



**Michigan Conference of Teamsters Welfare Fund  
Plan 123 (D&O 1S)  
SUMMARY SCHEDULE OF BENEFITS**

| Benefit                   | DenteMax Network   | Non-DenteMax Network   |
|---------------------------|--|--|
| <b>Dental Plan 1</b>      | Class I & II 100%.<br>Class III 85% of contracted amount.<br>Annual Maximum: \$2,000 per person.<br><b>Orthodontic:</b> 85% of contracted amount up to \$3,500 lifetime per adult/child.   | Class I & II 100% of MAB**.<br>Class III 85% of MAB**.<br>Annual* Maximum: \$2,000 per person.<br><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.<br>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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