

Michigan Conference of Teamsters Welfare Fund
REQUIREMENTS FOR NEWLY PARTICIPATING GROUPS

Before consideration of MCTWF participation and before the Employer's effective date, the Local Union or Employer is required to provide the Fund with the following –

- COMPLETED AND SIGNED PARTICIPATION AGREEMENT (must be a minimum three years) with signatures from the Local Union and the Employer.
- COPY OF THE COLLECTIVE BARGAINING AGREEMENT (CBA) signed by the Local Union and the Employer. If the Local Union is unable to provide a copy of the completed CBA, a letter to the Fund from the Local Union is required. The letter must include the following:
 - Name of the Employer, the effective and expiration date of the CBA.
 - Statement that once the contract is completed, a copy will be forwarded to the Fund.
 - The workmen's compensation and illness obligation, layoff recall rights, new hire probation period and the post-probation contribution requirement, as stated in the CBA.
 - Confirmation that the following requirements are stated in the Health & Welfare provision of the CBA:
 - Will contribute on behalf of a participant whose absence from the job is due to an off-the-job injury/illness for the *lesser of* (1) 4 weeks following the week in which the injury/illness occurred, *or* (2) the duration of the off-the-job injury/illness related absence;
 - Will contribute on behalf of a participant whose absence from the job is due to an on-the-job injury/illness (i.e. eligible for workers' comp) for the *lesser of* (1) 26 weeks following the week in which the injury/illness occurred, *or* (2) the duration of the on-the-job injury/illness-related absence;
 - Will contribute for each week on behalf of a participant who worked or is compensated for any portion of the contribution week;
 - Will contribute on behalf of a participant whose absence from the job is due to military duty for the *first 4 weeks* following the week in which military duty commenced; and
 - Other than those Employees who have received written approval from the Fund to opt out of Fund participation, the entire bargaining unit group must participate in its designated plan of benefits. The same is true of any non-bargaining unit group.
- COMPLETE LISTING OF EMPLOYEES with social security numbers, addresses, dates of birth and employment status (i.e., active, layoff, illness, workers' compensation, probation, personal leave). If contributions are not being made on all listed employees, those individuals must be identified along with the reason for non-payment.

The employee is required to timely submit to the Fund the following –

- COMPLETED ENROLLMENT CARD, signed and dated.
- ADDITIONAL DOCUMENTS, when requested by the Fund office in writing, to enroll eligible dependents (e.g. marriage certificates, divorce papers, adoption papers, full time student verification papers, etc.)

PART 1: GENERAL EXCLUSIONS AND LIMITATIONS

The following are not Covered under your MCTWF Plan:

- injury or Illness arising in the course of employment that is Covered under any workers' compensation or occupational disease law or other state law or other insurance, except in the case where the Employer or workers' compensation carrier reverses its initial determination and denies further benefits;
- expenses incurred for care of injuries or Illnesses due to war or war-related acts;
- any expenses you incur that you are not legally required to pay;
- based upon Michigan's No-Fault automobile insurance laws providing for comprehensive health care benefits to any person(s) suffering an injury or Illness as a result of an automobile Accident in Michigan or those who are covered by Michigan No-Fault automobile insurance and suffer an injury or Illness in an out-of-state (but within the United States, its territories and possessions or in Canada) automobile-related Accident, no medical benefits will be paid by your MCTWF Plan for auto-related injuries or Illnesses (this does not include motorcycle Accidents not involving an automobile);
- if you reside outside the State of Michigan and suffer an injury or Illness resulting from an automobile Accident outside the state of Michigan you will not be eligible for any medical benefits under any MCTWF Plan (this does not include motorcycle Accidents not involving an automobile) if such benefits are payable or required to be covered under other insurance or applicable state law. If your auto-related injury or Illness is not covered under Michigan's No-Fault automobile insurance laws or other similar No-Fault state laws, MCTWF will provide benefits pursuant to a signed MCTWF *Assignment, Subrogation and Reimbursement Agreement*, contingent upon the submission of proof that benefits have been exhausted through the automobile carrier;
- in such cases where other medical coverage is available, no MCTWF Plan benefits will be paid for automobile-related injury or Illness on your behalf if you are the operator or occupant of a rental vehicle;
- any surgery or medical care or service furnished by any facility contracted for or operated by the United States Government or by any other governmental unit for medical care or treatment unless a charge is made that you are legally required to pay;
- charges for completing claim forms or missed appointments;
- claims made for benefits beyond fifteen months from the date the expense was incurred (i.e., the date services were rendered);
- injury or Illness suffered while in the armed forces of the United States;
- in such case where a Retiree Medical Program Participant and/or his Spouse, or a COBRA beneficiary becomes eligible for Medicare coverage, no MCTWF Plan benefits will be paid; and
- repair or replacement made necessary because of loss or damage due to misuse, mistreatment or theft.

