



SCHEDULE OF BENEFITS



Michigan Conference
of Teamsters Welfare Fund
Schedule of Benefits

TIF2

July 2006



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, hospitals and dentists for your healthcare needs. In-Network physician services are provided through the Blue Cross Blue Shield (BCBS) PPO nationwide network for hospital and physician services with benefits paid at network levels. You may also use a BCBS Traditional or MultiPlan network provider subject to non-network limitations without any balance billing exposure. Prescription drug services are provided through Blue Cross Blue Shield under their nationwide network. In-Network dental services are provided through Delta Dental of Michigan under the Delta Premier nationwide network of providers. When you receive services from a BCBS PPO, or Delta Dental of Michigan provider, you will experience little or no out-of-pocket expenses.

In-Network mental health and substance abuse services are provided by Value Options and must first be prior authorized by calling Value Options at 800-457-8540.

When you use a provider that does not participate in the BCBS PPO or Traditional network, MultiPlan network, Delta Dental of Michigan network, or Value Options network, you will have higher out-of-pocket expenses and will be responsible for any amounts over and above the Plan's reimbursement.

You may visit the MCTWF's website at www.mctwf.org to link to the BCBS, MultiPlan and Delta Dental websites to obtain up-to-date listings of network health care providers, hospitals and dental providers

BENEFIT DETAILS

The following chart highlights the benefits provided as of July 30, 2006. 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 Customer Service Department at (313) 964-2400. You may also call toll free at (800) 572-7687.

Benefit	In-Network	Out-of-Network
Medical Benefits		
Lifetime Maximum	\$2,000,000 per person all benefits combined	\$2,000,000 per person all benefits combined
Basic Benefits		
Reimbursement	80% of CC	70% of MAB
Out-of-Pocket Maximum	\$750* per individual \$1,500* per family	\$1,500* per individual \$3,000* per family
Extended Benefits		
Dollar Maximum	\$250,000 annual/\$1,000,000 lifetime per person with up to \$5,000 restored each January 1st	\$250,000 annual/\$1,000,000 lifetime per person with up to \$5,000 restored each January 1st
Annual Deductible	None	\$100 Individual; \$200 Family
Reimbursement	80% of CC	70% of MAB amounts
Additional Services & Supplies Benefit		
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 MAB
Hospital Expenses		
	80%* of CC after \$250 copay for up to 365 days semi-private	70%* of MAB after \$250 copay for up to 365 days semi-private
Hospital Emergency Benefit		
	80%* of CC after \$50 copay (waived if admitted) if meets the criteria described in SPD	80% of MAB* after \$50 copay (waived if admitted) if meets the criteria described in SPD
Ambulance		
Ground/Air/Water	80%* of CC	80%* of MAB
Physician Charges		
Office	\$20 co-pay	60%* of MAB
Hospital Outpatient Clinic Visit	80%* of CC	60%* of MAB
Inpatient	80%* of CC	60%* of MAB
Surgical Benefits		
	80%* of CC	70%* of MAB
Maternity Benefits		
Member/Spouse only Pre/Post-Natal Delivery	80%* of CC	70%* of MAB
Anesthesia		
	80%* of CC	70%* of MAB
X-ray		
	80%* of CC	70%* of MAB

