

SCHEDULE OF BENEFITS – Plan A -1**QUARTERLY EMPLOYEES
Comprehensive Medical Expense Benefits**

Annual Maximum – per calendar year	\$50,000
Lifetime Maximum	\$750,000
Individual Deductible – (per person, per calendar year. All benefits are subject to the deductible unless otherwise noted) Three month carryover	\$300
Family Deductible - (per calendar year) Three month carryover does not apply.	\$700
Out of pocket expense limitation – The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including the deductible.	\$2,500 per individual \$6,000 per family
PPO Network	BlueCross BlueShield – Hospital and Physicians Medlink – MRI and CT Scans Compsych – MAP, Mental and Nervous and Substance Abuse
Inpatient Hospital Services – Room allowances based on the hospital’s most common semi-private room rate. Pre-admission testing, 14 days prior to admission	90% - In Network 80% - Out of Network
Skilled Nursing Facility - recommended by a Physician and confinement begins within 30 days of a hospital confinement	90% - In Network 80% - Out of Network maximum per disability – 45 days
Home Health Care – ordered by a physician. Approval by Case Management required	90% - In Network 80% - Out of Network
Outpatient Hospital Services – including Licensed Surgery Centers	90% - In Network 80% - Out of Network
Diagnostic X-rays/Lab – X-rays and /or tests to diagnose a condition or to determine the progress of an illness or injury	90% - In Network 80% - Out of Network
MRI and CT Scans	100% - Medlink 90% - In Network 80% - Out of Network
Outpatient Physical and Occupational Therapy – requires approval by Case Management. Must be performed by a Licensed Therapist or Licensed Physical Therapist Assistant	90% - In Network 80% - Out of Network
Outpatient Restorative Speech Therapy- (children and adults) requires approval by Case Management. Must be performed by a Licensed Speech Therapist.	90% - In Network 80% - Out of Network
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 2 through age 5. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$2,000
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 6 through age 18. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$300
Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children – dependent children through age 18 only . Requires approval by Case Management.	90% - In Network 80% - Out of Network calendar year maximum \$3,000

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Orthoptic Training – for dependent children up to age 10 only . Training needs to be prescribed by a covered provider.	50% lifetime maximum 40 visits
Physician's Medical/Surgical Care - Office visits, hospital visits, surgery, assistant surgeon, etc	90% - In Network 80% - Out of Network
Preventative Care -routine physical exams. Benefit for member and spouse only .	100% calendar year maximum of \$350
Well Baby Care – includes routine hospital visits, outpatient visits and immunizations, age limitation of 0 to 24 months	100% lifetime maximum of \$2,000
Chiropractic Services – eligible for members and dependents over age 5. Medically necessary x-rays are covered	maximum of 24 spinal manipulations per calendar year up to \$60 per visit 90% - In Network 80% - Out of Network
Durable Medical Equipment – rental paid up to purchase price of the equipment	No deductible 80%, if pre-approved by a case manager, 50%, not pre-approved Electric wheelchair limited to \$15,000
Foot Orthotics – custom fitted foot orthotics prescribed by a Physician	80% annual maximum \$300 lifetime maximum \$1,500
Prosthetic devices – artificial devices to restore a normal body function. Case Management approval is required. An electronic or microprocessor controlled artificial limb is limited to the cost of a conventional mechanical artificial limb that would meet the patient's basic needs.	80%
Transplants - Case Management approval is required. Available to all active and non-Medicare members. Medicare eligible members must use Medicare approved providers. Benefit begins 5 days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure.	90% - In Network lifetime maximum \$300,000, including organ procurement maximum \$25,000 per transplant transportation and lodging maximum \$10,000 private duty nursing maximum \$10,000
Temporomandibular Joint Disease (TMJ) – precertification is required	No deductible 50% lifetime maximum \$2,500
Cochlear Implants – for dependent children age 1 through 18. Requires approval by Case Management	90% - In Network only
Cochlear Implants – age 19 and older. Requires approval by Case Management.	70% lifetime limit \$30,000
Cancer drugs – drugs used to treat cancer are subject to the annual deductible, annual and lifetime maximum	80% of the prescription charge
Medical Transportation – includes ground and air transport from the site of the injury, medical emergency or acute illness to the nearest facility	90% - In Network 80% - Out of Network Inter-health-care-facility transfer maximum \$5,000
Mental Illness and Substance Abuse	
Mental Illness and Substance Abuse – prior authorizations from MAP provider is required	
Inpatient Care	90% lifetime maximum 30 days
Outpatient Care	90% lifetime maximum 60 visits

