

SCHEDULE OF BENEFITS



Michigan Conference
of Teamsters Welfare Fund
Schedule of Benefits

DENTAL & OPTICAL II



Your benefits. If you are an eligible active participant, the Michigan Conference of Teamsters Welfare Fund provides you and your eligible dependents with a Benefit Plan that includes important dental and optical programs to help you meet your health and welfare needs.

These programs are explained in detail in the Summary Plan Description booklet. This Schedule of Benefits is part of the Summary Plan Description. You should read this Schedule with the booklet for a complete description of your benefits.

Network option. You have the option of using In-Network or Out-of-Network dentists for your dental needs. In-Network dental services are provided through Delta Dental of Michigan. When you receive services from a Delta Dental of Michigan provider, you will experience little or no out-of-pocket expenses.

When you use a provider that does not participate in the Delta Dental of Michigan network, you will have higher out-of-pocket expenses and you will be responsible to pay any amounts over and above the Plan's benefit reimbursement.

Benefit details. The following chart highlights the benefits provided as of July 1, 2001. Additional limitations apply for certain coverages. The Plan contains procedures that allow you to obtain a predetermination of the amount of dental benefits the Plan will pay. You should review this material with your Summary Plan Description booklet to learn more about your benefits.

If you have questions, please contact the Member Services Department at (313) 964-2400. You may also call toll free at (800) 572-7687 in the Metro-Detroit area, (800) 824-3158 in Upstate Michigan or (800) 334-9738 Outside of Michigan.

Exam	\$50
Frames	\$75
Lenses	
Single	\$50 per pair
Bi-focal	\$60 per pair
Tri-focal	\$70 per pair
Contact Lenses	\$80 per pair
Frequency	Limited to one exam and one pair of corrective lenses every 12 months

Dental Benefits

Class I Services	100% of CC	100% of R&C up to fee schedule
Class II and III Services	100% of CC after annual deductible of: \$50 per person \$100 per family	Per Fee Schedule after annual deductible of: \$50 per person \$100 per family
Annual Maximum	\$1,500 per person	\$1,500 per person

Dental Services

Class I:

Includes oral evaluations, prophylaxis, fluoride treatments, x-rays and laboratory and other diagnostic tests.

Class II:

Includes emergency treatment (palliative), space maintainers, simple extractions, surgical extractions, oral surgery, anesthesia services, restorations, periodontics and endodontics.

Class III:

Includes onlays/crowns, dentures and other removable prosthetics, bridges and other fixed prosthetics, denture and bridge repair and other prosthetics.

IMPORTANT TELEPHONE NUMBERS

The following telephone numbers are provided to assist you in determining your eligibility for benefits and maximizing your coverage under the Michigan Conference of Teamsters Welfare Fund. You may call the following numbers to ask questions about eligibility, to report changes in family status and to check the status of your claim.

Michigan Conference of Teamsters Welfare Fund Office	(313) 964-2400
Toll free Metro-Detroit	(800) 572-7687
Toll free Upstate Michigan	(800) 824-3158
Toll free Outside of Michigan	(800) 334-9738

Additional information. More detail about your Plan benefits is provided in your Summary Plan Description booklet. Some important information you may need to refer to is:

- eligibility;
- filing your claim for benefits; and
- information about how the Plan is administered.

You may also visit the Michigan Conference of Teamsters Welfare Fund website, www.mctwf.org, to link to the Delta Dental of Michigan website to obtain up-to-date listings of In-Network providers.