SCHEDULE OF BENEFITS

Michigan Conference
of Teamsters Welfare Fund
Schedule of Benefits

SOA RETIREE

July 2001

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

Your benefits. If you are an eligible retired participant, the Michigan Conference of Teamsters Welfare Fund provides you and your eligible spouse with a benefit plan that includes important programs to help you meet your health and welfare needs.

Medical and pharmacy benefits are provided until you become eligible for Medicare. Generally, you are eligible for Medicare when you reach age 65. After that, you are eligible for pharmacy benefits only through the Affinity Rx Prescription Drug Program.

You must make the required self-payments for these benefits on a timely basis.

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 for your healthcare needs. In-Network physician services are provided through PPOM, L.L.C. When you receive services from a PPOM provider, you will experience lower out-of-pocket expenses.

When you use a provider that does not participate in a PPOM network, you will have higher out-of-pocket expenses and you will be responsible for paying 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 preauthorization 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.

Retiree Medical Program (Up to age 65 or Medicare Eligibility)	
Member contribution	Yes
Qualifying age	Age 57 to age 65 with certain prior plan participation requirements Age 50 to age 65 with certain prior plan participation requirements if you have at least 20 years of service
Benefits offered	Major Medical
Deductible	$100 per person per year
Per Year/Person out-of-pocket expense	$1,000
Maximum benefit per person per year	$150,000
Co-payment amounts	You pay 20% of the R&C amounts for the first $5,000 after your deductible is met The Plan pays 80% of the R&C amounts for the first $5,000 after your deductible is met The Plan pays 100% of eligible expenses in excess of $5,000
Benefits provided at above copayment amount include:	• 365 days of hospital room, board and miscellaneous charges • 730 days of coverage in an extended care facility • Home health care • Hospice care • Surgical expenses • Physician's charges • Maternity benefits including hospital, obstetrical, and pre- and post-natal care • Ambulance • X-rays and laboratory services • Anesthesia • Hospital emergency benefit

R&C means Reasonable and Customary Charges as described in your SPD

Retiree Medical Program (Up to age 65 or Medicare Eligibility)	
Nervous, Mental, Alcohol and Drug Abuse Benefit	
Inpatient Hospital Care	
Nervous and Mental	You pay 20% of the R&C amounts of the first $5,000 after your deductible is met The Plan pays 80% of the R&C amounts for the first $5,000 after your deductible is met The Plan pays 100% of eligible expenses in excess of $5,000 Up to 45 days per confinement
Substance Abuse	You pay 20% of the R&C amount of the first $5,000 after your deductible is met The Plan pays 80% of the R&C amounts for the first $5,000 after your deductible is met The Plan pays 100% of eligible expenses in excess of $5,000 Up to 45 days per confinement
Inpatient Non-hospital Care	
Nervous, Mental & Substance Abuse	50% to maximum of $5,000 per person per calendar year
Physician Inpatient & Out-patient	50% to maximum of 50 visits per person per calendar year
2nd & 3rd Medical Opinions	100% of R&C; deductible and copayment waived
Wellness	100% of R&C; deductible and copayment waived
Chiropractic Services	The plan pays 80% of R&C; up to $1,000 each calendar year
Prescription Drugs	You pay a $5 copayment for generic equivalents You pay a $15 copayment for brand name drugs. If you refuse generic equivalent, $15 plus difference in cost between brand and generic
Maximum supply	34-day supply through a pharmacy 90-day through mail-order program for maintenance drugs
TMJ Expenses	The plan pays 80% of R&C up to a lifetime $1,500 per person maximum
Affinity Rx Prescription Drug Program (After age 65)	
Member Contribution	Yes
Benefit Provided	$1,000 per year after your copayment of $5 for generic equivalents and $10 for brand-name drugs; if you refuse generic equivalent, $10 plus difference in cost between brand and generic

R&C means Reasonable and Customary Charges as described in your SPD

ELIGIBILITY

You establish your eligibility for Retiree Medical Program benefits under the SOA Retiree Plan at:

- Age 57 if you:
  - > Are a retiree; and
  - > Have had contributions under the Welfare Fund Plan that provided retiree coverage (either by an employer or self-contributions at the applicable COBRA rate) made on your behalf for at least 40 weeks in each of the five consecutive 52-week periods immediately before retirement or at least 40 weeks in seven out of the ten consecutive 52-week periods immediately before retirement; except that
  - > For periods while you performed seasonal work (see Definitions). Contributions under the Welfare Fund Plan that provided retiree coverage must have been made for an average of at least 40 weeks per 52-week period. For periods while you performed seasonal work (see Definitions), contributions under the Welfare Fund Plan that provided retiree coverage must have been made for an average of at least 40 weeks per 52-week period for five consecutive 52-week periods immediately before retirement, or, an average of at least 40 weeks per 52-week period for seven out of the ten consecutive 52-week periods immediately before retirement (the appropriate test will be applied pro rata based on the type of work in which you were engaged during the measuring period); or

- Age 50 if you:
  - > Have had contributions under the Welfare Fund Plan that provided retiree coverage (either by an employer or self-contributions at the applicable COBRA rate) made on your behalf for at least 40 weeks in each of the five consecutive 52-week periods immediately before retirement or at least 40 weeks in seven out of the ten consecutive 52-week periods immediately preceding retirement; except that
  - > For periods while you performed seasonal work (as defined under Definitions), contributions must have been made under the Welfare Fund Plan that provided retiree coverage for an average of at least 40 weeks per 52-week period for five consecutive 52-week periods immediately before retirement, or, an average of at least 40 weeks per 52-week period for seven out of the ten consecutive 52-week periods immediately before retirement (the appropriate test will be applied pro rata based on the type of work in which you were engaged during the measuring period); and
  - > Have worked at least 20 years under collective bargaining agreements with affiliated local unions of the International Brotherhood of Teamsters.

You are eligible if you meet the age requirements above and you are:

- Not eligible for Medicare coverage;
- Not engaged in Prohibited Employment;
- Apply for retiree benefits by filing an election form with the Welfare Fund Office within 90 days of your Retirement date; and
- Pay for your benefits by the 20th day of the month before the month for which you want coverage.

You may call the Welfare Fund Office at (313) 964-2400 to check on whether you are eligible for coverage under the SOA Retiree Plan. 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.

When coverage begins and ends. You and your spouse are covered under the Retiree Medical Program when your eligibility has been confirmed and you have paid your retiree contributions for coverage. All coverage ends when you do not pay for your coverage. Coverage also ends when you become eligible for Medicare, except pharmacy coverage through the Affinity Rx Prescription Drug Program.

Continuing your coverage through COBRA. Your spouse's coverage may be extended under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) in the event of your death or divorce while you are covered under the Plan. Depending on the situation, medical coverage may be continued for up to 36 months for your spouse. See page 6 of your Summary Plan Description booklet for additional information. For current payment rates for COBRA continuation, contact the Welfare Fund Office at (313) 964-2400. You may also call the Welfare Fund Office toll free at (800) 572-7687 in the Metro-Detroit area, (800) 824-3158 in Upstate Michigan or (800) 334-9738 Outside of Michigan.

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.

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; 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 websites to obtain up-to-date listings of In-Network hospital and health care providers.