

# SCHEDULE OF BENEFITS



Michigan Conference  
of Teamsters Welfare Fund  
Schedule of Benefits

**KEY I**  
**FDN26**

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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   |
|---|---|--|
| <b>Medical Benefits</b>                       |   |  |
| Lifetime Maximum                              | \$1,000,000 per person<br>all benefits combined                         | \$1,000,000 per person<br>all benefits combined                          |
| <b>Major Medical</b>                          |   |  |
| Annual Deductible                             | \$100 individual, \$200 family  | \$200 Individual, \$600 Family   |
| Reimbursement                                 | 90% of CC   | 80% of R&C amounts   |
| Out-of-Pocket Maximum                         | \$1,000 in excess of deductible   | \$2,000 in excess of deductible  |
| <b>Hospital Expenses</b>                      | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Hospital Emergency Benefit</b>             | 90% of CC after deductible if it<br>meets the criteria described in SPD | 80% of R&C if it after deductible<br>meets the criteria described in SPD |
| <b>Ambulance</b>                              |   |  |
| Ground/Air/Water                              | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Physician Charges</b>                      |   |  |
| Office  | 90% of CC after deductible  | 80% of R&C after deductible  |
| Hospital Outpatient<br>Clinic Visit           | 90% of CC after deductible  | 80% of R&C after deductible  |
| Inpatient                                     | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Surgical Benefits</b>                      | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Maternity Benefits</b>                     |   |  |
| Member/Spouse only<br>Pre/Post-Natal Delivery | 90% of CC<br>after deductible   | 80% of R&C<br>after deductible   |
| <b>Anesthesia</b>                             | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>X-ray</b>                                  | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Laboratory Tests:</b>                      |   |  |
| Fluids/Pathology/<br>Diagnostic Tests         | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Mammography Screening</b>                  | 100% of CC deductible waived  | 100% of R&C deductible waived  |

| Benefit   | In-Network  | Out-of-Network   |
|---|---|--|
| <b>Physical Exam/GYN Exam</b>                                   | 100% of CC deductible waived  | 100% of R&C deductible waived  |
| <b>Pap Smear Screening</b>                                      | 100% of CC deductible waived  | 100% of R&C deductible waived  |
| <b>Well Child Exam</b>  | 100% of CC deductible waived  | 100% of R&C deductible waived  |
| <b>Child Immunizations</b>                                      | 100% of CC deductible waived  | 100% of R&C deductible waived  |
| <b>Mental &amp; Nervous</b><br>Requires prior authorization     |   |  |
| Inpatient<br>Hospital/Physician                                 | 60 days covered at 90% of CC after deductible, with 60-day renewal  | 45 days covered at 80% of R&C after deductible, with 60-day renewal  |
| Outpatient<br>Visits per year                                   | 100% of CC after \$15 copayment<br>No more than 50 combined In- and Out-of-Network and combined with outpatient substance abuse treatment           | 50% of R&C<br>No more than 50 combined In- and Out-of-Network and combined with outpatient substance abuse treatment           |
| <b>Substance Abuse</b><br>Requires prior authorization          |   |  |
| Inpatient<br>Hospital 42 days per lifetime                      | 90% of CC after deductible  | 80% of R&C after deductible  |
| Physician   | 90% of CC after deductible  | 80% of R&C amounts after deductible  |
| Outpatient<br>Visits per year                                   | 100% of CC after \$15 copayment<br>No more than 50 visits per year combined with In- and Out-of-Network and with outpatient mental health treatment | 50% of R&C<br>No more than 50 visits per year combined with In- and Out-of-Network and with outpatient mental health treatment |
| <b>Home Health Care</b><br>Requires prior authorization         |   |  |
|   | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Skilled Nursing Facility</b><br>Requires prior authorization |   |  |
|   | 90% of CC after deductible for eligible expenses for room and board and other medical services  | 80% of R&C after deductible for eligible expenses for room and board and other medical services                                |
| <b>Hospice Care</b><br>Requires prior authorization             |   |  |
|   | 90% of CC after deductible  | 80% of R&C after deductible  |
| <b>Chiropractic Benefits</b>                                    |   |  |
|   | 80% of CC up to \$1,000 per year  | 80% of R&C up to \$1,000 per year  |
| <b>Hearing Aids</b>   |   |  |
| Covered every 2 years   | 90% of CC after deductible up to \$1,000 per aid (\$2,000 maximum benefit)  | 80% of R&C after deductible up to \$1,000 per aid (\$2,000 maximum benefit)  |
| <b>Temporomandibular Joint Dysfunction (TMJ)</b>                |   |  |
|   | 90% of CC after deductible Up to \$1,500 per person per lifetime  | 80% of R&C after deductible Up to \$1,500 per person per lifetime  |
| <b>Human Organ &amp; Tissue Transplant Benefit</b>              |   |  |
|   | 90% of CC after deductible up to scheduled amount based upon organ type   | 80% of R&C after deductible up to scheduled amount based upon organ type   |

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

## Prescription Drugs

|            |   |  |
|------------|---|--|
| Pharmacy   | 100% of CC after \$10 copayment for up to a 34-day supply when you use a participating pharmacy |  |
| Mail Order | 100% of CC after \$10 copayment for 90-day supply when you use a participating pharmacy         |  |

## Dental Benefits

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

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

## Optical Benefits

(Limited to one exam and one pair of corrective lenses every 18 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)

\$250 per month  
\$20,000 maximum benefit over an 80-month period

## Weekly Accident & Sickness Benefit

(Member only)

\$175 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

For single members or members who are enrolled as a family, have other available coverage and elect to waive this dependent coverage, an annual medical spending account of up to \$540 will be established for their use to offset out-of-pocket expenses

## Benefit Bank Weeks

You receive eight weeks Benefit Bank for the three-year period beginning April 1, 2000 through March 31, 2003

# 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.

|   |                |
|---|----------------|
| <b>Michigan Conference of Teamsters Welfare Fund Office</b> ..... | (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 |

|   |                |
|---|----------------|
| <b>Call for prior authorization of:</b> ..... | (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.

|   |                |
|---|----------------|
| <b>Call for prior authorization of:</b><br>Skilled nursing facility care..... | (800) 482-4040 |
|---|----------------|

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

|   |                |
|---|----------------|
| <b>Call for prior authorization of treatment for:</b> ..... | (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.

|   |                |
|---|----------------|
| <b>Call for prior authorization of:</b><br>All hospital admissions..... | (800) 445-6417 |
|---|----------------|

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

|   |                |
|---|----------------|
| <b>For prior authorization of Human Organ Transplant Procedures:</b><br>Have your physician or hospital call..... | (800) 242-3504 |
|---|----------------|

You may also call the toll free numbers listed above.

|  |                |
|--|----------------|
| <b>Call Blue HealthLine for 24-Hour Health Information</b> ..... | (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](http://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.

