:

- **Age and Service Requirement:**
 - Be at least age 57, and
 - Have 13 continuous years of Allegiant Care medical coverage right before retirement or at least 20 total years of medical coverage with Allegiant Care.

Note: If you plan to rely on the 13-year continuous coverage rule, you must avoid any lapse in coverage - even short ones. You may use the pay-in or COBRA options to maintain coverage if needed.

- **Union Membership:**
 - You must be a Teamster member during all the years you participate in Allegiant Care.
 - “Fair-share payers” do not qualify.
- **Employer Status:**
 - You remain eligible only if your employer (or former employer) remains in business and continues to contribute to Allegiant Care as a participating employer.
 - If your group decertifies or switches to a different insurance provider, retiree coverage under Allegiant Care will no longer be available.

CREDITED SERVICE

If you worked for your employer in a Teamsters position before the employer began contributing to Allegiant Care, you may receive two years of credited service for each year you are covered after the employer joins Allegiant Care, as long as you maintain continuous medical coverage. This allows you to qualify for retiree benefits in as little as seven years of Allegiant Care coverage, provided you also meet the required age at that time.

¹ Retiree benefits are not guaranteed and may be changed or discontinued at any time by the Board of Trustees.