# TEAMSTERS VIP+ PLAN

- **SHORT-TERM DISABILITY**
- **LONG-TERM DISABILITY**
- **INCOME LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

# VOLUNTARY INCOME PROTECTION PLUS (VIP+) PLAN

**Discover enrollment options for financial protection.**

All benefit options offered are guaranteed approved during open enrollment for all actively working, U.S.-Based, full-dues paying Teamsters Members.

SCAN

## QUESTIONS? READY TO ENROLL?

**www.TeamstersVIP.com**

**Customer Service Center: (224) 770-5304**

**IMPORTANT:** The monthly cost for coverage is based on your age at the start of the coverage and will increase on the policy anniversary date after you move into a new age bracket.

1075504-00002-00

## Help protect your financial future today!

Participation in this program is voluntary, and the decision to enroll rests solely with the Members. Members are responsible for bearing all associated costs. A $2 technology fee is included in all listed monthly costs for the following coverages: Short-Term Disability and Long-Term Disability. A $1 technology fee is included in all listed monthly costs for the following coverages: Member Life and Spouse Life.

This voluntary benefit plan is classified as a Safe Harbor plan and, as such, is not subject to the Employee Retirement Income Security Act of 1974 (ERISA). Teamsters does not contribute to the premiums for this plan on behalf of its Members, does not endorse the plan, and does not require Members to enroll in the plan.

**IMPORTANT:** If you depart from the Teamsters, opt out of paying dues, or retire, you must notify the Teamsters VIP+ Customer Service Center at (224) 770-5304. Not doing so within 90 days could delay or negate your eligibility for a refund.

We encourage Members to thoroughly review the complete policy booklet. Email info@unionone.com to request a copy.

This program is administered by Union One Benefits Administration, and issued by The Prudential Insurance Company of America.

UNION ONE | Prudential

# SHORT-TERM DISABILITY

### Guaranteed Approved Coverage: No medical questions or tests for actively working Members.

**Stackable with other eligible benefits, up to 100% of pre-disability earnings.**

**Benefits paid are tax-free.**

- Coverage in $50 Increments:
  Full-Time Employed Members: **$2,000 max**
  Part-Time Employed Members: **$250 max**
- Loss of **DOT License** or **FAA Medical Certification** due to medical reasons is covered.
- Covers off the job disabilities caused by injuries, illnesses, or surgeries.
- Substance Abuse and Mental Health Conditions are covered illnesses.
- Pays a weekly benefit after 14th day of disability for up to 24 weeks.
- Pre-existing conditions are covered after 12 months of continuous coverage.
- Benefit election cannot exceed 60% of weekly income.

| COVERAGES | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| MAX WEEKLY BENEFIT* | 18-29 | 30-39 | 40-49 | 50-59 | 60+ |
| $250 | $14.50 | $14.50 | $27.00 | $39.75 | $39.75 |
| $750 | $39.50 | $39.50 | $77.00 | $115.25 | $115.25 |
| $1,000 | $52.00 | $52.00 | $102.00 | $153.00 | $153.00 |
| $1,500 | $77.00 | $77.00 | $152.00 | $228.50 | $228.50 |
| $1,700 | $87.00 | $87.00 | $172.00 | $258.70 | $258.70 |
| $1,800 | $92.00 | $92.00 | $182.00 | $273.80 | $273.80 |
| $2,000 | $102.00 | $102.00 | $202.00 | $304.00 | $304.00 |

* For additional benefit amounts not shown, please call (224) 770-5304.

# LONG-TERM DISABILITY

**Guaranteed Approved Coverage: No medical questions or tests for actively working Members.**

**Stackable with other eligible benefits, up to 70% of pre-disability earnings.**

**Benefits paid are tax-free.**

- Loss of **DOT License** or **FAA Medical Certification** due to medical reasons is covered.
- 24/7 coverage for on and off the job disabilities caused by injuries, illnesses, or surgeries.
- Substance Abuse and Mental Health Conditions are covered illnesses.
- Pays after 180 day waiting period (Short-Term Disability covers first 26 weeks).
- Pre-existing conditions are covered after 12 months of continuous coverage.
- Benefit election cannot exceed 60% of monthly income.

