

SCHEDULE OF BENEFITS



Michigan Conference
of Teamsters Welfare Fund
Schedule of Benefits

I&S
5DR2B
July 2001



Health and welfare benefits play an important part in your life. They help you pay for doctor visits, prescription drugs, dental treatment, optical care and many other common health care needs. Your benefits also provide financial protection in the event of unexpected, catastrophic events such as hospitalization, surgery, disability or death.

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 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 options. You have the option of using In-Network or Out-of-Network physicians and dentists for your healthcare needs. In-Network physician services are provided through PPOM, L.L.C. In-Network dental services are provided through Delta Dental of Michigan. When you receive services from a PPOM or 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 a PPOM, or Delta Dental of Michigan Network, you will have higher out-of-pocket expenses and will be responsible for any amounts over and above the Plan's reimbursement.

BENEFIT DETAILS

The following chart highlights the benefits provided as of July 1, 2001. Additional limitations apply for certain coverages, and prior authorization is required for certain services and equipment, so 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.

| Benefit | In-Network | Out-of-Network |
|---|---|---|
| Medical Benefits | | |
| Major Medical | | |
| Lifetime Maximum | \$250,000 lifetime per person with up to \$5,000 restored each January 1st | \$250,000 lifetime per person with up to \$5,000 restored each January 1st |
| Annual Deductible | None | \$200 Individual, \$400 Family Carryover: Eligible expenses in Oct. through Dec. that apply toward the annual deductible, may also be applied toward following year's deductible |
| Reimbursement | 80% of CC | 80% of R&C amounts |
| Additional Services & Supplies Benefit | (See page 30 of the SPD for a list of covered services) | |
| Lifetime Maximum | \$20,000 with \$1,000 restored each January 1st | \$20,000 with \$1,000 restored each January 1st |
| Plan Pays | 75% of CC | 75% of scheduled amount |
| Hospital Expenses | 100% of CC for up to 365 days Semi-private room or private room if medically necessary | 100% of R&C for up to 365 days Semi-private room or private room if medically necessary |
| Hospital Emergency Benefit | 100% of CC if it meets the criteria described in SPD | 100% of R&C if it meets the criteria described in SPD |
| Ambulance | | |
| Ground/Air/Water | 100% of CC | 100% of R&C |
| Physician Charges | | |
| Office | 100% of CC after \$10 copayment | 80% of R&C after deductible |
| Hospital Outpatient Clinic Visit | 100% of CC after \$15 copayment | 80% of R&C after deductible |
| Inpatient | 100% of CC | 80% of R&C after deductible |
| Surgical Benefits | 100% of CC | 100% of R&C |
| Maternity Benefits | | |
| Member/Spouse only Pre/Post-Natal Delivery | 100% of CC after \$10 copayment for initial visit | 100% of R&C |
| Anesthesia | 100% of CC | 100% of R&C |
| X-ray | 80% of CC | 80% of R&C |
| Laboratory Tests: | | |
| Fluids/Pathology/ Diagnostic Tests | 80% of CC | 80% of R&C |

| Benefit | In-Network | Out-of-Network |
|--|--|--|
| Mammography Screening | 100% of CC copayment waived | 100% of R&C deductible waived |
| Physical Exam/GYN Exam | 100% of CC copayment waived | 100% of R&C deductible waived |
| Pap Smear Screening | 100% of CC copayment waived | 100% of R&C deductible waived |
| Well Child Exam | 100% of CC copayment waived | 100% of R&C deductible waived |
| Child Immunizations | 100% of CC copayment waived | 100% of R&C deductible waived |
| Mental & Nervous | | |
| Requires prior authorization | | |
| Inpatient | | |
| Hospital | 60 days covered at 100% of CC with 60-day renewal | 45 days covered at 100% of R&C with 60-day renewal |
| Physician | 100% of CC after \$15 copayment | 50% of R&C |
| Outpatient | | |
| Visits per year | No more than 50 combined In- and Out-of Network and combined with outpatient substance abuse treatment | No more than 50 combined In- and Out-of Network and combined with outpatient substance abuse treatment |
| Substance Abuse | | |
| Requires prior authorization | | |
| Inpatient | | |
| Hospital 42 days per lifetime | 100% of CC | 100% of R&C |
| Physician | 100% of CC after \$15 copayment | 50% of R&C amounts |
| Outpatient | | |
| Visits per year | No more than 50 visits per year combined with In- and Out-of Network and with outpatient mental health treatment | No more than 50 visits per year combined with In- and Out-of Network and with outpatient mental health treatment |
| Home Health Care | | |
| Requires prior authorization | 80% of CC | 80% of scheduled amount after deductible |
| Skilled Nursing Facility | | |
| Requires prior authorization | 100% eligible expenses for room and board and other medical services Up to 730 days reduced by 2 times the number of days in hospital | |
| Hospice Care | | |
| Requires prior authorization | 100% of CC | 100% of R&C |
| Chiropractic Benefits | | |
| | 80% of CC up to \$1,000 per year | 80% of R&C up to \$1,000 per year |
| Hearing Aids | | |
| Covered every 2 years | 100% of CC up to \$1,000 per aid (\$2,000 maximum benefit) | 100% of R&C up to \$1,000 per aid (\$2,000 maximum benefit) |
| Temporomandibular Joint Dysfunction (TMJ) | | |
| | Depending on services, 80% to 100% of CC Up to \$1,500 per person per lifetime | Depending on services, 80% to 100% of R&C Up to \$1,500 per person per lifetime Some services may be subject to deductible |
| Human Organ & Tissue Transplant Benefit | | |
| | 100% up to scheduled amount based upon organ type | 100% up to scheduled amount based upon organ type |
| Prescription Drugs | | |
| Pharmacy | 100% of CC after \$5 copayment for up to a 34-day supply when you use a participating pharmacy | |
| Mail Order | 100% of CC after \$5 copayment for 90-day supply when you use a participating pharmacy | |

