



**Michigan Conference of Teamsters Welfare Fund  
Plan 122 (D&O 1)  
SUMMARY SCHEDULE OF BENEFITS**

Benefit	Delta Dental Premier Network	Delta Dental PPO Network	Non-Delta Dental Network
<b>Dental Plan 1</b>	<b>Dental:</b> Class I & II covered in full; Class III 85% of contracted amount. Annual maximum \$2,000 per person. <b>Orthodontic:</b> 85% of contracted amount up to \$3,500 lifetime per adult/child.	<b>Dental:</b> Class I & II covered in full; Class III 90% of contracted amount. Annual maximum \$2,100 per person. <b>Orthodontic:</b> 85% of contracted amount up to \$3,500 lifetime per adult/child.	<b>Dental:</b> Class I & II 100% of MAB*; Class III 85% of MAB*. Annual maximum \$2,000 per person. <b>Orthodontic:</b> 50% of MAB* up to \$2,000 lifetime per child.
Benefit	DeltaVision Network	Non-DeltaVision Network	
<b>Optical</b>	One exam and one vision correction option per person per calendar year. Exam 100% of contracted amount. Frames up to \$125. 100% of contracted amount for pair of single, bifocal or trifocal lenses. Up to \$120 for contact lenses. Up to \$250 per eye per lifetime for laser vision correction	One exam and one vision correction option per person per calendar year. Exam up to \$50. Frames up to \$75. Up to \$50 for pair of single lenses, up to \$60 for pair of bi-focal lenses, up to \$70 for pair of trifocal lenses and up to \$80 for contact lenses. Up to \$250 per eye per lifetime for laser vision correction	
Benefit	Coverage		
<b>Dependent Coverage</b>	Through 18 years old. Full time student 19 through 23 years old.		

\* MAB – Maximum Allowable Benefit is the portion of the amount billed by a non-network provider and established as the Plan’s maximum payable amount subject to deductibles, coinsurance and co-payments.

This document is intended to provide brief descriptions of the most common benefits. For a comprehensive description of all benefits, please refer to your [Summary Plan Description](#) booklet, Schedule of Benefits and *Messengers* (or [Messenger Compilation](#)).

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