Midwest Operating Engineers Welfare Fund

Prescription Drug Program	
Midwest Benefit Pharmacy All maintenance drugs must be purchased at the Midwest Benefit Pharmacy. No Coordination of Benefits applies	Brand \$10 co-pay – 30 days Generic \$5 co-pay – 30 days annual maximum \$20,000 per individual Hepatitis C maximum ends 12 months from the initial treatment - \$40,000
Pharmacy Benefit Manager (local pharmacy) – In Network Pharmacy Only	80% for emergency medication only from an in-network pharmacy. A maximum of 15 days supply will be dispensed
Nursing Home	50% - prescription drugs
<i>When available, Generic Drugs will be substituted for all Brand Name Drugs or medications. If a participant requests a Brand Name Drug, or if the prescribing Physician indicates "no substitutions", when a Generic equivalent is available, the Participant will be required to pay the Brand Name Drug Co-Pay plus the difference in cost between the Brand Name Drug and its Generic equivalent.</i>	
Dental Benefits	
Deductible	\$0
Calendar Year Maximum	\$1,000
PPO Network	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 only)	50% lifetime maximum \$1,500
Disability Benefits	
Disability Benefit – must be an eligible member under Health and Welfare	\$250 per week for up to 52 weeks. Eligibility is credited with 40 hours a week for the first 17 weeks
Death Benefit	
Death Benefit	\$30,000 – member \$2,000 dependent
Accidental Dismemberment Benefit	
Accidental Dismemberment Benefit	\$1,000 or \$5,000 based on type of loss. Limited to \$10,000 for any one accident
Family Supplemental Benefit	
Family Supplemental Benefit This benefit can be used for non-covered expenses. Items such as hearing aids, glasses, etc. Non-covered drugs except for prescriptions which could have been purchased under the Prescription Drug Program. Reimbursement for plan maximums and items considered at 50% except for durable medical equipment is eligible. This benefit cannot be used to reimburse the deductible, co-pay or amount over the reasonable and customary amount.	maximum per family, per calendar year - \$1,500

SCHEDULE OF BENEFITS – Plan A -2**City of Chicago - Quarterly
Comprehensive Medical Expense Benefits**

Annual Maximum – per calendar year	\$50,000
Lifetime Maximum	\$750,000
Individual Deductible – (per person, per calendar year. All benefits are subject to the deductible unless otherwise noted) Three month carryover	\$300
Family Deductible - (per calendar year) Three month carryover does not apply.	\$700
Out of pocket expense limitation – The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including the deductible.	\$2,500 per individual \$6,000 per family
PPO Network	BlueCross BlueShield – Hospital and Physicians Medlink – MRI and CT Scans Compsych – MAP, Mental and Nervous and Substance Abuse
Inpatient Hospital Services – Room allowances based on the hospital's most common semi-private room rate. Pre-admission testing, 14 days prior to admission	90% - In Network 80% - Out of Network
Skilled Nursing Facility - recommended by a Physician and confinement begins within 30 days of a hospital confinement	90% - In Network 80% - Out of Network maximum per disability – 45 days
Home Health Care – ordered by a physician. Approval by Case Management required	90% - In Network 80% - Out of Network
Outpatient Hospital Services – including Licensed Surgery Centers	90% - In Network 80% - Out of Network
Diagnostic X-rays/Lab – X-rays and /or tests to diagnose a condition or to determine the progress of an illness or injury	90% - In Network 80% - Out of Network
MRI and CT Scans	100% - Medlink 90% - In Network 80% - Out of Network
Outpatient Physical and Occupational Therapy – requires approval by Case Management. Must be performed by a Licensed Therapist or Licensed Physical Therapist Assistant	90% - In Network 80% - Out of Network
Outpatient Restorative Speech Therapy- (children and adults) requires approval by Case Management. Must be performed by a Licensed Speech Therapist.	90% - In Network 80% - Out of Network
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 2 through age 5. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$2,000
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 6 through age 18. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$300