LIVE



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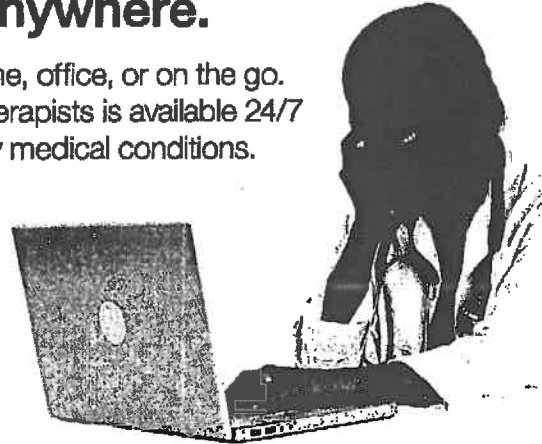
With MDLIVE, you can visit with a doctor from your home, office, or on the go. Our network of Board Certified doctors and licensed therapists is available 24/7 by phone or secure video to assist with non-emergency medical conditions.



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Doctor visits are easier than ever with the new MDLIVE Mobile App!



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When should I use MDLIVE?

- Instead of going to the ER or an urgent care center for a non-emergency issue
- During or after normal business hours, nights, weekends and even holidays
- If your primary care physician is not available
- To request prescription refills when appropriate. See prescription policy*
- If traveling and in need of medical care

What can be treated?

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Constipation
- Diarrhea
- Ear Infection
- Fever
- Headache
- Insect Bite
- Joint Aches
- Nausea
- Rashes
- Sinus Infection
- Sore Throat
- UTI
- And more!

Behavioral Health care issues related to:

- Marriage
- Parenting and childcare
- Alcohol and Substance Abuse
- Legal and Financial Difficulties
- Relationship Problems
- Sleep Disorders
- Smoking Addiction
- Other personal challenges
- And More!

Who are our doctors?

MDLIVE has the nation's largest network of doctors for telehealth services. On average, our doctors have 15 years of experience practicing medicine and are licensed in the state where patients are located. Their specialties include primary care, pediatrics, emergency medicine and family medicine. Our doctors are committed to providing convenient, quality care and are always ready to take your call.

Are my children eligible?

Yes. MDLIVE has pediatricians on call 24/7/365. Please note, a parent or guardian must be present during any interactions involving minors.


How much does it cost?

Your cost is free, \$0 per consultation until 3/31/2016.



 MDLIVE.com/mctwf

 1-888-632-2738

 mdlive.com/getapp

Disclaimers: MDLIVE does not replace the primary care physician. MDLIVE operates subject to state regulation and may not be available in certain states. *MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. For complete terms of use visit www.mdlive.com/consumer/terms.html 010113

Michigan Conference of Teamsters Welfare Fund



Schedule of Benefits Benefit Package 837

Date Inquired About: 4/30/2015
Today's Date: 4/30/2015

Effective April 2015



Michigan Conference of Teamsters Welfare Fund (MCTWF)
Benefit Package 837
SCHEDULE OF BENEFITS

