



# TEAMSTERS VIP+ PLAN

## Issued by The Prudential Insurance Company of America

- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY
- LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

# VOLUNTARY INCOME PROTECTION PLUS (VIP+)

Discover enrollment options for financial protection.

All benefit options offered here are guaranteed approved during open enrollment for active, full-dues paying IBT Members.



SCAN

**QUESTIONS? READY TO ENROLL?**

[www.teamstersVIP.com](http://www.teamstersVIP.com)

**Information Center: (224) 770-5304**

**IMPORTANT:** The monthly cost for coverage is based on your age at the start of the coverage and will rise on the policy anniversary date after you move into a new age bracket. This benefits guide is tailored for Members aged 18-79.

## 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 \$1 technology fee is included in all listed monthly costs for the following coverages: Short-Term Disability, Long-Term Disability, Member Life, and Spouse Life.

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

We encourage enrolled Members to thoroughly review the complete policy booklet, which is available on the [teamstersVIP.com](http://teamstersVIP.com) website. Email [info@teamstersVIP.com](mailto:info@teamstersVIP.com) to request a copy, if you did not receive one upon enrollment.

This program is administered by Union One Benefits Administration.



## SHORT-TERM DISABILITY

- **Guaranteed Approved Coverage. You cannot be denied during open enrollment.**
- **Loss of DOT certification due to medical reasons is covered.**

- Coverage in \$50 Increments:  
Full-Time Members: \$2,000 max  
Part-Time Members: \$250 max
- Pays after a 14 day waiting period for injury or illness.
- Benefit pays for up to 24 weeks.
- Stackable with other eligible benefits, up to 100% of pre-disability earnings.
- Covers off the job disabilities for injuries, illnesses or surgeries.
- Benefits paid are tax-free.

COVERAGES	MONTHLY COSTS BY AGE BRACKET					
	18-29	30-39	40-49	50-59	60-69	70-79
MAX WEEKLY BENEFIT*						
\$250	\$13.50	\$13.50	\$26.00	\$38.75	\$38.75	\$38.75
\$750	\$38.50	\$38.50	\$76.00	\$114.25	\$114.25	\$114.25
\$1,000	\$51.00	\$51.00	\$101.00	\$152.00	\$152.00	\$152.00
\$1,500	\$76.00	\$76.00	\$151.00	\$227.50	\$227.50	\$227.50
\$1,600	\$81.00	\$81.00	\$161.00	\$242.60	\$242.60	\$242.60
\$1,700	\$86.00	\$86.00	\$171.00	\$257.70	\$257.70	\$257.70
\$1,800	\$91.00	\$91.00	\$181.00	\$272.80	\$272.80	\$272.80
\$2,000	\$101.00	\$101.00	\$201.00	\$303.00	\$303.00	\$303.00

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

# LONG-TERM DISABILITY

- **Guaranteed Approved Coverage. You cannot be denied during open enrollment.**
- **Loss of DOT certification due to medical reasons is covered.**

- Pre-existing conditions are covered after 12 months of continuous coverage.
- Stackable with other eligible benefits, up to 70% of pre-disability earnings.
- Benefits paid are tax-free.
- Benefit election cannot exceed 60% of annual income.
- 24/7 coverage for on and off the job disabilities caused by injuries, illnesses or surgeries.

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

Pays a flat monthly benefit for up to 2 years. Pays after 180 days waiting period.

*(Short-Term Disability covers first 26 weeks)*

COVERAGES	MONTHLY COSTS BY AGE BRACKET					
MAX MONTHLY BENEFIT*	18-29	30-39	40-49	50-59	60-69	70-79
\$1,500	\$2.80	\$5.05	\$9.10	\$18.25	\$33.85	\$33.85
\$2,000	\$3.40	\$6.40	\$11.80	\$24.00	\$44.80	\$44.80
\$2,500	\$4.00	\$7.75	\$14.50	\$29.75	\$55.75	\$55.75

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

Pays a flat monthly benefit for up to 5 years. Pays after 180 days waiting period.

*(Short-Term Disability covers first 26 weeks)*

COVERAGES	MONTHLY COSTS BY AGE BRACKET					
MAX MONTHLY BENEFIT*	18-29	30-39	40-49	50-59	60-69	70-79
\$1,500	\$4.45	\$9.70	\$20.80	\$43.30	\$52.15	\$52.15
\$2,000	\$5.60	\$12.60	\$27.40	\$57.40	\$69.20	\$69.20
\$2,500	\$6.75	\$15.50	\$34.00	\$71.50	\$86.25	\$86.25
\$3,500	\$9.05	\$21.30	\$47.20	\$99.70	\$120.35	\$120.35
\$4,000	\$10.20	\$24.20	\$53.80	\$113.80	\$137.40	\$137.40
\$5,000	\$12.50	\$30.00	\$67.00	\$142.00	\$171.50	\$171.50
\$6,000	\$14.80	\$35.80	\$80.20	\$170.20	\$205.60	\$205.60
\$7,000	\$17.10	\$41.60	\$93.40	\$198.40	\$239.70	\$239.70

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

# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

- **Guaranteed Approved coverage.** You cannot be denied during open enrollment.
- **No medical questions or test.**
- **Coverage is 24/7 on and off the job.**
- Not meant to replace any existing Life Insurance coverage.
- **Member coverage available up to \$500,000 in \$10,000 increments** (not to exceed 5 times earnings).
- Coverage includes an equal amount of Accidental Death and Dismemberment.
  - If death is caused by an accident, the benefit doubles.
- **Spouse and Dependent Life coverage available when Member Life is elected.**
  - Spouses can be covered up to \$100,000 in \$5,000 increments (cannot exceed 100% of Member election).
  - Dependents eligible for a flat \$20,000 of coverage.

MEMBER	MONTHLY COSTS BY AGE BRACKET					
COVERAGE*	18-29	30-39	40-49	50-59	60-69	70-79
\$100,000	\$14.50	\$16.50	\$24.50	\$71.00	\$164.50	\$428.00
\$200,000	\$28.00	\$32.00	\$48.00	\$141.00	\$328.00	\$855.00
\$300,000	\$41.50	\$47.50	\$71.50	\$211.00	\$491.50	\$1,282.00
\$400,000	\$55.00	\$63.00	\$95.00	\$281.00	\$655.00	\$1,709.00
\$500,000	\$68.50	\$78.50	\$118.50	\$351.00	\$818.50	\$2,136.00

\* 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	70-79
\$50,000	\$7.75	\$8.75	\$12.75	\$36.00	\$82.75	\$214.50
\$100,000	\$14.50	\$16.50	\$24.50	\$71.00	\$164.50	\$428.00

\* Spouse costs are based on Member's age

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.

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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