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Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children – dependent children through age 18 only . Requires approval by Case Management.	90% - In Network 80% - Out of Network calendar year maximum \$3,000
Orthoptic Training – for dependent children up to age 10 only . Training needs to be prescribed by a covered provider.	50% lifetime maximum 40 visits
Physician's Medical/Surgical Care - Office visits, hospital visits, surgery, assistant surgeon, etc	90% - In Network 80% - Out of Network
Preventative Care -routine physical exams. Benefit for member and spouse only .	100% calendar year maximum of \$350
Well Baby Care – includes routine hospital visits, outpatient visits and immunizations, age limitation of 0 to 24 months	100% lifetime maximum of \$2,000
Chiropractic Services – eligible for members and dependents over age 5. Medically necessary x-rays are covered	maximum of 24 spinal manipulations per calendar year up to \$60 per visit 90% - In Network 80% - Out of Network
Durable Medical Equipment – rental paid up to purchase price of the equipment	No deductible 80%, if pre-approved by a case manager, 50%, not pre-approved Electric wheelchair limited to \$15,000
Foot Orthotics – custom fitted foot orthotics prescribed by a Physician	80% annual maximum \$300 lifetime maximum \$1,500
Prosthetic devices – artificial devices to restore a normal body function. Case Management approval is required. An electronic or microprocessor controlled artificial limb is limited to the cost of a conventional mechanical artificial limb that would meet the patient's basic needs.	80%
Transplants - Case Management approval is required. Available to all active and non-Medicare members. Medicare eligible members must use Medicare approved providers. Benefit begins 5 days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure.	90% - In Network lifetime maximum \$300,000, including organ procurement maximum \$25,000 per transplant transportation and lodging maximum \$10,000 private duty nursing maximum \$10,000
Temporomandibular Joint Disease (TMJ) – precertification is required	No deductible 50% lifetime maximum \$2,500
Cochlear Implants – for dependent children age 1 through 18. Requires approval by Case Management	90% - In Network only
Cochlear Implants – age 19 and older. Requires approval by Case Management.	70% lifetime limit \$30,000
Cancer drugs – drugs used to treat cancer are subject to the annual deductible, annual and lifetime maximum	80% of the prescription charge
Medical Transportation – includes ground and air transport from the site of the injury, medical emergency or acute illness to the nearest facility	90% - In Network 80% - Out of Network Inter-health-care-facility transfer maximum \$5,000