New SOA Medical Benefit	BCBS PPO Network	Non-BCBS PPO Network
Annual Deductible	None	None
Annual Out of Pocket Maximum includes medical copay and coinsurance amounts.	\$2,000 per family	\$4,000 per family
MCTWF complies with the Affordable Care Act out-of-pocket cost limits*		
In-Patient Hospital Expenses	Covered 100% of CC after \$250 copay for up to 365 days semi-private room or private room if medically necessary	Covered 90%** of MAB after \$250 copay for up to 365 days semi-private room or private room if medically necessary
Hospital Emergency Expenses (must meet criteria)	Covered 100% of CC after \$75** copay (waived if admitted)	Covered 100% of MAB after \$75** copay (waived if admitted)
Mental Health & Substance Use Disorder Benefits (must receive prior authorization for inpatient services by calling BCBS at 800-762-2382)	Inpatient Hospital: Covered in full after \$250 copay per admission. Inpatient Physician: Covered in full Outpatient Physician: \$15** copay	Inpatient Hospital: Covered 100% of MAB after \$250 copay per admission. Inpatient Physician: Covered 60%** of MAB Outpatient Physician: Covered 60%** of MAB
Surgical Expenses	Covered 100% of CC	Covered 90%** of MAB
Specified Organ Transplant Program Expenses	Covered 100% of CC. Must use a designated facility.	Covered 100% of CC. Must use a designated facility.
Maternity Expenses Pre/Post Natal Delivery	Covered 100% of CC	Covered 90%** of MAB
Anesthesia Expenses	Covered 100% of CC	Covered 90%** of MAB
Ambulance Expenses Ground/Air/Water	Covered 100% of CC	Covered 100% MAB
X-ray and Diagnostic Testing Expenses	Covered 100% of CC	Covered 90%** of MAB
Laboratory Expenses Fluids/Pathology/Diagnostic Tests	Covered 100% of CC	Covered 90%** of MAB
Physician Charges Inpatient	Covered 100%** of CC	Covered 60%** of MAB
Outpatient Primary Care Visit	\$15** copay	Covered 60%** of MAB
Outpatient Specialist Visit	\$30** copay	Covered 60%** of MAB
Outpatient Urgent Care Visit	\$35** copay	Covered 60%** of MAB
MDLIVE Telehealth Consultation	\$10** copay	Not Covered
Wellness Benefit Physical / GYN Exam / Well Child Exam	Covered 100% of CC	Covered 60%** of MAB
Wellness Benefit Pap Smear Screening & Mammogram Screening	Covered 100% of CC	Covered 90%** of MAB
Wellness Benefit Child Immunization / Adult Flu Vaccination	Covered 100% of CC	Covered 80%** of MAB
Injection Expenses	Covered 90%** of CC	Covered 80%** of MAB
Chiropractic Expenses	24 spinal manipulations per person annually covered 80% of CC. One mechanical traction per day only with spinal manipulation covered under <i>Physical, Speech & Occupational Therapy Expenses</i> . One "new patient" office visit every 36 months and one "established patient" office visit annually, per chiropractor, covered under <i>Physician Charges - Outpatient/Office Visit</i> .	24 spinal manipulations per person annually covered 70% of MAB. One mechanical traction per day only with spinal manipulation covered under <i>Physical, Speech & Occupational Therapy Expenses</i> . One "new patient" office visit every 36 months and one "established patient" office visit annually, per chiropractor, covered under <i>Physician Charges - Outpatient/Office Visit</i> .
Hearing Aid Expenses	Covered 100% of CC, up to \$1,000 per person, per aid every 2 years	Covered 100% of MAB, up to \$1,000 per person, per aid every 2 years
Outpatient Cancer Treatment (e.g. chemotherapy & radiation therapy)	Covered in full Copayment and coinsurance waived	100% of MAB Coinsurance waived
Physical, Speech & Occupational Therapy Expenses	Covered 75%** of CC	Covered 65%** of MAB
Home Health Care Expenses	Covered 90%** of CC	Covered 90%** of MAB
Skilled Nursing Facility Expenses	100% eligible expenses for room and board and other medical services up to 730 days reduced by 2 times the number of days in hospital.	100% eligible expenses for room and board and other medical services up to 730 days reduced by 2 times the number of days in hospital.

