



**Michigan Conference of Teamsters Welfare Fund
Plan 150 (D&O 2S)
SUMMARY SCHEDULE OF BENEFITS**

Benefit	DenteMax Network	Non-DenteMax Network
Dental Plan 2	Class I 100%. Class II 100% after deductible. Class III 85% of contracted amount after deductible. Deductible: \$50 individual and \$100 family annual* deductible for Class II & III services. Annual Maximum: \$1,500 per person.	Class I 100% of MAB**. Class II 100% of MAB** after deductible. Class III 85% of MAB** after deductible. Deductible: \$50 individual and \$100 family annual* deductible. Annual Maximum: \$1,500 per person.
Benefit	DenteMax Network	Non-DenteMax Network
Optical	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 bifocal 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	
Dependent Coverage	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](#)). October 2008