Midwest Operating Engineers Welfare Fund

Mental Illness and Substance Abuse	
Mental Illness and Substance Abuse – prior authorizations from MAP provider is required	
Inpatient Care	90% lifetime maximum 30 days
Outpatient Care	90% lifetime maximum 60 visits
Prescription Drug Program	
Midwest Benefit Pharmacy All maintenance drugs must be purchased at the Midwest Benefit Pharmacy. No Coordination of Benefits applies	Brand \$10 co-pay – 30 days Generic \$5 co-pay – 30 days annual maximum \$20,000 per individual Hepatitis C maximum ends 12 months from the initial treatment - \$40,000
Pharmacy Benefit Manager (local pharmacy) – In Network Pharmacy Only	80% for emergency medication only from an in-network pharmacy. A maximum of 15 days supply will be dispensed
Nursing Home	50% - prescription drugs
<i>When available, Generic Drugs will be substituted for all Brand Name Drugs or medications. If a participant requests a Brand Name Drug, or if the prescribing Physician indicates "no substitutions", when a Generic equivalent is available, the Participant will be required to pay the Brand Name Drug Co-Pay plus the difference in cost between the Brand Name Drug and its Generic equivalent.</i>	
Dental Benefits	
Deductible	\$0
Calendar Year Maximum	\$1,000
PPO Network	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 only)	50% lifetime maximum \$1,500
Disability Benefits	
Disability Benefit – must be an eligible member under Health and Welfare	\$250 per week for first 30 days
Death Benefit	
Death Benefit	\$7,500 member \$2,000 dependent
Accidental Dismemberment Benefit	
Accidental Dismemberment Benefit	\$1,000 or \$5,000 based on type of loss. Limited to \$10,000 for any one accident
Family Supplemental Benefit	
Family Supplemental Benefit This benefit can be used for non-covered expenses. Items such as hearing aids, glasses, etc. Non-covered drugs except for prescriptions which could have been purchased under the Prescription Drug Program. Reimbursement for plan maximums and items considered at 50% except for durable medical equipment is eligible. This benefit cannot be used to reimburse the deductible, co-pay or amount over the reasonable and customary amount.	maximum per family, per calendar year - \$1,500

SCHEDULE OF BENEFITS – Plan A -3**Non - Bargaining Employees
Comprehensive Medical Expense Benefits**

Annual Maximum – per calendar year	\$50,000
Lifetime Maximum	\$750,000
Individual Deductible – (per person, per calendar year. All benefits are subject to the deductible unless otherwise noted) Three month carryover	\$300
Family Deductible - (per calendar year) Three month carryover does not apply.	\$700
Out of pocket expense limitation – The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including the deductible.	\$2,500 per individual \$6,000 per family
PPO Network	BlueCross BlueShield – Hospital and Physicians Medlink – MRI and CT Scans Compsych – MAP, Mental and Nervous and Substance Abuse
Inpatient Hospital Services – Room allowances based on the hospital’s most common semi-private room rate. Pre-admission testing, 14 days prior to admission	90% - In Network 80% - Out of Network
Skilled Nursing Facility - recommended by a Physician and confinement begins within 30 days of a hospital confinement	90% - In Network 80% - Out of Network maximum per disability – 45 days
Home Health Care – ordered by a physician. Approval by Case Management required	90% - In Network 80% - Out of Network
Outpatient Hospital Services – including Licensed Surgery Centers	90% - In Network 80% - Out of Network
Diagnostic X-rays/Lab – X-rays and /or tests to diagnose a condition or to determine the progress of an illness or injury	90% - In Network 80% - Out of Network
MRI and CT Scans	100% - Medlink 90% - In Network 80% - Out of Network
Outpatient Physical and Occupational Therapy – requires approval by Case Management. Must be performed by a Licensed Therapist or Licensed Physical Therapist Assistant	90% - In Network 80% - Out of Network
Outpatient Restorative Speech Therapy- (children and adults) requires approval by Case Management. Must be performed by a Licensed Speech Therapist.	90% - In Network 80% - Out of Network
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 2 through age 5. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$2,000
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 6 through age 18. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$300