Hospice Care Expenses	Covered 100% of CC	Covered 100% of MAB
Durable Medical Equipment and Medical Supplies Expenses	Covered 90%** of CC	Covered 90%** of MAB
Prosthetic Devices and Orthotics Expenses	Covered 75%** of CC	Covered 75%** of MAB
Survivor Health Benefits	Provides up to 36 months of free medical and prescription drug coverage for eligible spouses and dependent children of participants who die while actively covered under a MCTWF medical benefits package. Coverage will mirror the benefits provided to the deceased participant's MCTWF participating group.	Provides up to 36 months of free medical and prescription drug coverage for eligible spouses and dependent children of participants who die while actively covered under a MCTWF medical benefits package. Coverage will mirror the benefits provided to the deceased participant's MCTWF participating group.
New Rx! Prescription Drug Benefit	Caremark Pharmacy Network	
	Covered in full after the below applicable copay at a participating retail or mail order pharmacy.	
	Retail & Mail Up to 34 days	Retail 90 & Mail 35 - 60 days
	Retail 90 61 - 90 days	Mail 61 - 90 days
Generic	\$5 copay	\$10 copay
Preferred Brand	\$15 copay	\$30 copay
Non-Preferred Brand	\$30 copay	\$60 copay
	\$15 copay	\$45 copay
	\$30 copay	\$90 copay
Other Benefit(s)	Coverage	
Benefit Bank Weeks	Receive 6 benefit bank weeks for the period of 4/1/15 through 3/31/18.***	

CC (Contracted Charges) means the agreed upon fees between MCTWF and in-network providers.

MAB (Maximum Allowable Benefit) means the portion of the amount billed by an out-of-network provider that has been established as the benefit package maximum payable amount, subject to deductible, coinsurance and co-payments.

* In accordance with the Affordable Care Act, effective January 1, 2015, all MCTWF Actives Plan medical and prescription drug benefits combined in-network out-of-pocket costs are subject to calendar year limits. Out-of-pocket costs refer to deductibles, copay and coinsurance amounts (but not contribution payments, or out-of-network cost-sharing or balance bill payments). Once a calendar year limit is reached, coverage must be provided for the balance of the year without further out-of-pocket costs for in-network medical and prescription drug benefits. The limits for 2015 are \$6,600 per individual and \$13,200 per family. Member accumulations toward these statutory out-of-pocket cost limits are tracked on each MCTWF Explanation of Benefits (EOB) form and in each MCTWF *Participant Portal* account.

** The co-payments and/or coinsurance payments for these services apply toward the annual out-of-pocket maximum.

*** Participant receives the noted 6 weeks except in cases where a different arrangement was approved by MCTWF, or the participant is contributed on under a MCTWF benefit package with seasonal eligibility requirements, in which case they do not receive benefit bank weeks.

If you reside in the State of Michigan, no benefits will be paid under your MCTWF benefit package for auto-related accidental injuries or illnesses based upon Michigan's No-Fault automobile insurance law [providing for comprehensive health care benefits to any person(s) suffering an accidental injury or illness as a result of an automobile accident in Michigan or those who are covered by Michigan No-Fault automobile insurance and suffer an accidental injury or illness in an out-of-state (but within the United States, its territories and possessions or in Canada) automobile-related accident.]

If you reside outside the State of Michigan, no benefits will be paid under your MCTWF benefit package for auto-related accidental injuries or illnesses if such benefits are payable or required to be covered under other insurance or applicable state law. If your auto-related accidental injury or illness is not covered under Michigan's No-Fault automobile insurance law or other similar No-Fault state laws, MCTWF will provide benefits pursuant to a signed MCTWF benefit package Assignment, Subrogation and Reimbursement Agreement, contingent upon the submission of proof that benefits have been exhausted through the automobile carrier.

If you are the operator or occupant of a rental vehicle and other medical coverage is available, no MCTWF benefits will be paid for auto-related accidental injuries or illnesses.

This Schedule of Benefits is not a full statement of covered services under your benefit package. As a general rule, all procedures or services not deemed experimental by the medical community are covered. Contact MCTWF's Member Services Call Center for any benefit questions you may have.

