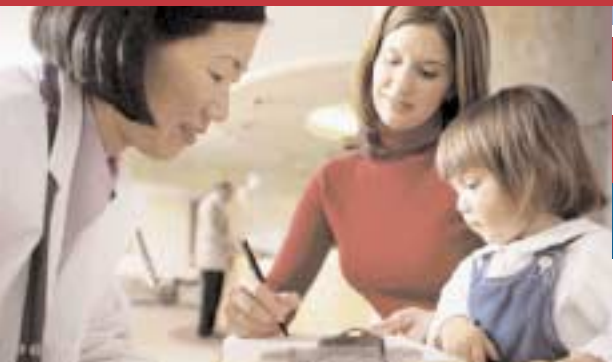


# SCHEDULE OF BENEFITS



Michigan Conference  
of Teamsters Welfare Fund  
Schedule of Benefits

**SOA Cafeteria**  
BDR5L

July 2001



# 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
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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
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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.

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

# 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.

## 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	\$100 Individual, \$200 Family Carryover: Eligible expenses in Oct. through Dec. that apply toward the annual deductible, may also be applied toward following year's deductible
Reimbursement	90% 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

<b>Cancer Benefit</b> (Outpatient treatment)	100% of CC copayment waived	100% of R&C deductible waived.
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<b>Hospital Expenses</b>	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
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<b>Hospital Emergency Benefit</b>	100% of CC if it meets the criteria described in SPD	100% of R&C if it meets the criteria described in SPD
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<b>Ambulance</b> Ground/Air/Water	100% of CC	100% of R&C
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<b>Physician Charges</b> Office	100% of CC after \$10 copayment	80% of R&C after deductible
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Hospital Outpatient Clinic Visit	100% of CC after \$15 copayment	80% of R&C after deductible
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Inpatient	100% of CC	80% of R&C after deductible
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<b>Surgical Benefits</b>	100% of CC	100% of R&C
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<b>Maternity Benefits</b> Member/Spouse only Pre/Post-Natal Delivery	100% of CC after \$10 copayment for initial visit	100% of R&C
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<b>Anesthesia</b>	100% of CC	100% of R&C
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<b>X-ray</b>	100% of CC	100% of R&C
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<b>Laboratory Tests:</b> Fluids/Pathology/ Diagnostic Tests	100% of CC	100% of R&C
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CC means Contracted Charges as described in your SPD

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

Benefit	In-Network	Out-of-Network
<b>Mammography Screening</b>	100% of CC copayment waived	100% of R&C deductible waived
<b>Physical Exam/GYN Exam</b>	100% of CC copayment waived	100% of R&C deductible waived
<b>Pap Smear Screening</b>	100% of CC copayment waived	100% of R&C deductible waived
<b>Well Child Exam</b>	100% of CC copayment waived	100% of R&C deductible waived
<b>Child Immunizations</b>	100% of CC copayment waived	100% of R&C deductible waived
<b>Mental &amp; Nervous</b> Requires prior authorization		
<b>Inpatient</b>		
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
<b>Outpatient</b>		
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
<b>Substance Abuse</b> Requires prior authorization		
<b>Inpatient</b>		
Hospital 42 days per lifetime	100% of CC	100% of R&C
Physician	100% of CC after \$15 copayment	50% of R&C amounts
<b>Outpatient</b>		
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
<b>Home Health Care</b> Requires prior authorization	90% of CC	80% of scheduled amount after deductible
<b>Skilled Nursing Facility</b> 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	
<b>Hospice Care</b> Requires prior authorization	100% of CC	100% of R&C
<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	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)
<b>Temporomandibular Joint Dysfunction (TMJ)</b>	Depending on services, 90% 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
<b>Human Organ &amp; Tissue Transplant Benefit</b>	100% up to scheduled amount based upon organ type	100% up to scheduled amount based upon organ type
<b>Prescription Drugs</b>		
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
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## 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
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## Optical Benefits

(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	\$50,000
Spouse	\$3,000
Children (Birth up to age 19)	\$1,500

**Accidental Death & Dismemberment**  
(Member only) \$50,000 (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) \$375 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

## Retiree Benefits

**Major Medical/ Prescription Drugs**  
(Up to age 65) Participants must qualify for benefits  
Member contribution required age 50 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)

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.