CC means Contracted Charges as described in your SPD

MAB means Maximum Allowable Benefit Charges as described in your SPD

* The coinsurances for these services apply toward the out-of-pocket maximum

Benefit	In-Network	Out-of-Network
Laboratory Tests: Fluids/Pathology/ Diagnostic Tests	80%* of CC	70%* of MAB
Wellness Mammography Screening	100% of CC	70%* of MAB
Wellness Physical Exam/GYN Exam	100% of CC	60%* of MAB
Wellness Pap Smear Screening	100% of CC	70%* of MAB
Well Child Exam	100% of CC	60%* of MAB
Wellness Child Immunizations	100% of CC	70%* of MAB
Mental Health & Substance Abuse		
Requires prior authorization		
Inpatient		
Hospital	45 days covered at 80%* of CC after \$250 co-pay per admission, per person per calendar year	45 days covered at 70%* of MAB after \$250 co-pay per admission, per person per calendar year
Physician	80% of CC up to 50 visits per year combining in/out mental health & substance abuse treatment.	50% of MAB up to 50 visits per year combining in/out mental health & substance abuse treatment.
Outpatient	100% of CC after \$15 copayment up to 50 visits per year combined with in/out mental health and substance abuse treatment	50% of MAB up to 50 visits per year combined in/out mental health and substance abuse treatment
Home Health Care		
Requires prior authorization		
Skilled Nursing Facility	80%* of CC after deductible for eligible expenses for room and board and other medical services	80%* of MAB after deductible for eligible expenses for room and board and other medical services
Hospice Care		
Requires prior authorization		
Chiropractic Benefits	80% of CC up to \$1,000 per person per calendar year	60% of MAB up to \$1,000 per person per calendar year
Hearing Aids Covered every 2 years	80%* of CC up to \$1,000 per person per aid.	80%* up to \$1,000 per person per aid.
Temporomandibular Joint Dysfunction (TMJ)	80% of CC up to \$1,500 per person per lifetime. Coinsurance may apply to out of pocket maximum	70% of MAB up to \$1,500 per person per lifetime. Coinsurance may apply to out of pocket maximum
Human Organ & Tissue Transplant Benefit	80%* of CC up to scheduled amount based upon organ type	70%* of MAB up to scheduled amount based upon organ type
Prescription Drugs		
Retail	100% of CC for up to 34-day supply. Generic: \$5 copay. Brand: \$15 copay	
BCBS 90-day Retail	100% of CC for up to 90-day supply. Generic: \$10 copay. Brand: \$30 copay	
Mail Order	100% of CC for up to 90-day supply. Generic: \$10 copay. Brand: \$30 copay	

CC means Contracted Charges as described in your SPD

MAB means Maximum Allowable Benefit Charges as described in your SPD

* The coinsurances for these services apply toward the out-of-pocket maximum

Benefit	In-Network	Out-of-Network
Dental Benefits		
Non-Orthodontic Services Annual Maximum	\$2,000 per person	\$2,000 per person
Class I & II	Covered in full	100% of fee schedule
Class III	85% of CC	85% copay of fee schedule
Orthodontics	85% of CC for children and adults up to \$3,500 per person lifetime	50% of MAB up to \$2,000 per person lifetime children only through age 18 years
Retiree Benefits		
(Up to age 65) Age 50 and over/Must Qualify Contribution Required Participant & Spouse Only	85% of CC after \$100 annual patient deductible. 15% copay up to \$1,000 per person per calendar year (excluding chiropractic and mental health & substance abuse copays). \$150,000 maximum benefit per person per calendar year.	75% of MAB after \$100 annual patient deductible. 25% copay up to \$2,000 per person per calendar year (excluding chiropractic and mental health & substance abuse copays). \$150,000 maximum benefit per person per calendar year.

Benefit	Coverage
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	\$30,000
Spouse	\$3,000
Children (Birth up to age 19)	\$1,500
Accidental Death & Dismemberment	
(Member only)	\$30,000 (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)	\$250 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 participants or participants who are enrolled as a family, have other available coverage and elect to waive their dependent coverage, an annual medical spending account of up to \$540 for single participants and \$1,200 for family participants will be established for their use to offset out-of-pocket expenses, i.e. copays or deductibles
Benefit Bank Weeks	
	You receive six weeks Benefit Bank every three-year period beginning April 1, 2006 through March 31, 2009, and each period thereafter as approved by the Trustees

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, benefits, locate an in-network provider, or to check the status of your claim.

Michigan Conference of Teamsters Welfare Fund Office..... (313) 964-2400
Toll free..... (800) 572-7687

Providers must call for prior authorization of:..... (313) 964-2400

Blepharoplasty & Ptoisis Repair; Upper Lid	Hospice	ext. 428
Breast Reconstruction	Home Health Care	
Breast Reduction	PET Scan	
Durable Medical Equipment - Purchase		
Growth Hormone Stimulation		

No benefits will be paid if your provider does not call to obtain prior authorization

Call for prior authorization of:

Skilled nursing facility care..... (800) 482-4040

Provider must call to obtain prior authorization.

Call for prior authorization of treatment for:..... (800) 457-8540

Mental health and substance abuse conditions

Treatment of mental health and substance abuse conditions will not be covered if you do not obtain prior authorization before receiving treatment.

For prior authorization of Human Organ Transplant Procedures:

Have your physician or hospital call..... (800) 242-3504

Claims Anti-Fraud Hotlines

Medical and Optical Claims..... (800) 637-6907

Dental Claims..... (800) 524-0147

Blue Cross Blue Shield Claims..... (800) 482-3787

BlueHealthConnection 24-Hour Health Coach Hotline (800) 775-Blue (2583)

Please note that BlueHealthConnection is not a 911 emergency line. In an emergency call 911.

To Locate a Participating Provider After Hours:

Blue Cross Blue Shield..... (800) 810-Blue (2583)

MultiPlan..... (800) 672-2140

Value Options..... (800) 457-8540

Delta Dental (800) 524-0149