Michigan Conference of Teamsters Welfare Fund
 2700 Trumbull Avenue, Detroit, Michigan 48216
 (313) 964-2400 or (800) 572-7687
 Alternative Outage Number (800) 209-1150
 www.mctwf.org

Michigan Conference of Teamsters Welfare Fund

Serving Teamsters Families since 1949

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 Ronald E. Holzgen
 Kevin D. Moore
 Paul M. Kozicki

2700 Trumbull Avenue, Detroit, Michigan 48216

(313) 964-2400
 www.mctwf.org

Executive Director
 Richard Burk

EMPLOYER TRUSTEES

Raymond J. Buratto
 Earl D. Ishbia
 Robert W. Jones
 José C. Rosario

* Composite Rates Tiered Rates *

Benefit Design 1

Benefit OPTION	BENEFIT LEVEL	TIER 1 EMPLOYEE ONLY	TIER 2 EMPLOYEE PLUS ANY CHILDREN	TIER 3 EMPLOYEE PLUS SPOUSE	TIER 4 FAMILY
Effective Date 03/30/2014					
Base Medical Benefits	New SOA (See Summary Detail)	\$108.60	\$217.20	\$260.75	\$325.85
Benefit Rider	Cancer Rider (R2)	\$0.30	\$0.60	\$0.70	\$0.90
Prescription Drug Benefits	New Rx1 (See Summary Detail)	\$25.70	\$51.40	\$61.65	\$77.05
Package #37	View SBC* Total Weekly Rate Eff. 03/30/14	\$134.60	\$269.20	\$323.10	\$403.80
Effective Date 03/29/2015					
Base Medical Benefits	New SOA (See Summary Detail)	\$119.05	\$238.10	\$285.75	\$357.15
Benefit Rider	Cancer Rider (R2)	\$0.30	\$0.60	\$0.75	\$0.95
Prescription Drug Benefits	New Rx1 (See Summary Detail)	\$24.15	\$48.30	\$57.95	\$72.45
Package #37	View SBC* Total Weekly Rate Eff. 03/29/15	\$143.50	\$287.00	\$344.45	\$430.55
Effective Date 04/03/2016					
Base Medical Benefits	New SOA	\$121.15	\$242.25	\$290.70	\$363.40
Benefit Rider	Cancer Rider (R2)	\$0.35	\$0.70	\$0.85	\$1.05
Prescription Drug Benefits	New Rx1	\$24.65	\$49.30	\$59.15	\$73.90
Package #37	View SBC* Total Weekly Rate Eff. 04/03/16	\$146.15	\$292.25	\$360.70	\$438.35
Effective Date 04/02/2017					
Base Medical Benefits	New SOA	\$129.10	\$258.15	\$309.60	\$387.25
Benefit Rider	Cancer Rider (R2)	\$0.35	\$0.75	\$0.90	\$1.10
Prescription Drug Benefits	New Rx1	\$27.65	\$55.25	\$66.30	\$82.90
Package #37	View SBC* Total Weekly Rate Eff. 04/02/17	\$157.10	\$314.15	\$377.00	\$471.25
Effective Date 04/01/2018					
Base Medical Benefits	New SOA	\$121.45	\$242.90	\$291.45	\$364.35
Benefit Rider	Cancer Rider (R2)	\$0.35	\$0.70	\$0.85	\$1.05
Prescription Drug Benefits	New Rx1	\$25.55	\$51.15	\$61.35	\$76.70
Package #37	View SBC* Total Weekly Rate Eff. 04/01/18	\$147.35	\$294.75	\$353.65	\$442.10

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Michigan Conference of Teamsters Welfare Fund



Schedule of Benefits Benefit Package SSHNNNNNNN

Date Inquired About: 4/30/2015
Today's Date: 4/30/2015

Effective April 2015



Michigan Conference of Teamsters Welfare Fund (MCTWF)
Benefit Package SSHNNNNNN
SCHEDULE OF BENEFITS

