



Michigan Conference of Teamsters Welfare Fund

Plan 328

SUMMARY SCHEDULE OF BENEFITS

Benefits	BCBS PPO Network	Non BCBS PPO Network	
TIF2 Medical Lifetime Maximum	\$2,000,000 per person	\$2,000,000 per person	
Basic Benefits – Annual Out-of-Pocket Coinsurance Maximum	\$750 individual \$1,500 family	\$1,500 individual \$3,000 per family; applies to specific benefits. Refer to your SPD.	
Hospital Expenses	80% of contracted amount up to 365 days \$250 inpatient copay; \$50 emergency copay.	70% MAB* up to 365 days. \$250 inpatient copay; \$50 emergency copay.	
Physician Surgical Expenses, Diagnostic Imaging, Laboratory Tests and Maternity Care	80% of contracted amount	70% of MAB*	
Chiropractic	80% of contracted amount up to \$1,000 per person, per calendar year	60% of MAB* up to \$1,000 per person, per calendar year	
Mental & Nervous Disorders and Substance Abuse Treatment (must receive prior authorization)	Inpatient Hospital: 45 days per person per calendar year. 80% of contracted amount after \$250 copay per admission. Inpatient Physician: 80% of contracted amount up to 50 visits annually combined with in/out mental & nervous and substance abuse. Outpatient Physician: \$15 copay; 50 visits annually combined with in/outpatient mental & nervous and substance abuse.	Inpatient Hospital: 45 days per person per calendar year. 70% MAB* covered after \$250 copay per admission. Inpatient Physician: 50% MAB* covered up to 50 visits annually combined with in/out mental & nervous and substance abuse. Outpatient Physician: 50% MAB* up to 50 visits annually combined with in/outpatient mental & nervous and substance abuse.	
Physicians Charges	Inpatient: Covered 80% of contracted amount Office Visits: \$20 copay	60% of MAB* Inpatient and office visits	
Wellness	Covered in full; copay waived.	Reimbursement based on applicable non-wellness benefit amount	
Extended Benefits Includes but not limited to: Injections, immunizations, etc.	\$250,000 annual \$1,000,000 lifetime per person with up to \$5,000 restored annually. No annual deductible; 80% of contracted amount. Annual coinsurance out-of-pocket maximum \$1,500/individual and \$3,000/family	\$250,000 annual \$1,000,000 lifetime per person with up to \$5,000 restored annually. \$100 individual, \$200 family annual deductible; 70% of MAB*. Annual coinsurance out-of-pocket maximum \$3,000 /individual and \$6,000/family	
Benefit	Delta Dental Premier Network	Delta Dental PPO Network	Non-Delta Dental Network
Dental Plan 1	Dental: Class I & II covered in full; Class III 85% of contracted amount. Annual maximum \$2,000 per person. Orthodontic: 85% of contracted amount up to \$3,500 lifetime per adult/child.	Dental: Class I & II covered in full; Class III 90% of contracted amount. Annual maximum \$2,100 per person. Orthodontic: 85% of contracted amount up to \$3,500 lifetime per adult/child.	Dental: Class I & II 100% of MAB*; Class III 85% of MAB*. Annual maximum \$2,000 per person. Orthodontic: 50% of MAB* up to \$2,000 lifetime per child.
Benefit	DeltaVision Network		Non-DeltaVision 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 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		
Prescription Drugs	Participating Retail: Up to 34 day supply, covered in full after \$5 copay for generic and \$15 copay for brand name drugs. 90 day supply covered in full after \$10 copay for generic and \$30 copay for brand name drugs. Participating Mail Order: Up to 90 day supply. Covered in full after \$10 copay for generic and \$30 copay on brand name drugs.		
Death and Accidental Death & Dismemberment (AD&D)	Participant: \$30,000 Death and up to \$30,000 AD&D Spouse: \$3,000 Death Children (birth to 19): \$1,500 Death		
Total & Permanent Disability (participant only)	\$250 per month; \$20,000 maximum over an 80-month period.		
Weekly Accident & Sickness (participant only)	\$250 per week up to 26 weeks; benefits remain in effect while collecting		
Benefit Bank Weeks	Receive 6 benefit bank weeks for the period of 4/1/06 through 3/31/09		
Retiree Medical Program	Must qualify; contribution required. See SPD for details.		
Dependent Coverage	Medical through 18 years old. Full time student 19 through 23 years old.		
	Dental through 18 years old. Full time student 19 through 23 years old.	Dental through 18 years old; no orthodontic after age 18. Full time student 19 through 23 years old.	

* MAB – Maximum Allowable Benefit is the portion of the amount billed by an out-of-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](#)).