## LONG-TERM DISABILITY OPTION 1: Available to Full-Time and Part-Time Employed Members

**Pays a flat benefit up to $2,500 per month for up to 2 years.**

| COVERAGES | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| MAX MONTHLY BENEFIT* | 18-29 | 30-39 | 40-49 | 50-59 | 60+ |
| $1,500 | $3.80 | $6.05 | $10.10 | $19.25 | $34.85 |
| $2,000 | $4.40 | $7.40 | $12.80 | $25.00 | $45.80 |
| $2,500 | $5.00 | $8.75 | $15.50 | $30.75 | $56.75 |

* Can elect benefit in $50 increments.
* For additional benefit amounts not shown, please call (224) 770-5304.

## LONG-TERM DISABILITY OPTION 2: Available to Full-Time Employed Members Only

**Pays a flat benefit up to $7,500 per month for up to 5 years.**

| COVERAGES | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| MAX MONTHLY BENEFIT* | 18-29 | 30-39 | 40-49 | 50-59 | 60+ |
| $1,500 | $5.45 | $10.70 | $21.80 | $44.30 | $53.15 |
| $2,000 | $6.60 | $13.60 | $28.40 | $58.40 | $70.20 |
| $2,500 | $7.75 | $16.50 | $35.00 | $72.50 | $87.25 |
| $3,500 | $10.05 | $22.30 | $48.20 | $100.70 | $121.35 |
| $4,000 | $11.20 | $25.20 | $54.80 | $114.80 | $138.40 |
| $5,000 | $13.50 | $31.00 | $68.00 | $143.00 | $172.50 |
| $6,000 | $15.80 | $36.80 | $81.20 | $171.20 | $206.60 |
| $7,000 | $18.10 | $42.60 | $94.40 | $199.40 | $240.70 |
| $7,500 | $19.25 | $45.50 | $101.00 | $213.50 | $257.75 |

* Can elect benefit in $50 increments.
* For additional benefit amounts not shown, please call (224) 770-5304.

# INCOME LIFE WITH ACCIDENTAL DEATH & DISMEMBERMENT

## Guaranteed Approved Coverage: No medical questions or tests for actively working Members.

**Coverage is 24/7 on and off the job.**

**Not meant to replace any existing Life Insurance coverage.**

**All pre-existing conditions covered.**

- Member coverage available up to $500,000 in $10,000 increments (not to exceed 5 times annual earnings).
- Coverage includes an equal amount of Accidental Death and Dismemberment.
  - If death is caused by an accident, the benefit doubles.
- Spouse coverage available up to $100,000 in $5,000 increments when Member Life is elected (not to exceed 100% of Member election).
- Dependent(s) are eligible for a flat $20,000 of coverage when Member Life is elected.

| MEMBER | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| COVERAGE* | 18-29 | 30-39 | 40-49 | 50-59 | 60-69 |
| $100,000 | $14.50 | $16.50 | $24.50 | $71.00 | $164.50 |
| $200,000 | $28.00 | $32.00 | $48.00 | $141.00 | $328.00 |
| $300,000 | $41.50 | $47.50 | $71.50 | $211.00 | $491.50 |
| $400,000 | $55.00 | $63.00 | $95.00 | $281.00 | $655.00 |
| $500,000 | $68.50 | $78.50 | $118.50 | $351.00 | $818.50 |

* For additional benefit amounts not shown, please call (224) 770-5304.

| SPOUSE | MONTHLY COSTS BY AGE BRACKET | | | | |
|---|---|---|---|---|---|
| COVERAGE* | 18-29 | 30-39 | 40-49 | 50-59 | 60-69 |
| $50,000 | $7.75 | $8.75 | $12.75 | $36.00 | $82.75 |
| $100,000 | $14.50 | $16.50 | $24.50 | $71.00 | $164.50 |

* Spouse costs are based on Member's age.
* For additional benefit amounts not shown, please call (224) 770-5304.

| DEPENDENT | MONTHLY COSTS |
|---|---|
| COVERAGE* | ALL DEPENDENTS UNDER 26 YEARS OLD |
| $20,000 | $5.40 |

* One cost covers all Dependents.

## For AD&D, STD & LTD: THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

For STD & LTD: These policies provide disability income insurance only and do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

For Life: You have 31 days to notify Union One of your retirement if you wish to port or convert your Life Insurance.

*North Carolina Residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.*

Group Insurance coverages are issued by **The Prudential Insurance Company of America, a Prudential Financial company**, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500.

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