New Key 1b Medical Benefit	BCBS PPO Network	Non-BCBS PPO Network
Annual Deductible	\$100** per individual \$200** per family	\$200 per individual \$400 per family
Annual Out of Pocket Maximum includes medical copay and coinsurance amounts. <small>MCTWF complies with the Affordable Care Act out-of-pocket cost limits*</small>	\$1,000 per individual in excess of deductible \$2,000 per family in excess of deductible	\$2,000 per individual in excess of deductible \$4,000 per family in excess of deductible
In-Patient Hospital Expenses	Covered 90%** of CC after \$250 copayment subject to deductible for up to 365 days semi-private room or private room if medically necessary	Covered 80%** of MAB after \$250 copayment subject to deductible for up to 365 days semi-private room or private room if medically necessary
Hospital Emergency Expenses (must meet criteria)	Covered 100% of CC after \$75** copay (waived if admitted)	Covered 100% of MAB after \$75** copay (waived)
Mental Health & Substance Use Disorder Benefits (must receive prior authorization for inpatient services by calling BCBS at 800-762-2382)	Inpatient Hospital: Covered 90%** of CC after \$250 copay per admission subject to deductible Inpatient Physician: Covered 90%** of CC subject to deductible Outpatient Physician: \$15** copay	Inpatient Hospital: Covered 80%** of MAB after \$250 copay per admission subject to deductible Inpatient Physician: Covered 80%** of MAB subject to deductible Outpatient Physician: Covered 70%** of MAB subject to deductible
Surgical Expenses	Covered 90%** of CC subject to deductible	Covered 80%** of MAB subject to deductible
Specified Organ Transplant Program Expenses	Covered 100% of CC. Must use a designated facility.	Covered 100% of CC. Must use a designated facility.
Maternity Expenses Pre/Post Natal Delivery	Covered 90%** of CC subject to deductible	Covered 80%** of MAB subject to deductible
Anesthesia Expenses	Covered 90%** of CC subject to deductible	Covered 80%** of MAB subject to deductible
Ambulance Expenses Ground/Air/Water	Covered 90%** of CC subject to deductible	Covered 90%** of MAB subject to deductible
X-ray and Diagnostic Testing Expenses	Covered 90%** of CC subject to deductible	Covered 80%** of MAB subject to deductible
Laboratory Expenses Fluids/Pathology/Diagnostic Tests	Covered 90%** of CC subject to deductible	Covered 80%** of MAB subject to deductible
Physician Charges Inpatient Outpatient Primary Care Visit Outpatient Specialist Visit Outpatient Urgent Care Visit MDLIVE Telehealth Consultation	Covered 90%** of CC subject to deductible \$15** copay \$30** copay \$35** copay \$10** copay	Covered 80%** of MAB subject to deductible Covered 70%** of MAB subject to deductible Covered 70%** of MAB subject to deductible Covered 70%** of MAB subject to deductible Not Covered
Wellness Benefit Physical / GYN Exam / Well Child Exam	Covered 100% of CC Deductible & coinsurance waived	Covered 80%** of MAB subject to deductible
Wellness Benefit Pap Smear Screening & Mammogram Screening	Covered 100% of CC Deductible & coinsurance waived	Covered 80%** of MAB subject to deductible
Wellness Benefit Child Immunization / Adult Flu Vaccination	Covered 100% of CC Deductible & coinsurance waived	Covered 80%** of MAB subject to deductible
Injection Expenses	Covered 90%** of CC subject to deductible	Covered 80%** of MAB subject to deductible
Chiropractic Expenses	24 spinal manipulations per person annually covered 80% of CC. One mechanical traction per day only with spinal manipulation covered under <i>Physical, Speech & Occupational Therapy Expenses</i> . One "new patient" office visit every 36 months and one "established patient" office visit annually, per chiropractor, covered under <i>Physician Charges - Outpatient/Office Visit</i> .	24 spinal manipulations per person annually covered 70% of MAB. One mechanical traction per day only with spinal manipulation covered under <i>Physical, Speech & Occupational Therapy Expenses</i> . One "new patient" office visit every 36 months and one "established patient" office visit annually, per chiropractor, covered under <i>Physician Charges - Outpatient/Office Visit</i> .
Hearing Aid Expenses	Covered 90%** of CC subject to deductible, up to \$1,000 per person, per aid every 2 years	Covered 90%** of MAB subject to deductible, up to \$1,000 per person, per aid every 2 years
Outpatient Cancer Treatment (e.g. chemotherapy & radiation therapy)	Covered in full Copayment and coinsurance waived	100% of MAB Coinsurance waived
Physical, Speech & Occupational Therapy Expenses	Covered 90%** of CC subject to deductible	Covered 80%** of MAB subject to deductible
Home Health Care Expenses	Covered 90%** of CC subject to deductible	Covered 90%** of MAB subject to deductible