| Benefit | In-Network | Out-of-Network |
|---------|------------|----------------|
|---------|------------|----------------|

Dental Benefits

(Children covered through age 18 only)

| | | |
|--------------------------|---|--|
| Non-Orthodontic Services | 100% of CC | 100% of R&C up to fee schedule |
| Orthodontics | 85% of CC for children and adults limit for dependent children through age 18 only | 50% of R&C up to \$2,000 per person lifetime |

| Benefit | Coverage |
|---------|----------|
|---------|----------|

Optical Benefits

(Children covered through age 18 only)

(Limited to one exam and one pair of corrective lenses every 12 months)

| | |
|----------------|---------------|
| Optical Exam | \$50 |
| Frames | \$75 |
| Lenses | |
| Single | \$50 per pair |
| Bi-focal | \$60 per pair |
| Tri-focal | \$70 per pair |
| Contact Lenses | \$80 per pair |

Death Benefit

| | |
|-------------------------------|----------|
| Member | \$20,000 |
| Spouse | \$3,000 |
| Children (Birth up to age 19) | \$1,500 |

Accidental Death & Dismemberment

(Member only)

\$20,000 (Maximum)

Total & Permanent Disability Benefit

(Member only)

\$283.20 per month for up to 60 months

Weekly Accident & Sickness Benefit

(Member only)

\$250 per week for a maximum of 26 weeks
Payable on: 1st day for accident or 8th day for illness after the last day worked.
Family coverage continues while member is collecting weekly benefit

Flex Dependent Coverage

Benefit does not apply to this Plan

Benefit Bank Weeks

Benefit does not apply to this Plan

Retiree Benefits

Major Medical/ Prescription Drugs

(Up to age 65)

Participants must qualify for benefits
Member contribution required age 57 and over
Major Medical \$100 deductible per person per year
80% of R&C amounts up to first \$5,000 per person per year
100% of R&C amounts after \$5,000 per year
\$1,100 out-of-pocket expense per person per year; You are responsible for any excess amounts when services are provided by an Out-of-Network provider.
\$150,000 maximum benefit per person per year

Affinity Rx Prescription Drug Program

(Age 65+)

Participants must qualify for benefits
Member contribution required
Plan provides \$1,000 per year for prescription drugs only for each eligible member or spouse (Must use network pharmacy)

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, to option prior authorization of durable medical equipment and orthotics 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 |

| | |
|---|----------------|
| Call for prior authorization of: | (313) 964-2400 |
| Hospice care | ext. 428 |
| Home health care | |

No benefits will be paid if your provider does not call to obtain prior authorization before you begin receiving hospice or home health care, or before you purchase orthotic devices or durable medical equipment. You may also call ext. 428 at the toll free numbers listed above.

| | |
|---|----------------|
| Call for prior authorization of: Skilled nursing facility care..... | (800) 482-4040 |
|---|----------------|

No benefits will be paid if your provider does not call to obtain prior authorization.

| | |
|---|----------------|
| Call for prior authorization of treatment for: | (800) 457-8540 |
| Mental and nervous conditions | |
| Substance abuse | |

Treatment of mental and nervous conditions and substance abuse will not be covered if you do not call for prior authorization before receiving treatment.

| | |
|---|----------------|
| Call for prior authorization of: All hospital admissions..... | (800) 445-6417 |
|---|----------------|

No benefits will be paid if your provider does not call to obtain prior authorization.

| | |
|---|----------------|
| For prior authorization of Human Organ Transplant Procedures: Have your physician or hospital call..... | (800) 242-3504 |
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You may also call the toll free numbers listed above.

| | |
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| Call Blue HealthLine for 24-Hour Health Information | (800) 811-1764 |
|--|----------------|

Blue HealthLine gives you 24-hour access to registered nurses to help you:

- Assess an illness or injury;
- Find ways to live a healthier life;
- Understand a treatment plan prescribed by your doctor;
- Learn how to control a chronic condition (like diabetes or high blood pressure); and
- Take an active role in your medical care.

Blue HealthLine also gives you access to an up-to-date audio health library with more than 1,600 pre-recorded health messages on tape. Please note that Blue HealthLine is not a 911 emergency line. In an emergency call 911.

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;
- How your benefits are coordinated with your coverage under other plans or Medicare; 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 PPOM, Blue Cross/Blue Shield of Michigan or Delta Dental website to obtain up-to-date listings of In-Network hospital and health care providers.