Plan SSHNNNNNN Schedule Of Benefits

Skilled Nursing Facility Expenses	90%** eligible expenses subject to deductible for room and board and other medical services up to 730 days reduced by 2 times the number of days in hospital.	90%** eligible expenses subject to deductible for room and board and other medical services up to 730 days reduced by 2 times the number of days in hospital.	
Hospice Care Expenses	Covered 90%** of CC subject to deductible	Covered 90%** of MAB subject to deductible	
Durable Medical Equipment and Medical Supplies Expenses	Covered 90%** of CC subject to deductible	Covered 90%** of scheduled amount subject to deductible	
Prosthetic Devices and Orthotics Expenses	Covered 90%** of CC subject to deductible	Covered 90%** of MAB subject to deductible	
Survivor Health Benefits	Provides up to 36 months of free medical and prescription drug coverage for eligible spouses and dependent children of participants who die while actively covered under a MCTWF medical benefits package. Coverage will mirror the benefits provided to the deceased participant's MCTWF participating group.	Provides up to 36 months of free medical and prescription drug coverage for eligible spouses and dependent children of participants who die while actively covered under a MCTWF medical benefits package. Coverage will mirror the benefits provided to the deceased participant's MCTWF participating group.	
New Rx Prescription Drug Benefit	Caremark Pharmacy Network		
	Covered in full after the below applicable copay at a participating retail or mail order pharmacy.		
	Retail & Mail Up to 34 days	Retail 90 & Mail 35 - 60 days	Retail 90 61 - 90 days
	Mail 61 - 90 days		
Generic	\$5 copay	\$10 copay	\$15 copay
Preferred Brand	\$15 copay	\$30 copay	\$45 copay
Non-Preferred Brand	\$30 copay	\$60 copay	\$90 copay
Other Benefit(s)	Coverage		
Benefit Bank Weeks	Receive 6 benefit bank weeks for the period of 4/1/15 through 3/31/18.***		

CC (Contracted Charges) means the agreed upon fees between MCTWF and in-network providers.

MAB (Maximum Allowable Benefit) means the portion of the amount billed by an out-of-network provider that has been established as the benefit package maximum payable amount, subject to deductible, coinsurance and co-payments.

* In accordance with the Affordable Care Act, effective January 1, 2015, all MCTWF Actives Plan medical and prescription drug benefits combined in-network out-of-pocket costs are subject to calendar year limits. Out-of-pocket costs refer to deductibles, copay and coinsurance amounts (but not contribution payments, or out-of-network cost-sharing or balance bill payments). Once a calendar year limit is reached, coverage must be provided for the balance of the year without further out-of-pocket costs for in-network medical and prescription drug benefits. The limits for 2015 are \$6,600 per individual and \$13,200 per family. Member accumulations toward these statutory out-of-pocket cost limits are tracked on each MCTWF Explanation of Benefits (EOB) form and in each MCTWF Participant Portal account.

** The co-payments and/or coinsurance payments for these services apply toward the annual out-of-pocket maximum.

*** Participant receives the noted 6 weeks except in cases where a different arrangement was approved by MCTWF, or the participant is contributed on under a MCTWF benefit package with seasonal eligibility requirements, in which case they do not receive benefit bank weeks.

If you reside in the State of Michigan, no benefits will be paid under your MCTWF benefit package for auto-related accidental injuries or illnesses based upon Michigan's No-Fault automobile insurance law [providing for comprehensive health care benefits to any person(s) suffering an accidental injury or illness as a result of an automobile accident in Michigan or those who are covered by Michigan No-Fault automobile insurance and suffer an accidental injury or illness in an out-of-state (but within the United States, its territories and possessions or in Canada) automobile-related accident.]

If you reside outside the State of Michigan, no benefits will be paid under your MCTWF benefit package for auto-related accidental injuries or illnesses if such benefits are payable or required to be covered under other insurance or applicable state law. If your auto-related accidental injury or illness is not covered under Michigan's No-Fault automobile insurance law or other similar No-Fault state laws, MCTWF will provide benefits pursuant to a signed MCTWF benefit package Assignment, Subrogation and Reimbursement Agreement, contingent upon the submission of proof that benefits have been exhausted through the automobile carrier.

If you are the operator or occupant of a rental vehicle and other medical coverage is available, no MCTWF benefits will be paid for auto-related accidental injuries or illnesses.

This Schedule of Benefits is not a full statement of covered services under your benefit package. As a general rule, all procedures or services not deemed experimental by the medical community are covered. Contact MCTWF's Member Services Call Center for any benefit questions you may have.

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Serving Teamster Families since 1949

UNION TRUSTEES

H.R. Hillard
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 Kevin D. Moore
 Paul M. Kozicki

2700 Trumbull Avenue Detroit, Michigan 48216



EMPLOYER TRUSTEES

Raymond J. Buratto
 Earl D. Ishbia
 Robert W. Jones
 José C. Rosario

* Composite Rates Tiered Rates *

Benefit Design 1

Benefit OPTION	BENEFIT LEVEL	TIER 1 EMPLOYEE ONLY	TIER 2 EMPLOYEE PLUS ANY CHILDREN	TIER 3 EMPLOYEE PLUS SPOUSE	TIER 4 FAMILY
Effective Date 03/30/2014					
Base Medical Benefits	New Key 1b (See Summary Detail)	\$94.45	\$188.90	\$226.65	\$283.30
Benefit Rider	Cancer Rider (R2)	\$0.50	\$1.00	\$1.20	\$1.50
Prescription Drug Benefits	New Rx1 (See Summary Detail)	\$25.70	\$51.40	\$61.65	\$77.05
SSH-NNN-NNN	View SBC* Total Weekly Rate Eff. 03/30/14	\$120.65	\$241.30	\$289.50	\$361.85
Effective Date 03/29/2016					
Base Medical Benefits	New Key 1b (See Summary Detail)	\$99.05	\$198.10	\$237.65	\$297.10
Benefit Rider	Cancer Rider (R2)	\$0.50	\$1.00	\$1.20	\$1.50
Prescription Drug Benefits	New Rx1 (See Summary Detail)	\$24.15	\$48.30	\$57.95	\$72.45
SSH-NNN-NNN	View SBC* Total Weekly Rate Eff. 03/29/15	\$123.70	\$247.40	\$296.80	\$371.05
Effective Date 04/03/2016					
Base Medical Benefits	New Key 1b	\$98.90	\$198.80	\$239.75	\$299.70
Benefit Rider	Cancer Rider (R2)	\$0.55	\$1.10	\$1.30	\$1.65
Prescription Drug Benefits	New Rx1	\$24.65	\$49.30	\$59.16	\$73.90
SSH-NNN-NNN	View SBC* Total Weekly Rate Eff. 04/03/16	\$125.10	\$250.20	\$300.20	\$375.25
Effective Date 04/02/2017					
Base Medical Benefits	New Key 1b	\$104.40	\$208.80	\$250.55	\$313.20
Benefit Rider	Cancer Rider (R2)	\$0.60	\$1.20	\$1.45	\$1.80
Prescription Drug Benefits	New Rx1	\$27.65	\$55.25	\$66.30	\$82.90
SSH-NNN-NNN	View SBC* Total Weekly Rate Eff. 04/02/17	\$132.65	\$265.25	\$318.30	\$397.90
Effective Date 04/01/2018					
Base Medical Benefits	New Key 1b	\$104.00	\$208.05	\$249.65	\$312.05
Benefit Rider	Cancer Rider (R2)	\$0.60	\$1.15	\$1.40	\$1.75
Prescription Drug Benefits	New Rx1	\$25.55	\$51.15	\$61.35	\$76.70
SSH-MNN-NNN	View SBC* Total Weekly Rate Eff. 04/01/18	\$130.15	\$260.35	\$312.40	\$390.50

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