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Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children – dependent children through age 18 only . Requires approval by Case Management.	90% - In Network 80% - Out of Network calendar year maximum \$3,000
Orthoptic Training – for dependent children up to age 10 only . Training needs to be prescribed by a covered provider.	50% lifetime maximum 40 visits
Physician's Medical/Surgical Care - Office visits, hospital visits, surgery, assistant surgeon, etc	90% - In Network 80% - Out of Network
Preventative Care -routine physical exams. Benefit for member and spouse only .	100% calendar year maximum of \$350
Well Baby Care – includes routine hospital visits, outpatient visits and immunizations, age limitation of 0 to 24 months	100% lifetime maximum of \$2,000
Chiropractic Services – eligible for members and dependents over age 5. Medically necessary x-rays are covered	maximum of 24 spinal manipulations per calendar year up to \$60 per visit 90% - In Network 80% - Out of Network
Durable Medical Equipment – rental paid up to purchase price of the equipment	No deductible 80%, if pre-approved by a case manager, 50%, not pre-approved Electric wheelchair limited to \$15,000
Foot Orthotics – custom fitted foot orthotics prescribed by a Physician	80% annual maximum \$300 lifetime maximum \$1,500
Prosthetic devices – artificial devices to restore a normal body function. Case Management approval is required. An electronic or microprocessor controlled artificial limb is limited to the cost of a conventional mechanical artificial limb that would meet the patient's basic needs.	80%
Transplants - Case Management approval is required. Available to all active and non-Medicare members. Medicare eligible members must use Medicare approved providers. Benefit begins 5 days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure.	90% - In Network lifetime maximum \$300,000, including organ procurement maximum \$25,000 per transplant transportation and lodging maximum \$10,000 private duty nursing maximum \$10,000
Temporomandibular Joint Disease (TMJ) – precertification is required	No deductible 50% lifetime maximum \$2,500
Cochlear Implants – for dependent children age 1 through 18. Requires approval by Case Management	90% - In Network only
Cochlear Implants – age 19 and older. Requires approval by Case Management.	70% lifetime limit \$30,000
Cancer drugs – drugs used to treat cancer are subject to the annual deductible, annual and lifetime maximum	80% of the prescription charge
Medical Transportation – includes ground and air transport from the site of the injury, medical emergency or acute illness to the nearest facility	90% - In Network 80% - Out of Network Inter-health-care-facility transfer maximum \$5,000

Midwest Operating Engineers Welfare Fund

Mental Illness and Substance Abuse	
Mental Illness and Substance Abuse – prior authorizations from MAP provider is required	
Inpatient Care	90% lifetime maximum 30 days
Outpatient Care	90% lifetime maximum 60 visits
Prescription Drug Program	
Midwest Benefit Pharmacy All maintenance drugs must be purchased at the Midwest Benefit Pharmacy. No Coordination of Benefits applies	Brand \$10 co-pay – 30 days Generic \$5 co-pay – 30 days annual maximum \$20,000 per individual Hepatitis C maximum ends 12 months from the initial treatment - \$40,000
Pharmacy Benefit Manager (local pharmacy) – In Network Pharmacy Only	80% for emergency medication only from an in-network pharmacy. A maximum of 15 days supply will be dispensed
Nursing Home	50% - prescription drugs
<i>When available, Generic Drugs will be substituted for all Brand Name Drugs or medications. If a participant requests a Brand Name Drug, or if the prescribing Physician indicates "no substitutions", when a Generic equivalent is available, the Participant will be required to pay the Brand Name Drug Co-Pay plus the difference in cost between the Brand Name Drug and its Generic equivalent.</i>	
Dental Benefits	
Deductible	\$0
Calendar Year Maximum	\$1,000
PPO Network	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 only)	50% lifetime maximum \$1,500
Death Benefit	
Death Benefit	\$30,000 – member \$2,000 dependent
Accidental Dismemberment Benefit	
Accidental Dismemberment Benefit	\$1,000 or \$5,000 based on type of loss. Limited to \$10,000 for any one accident
Family Supplemental Benefit	
Family Supplemental Benefit This benefit can be used for non-covered expenses. Items such as hearing aids, glasses, etc. Non-covered drugs except for prescriptions which could have been purchased under the Prescription Drug Program. Reimbursement for plan maximums and items considered at 50% except for durable medical equipment is eligible. This benefit cannot be used to reimburse the deductible, co-pay or amount over the reasonable and customary amount.	maximum per family, per calendar year - \$1,500

SCHEDULE OF BENEFITS – Plan A -4

Staff – Owner/Relatives

Comprehensive Medical Expense Benefits

Annual Maximum – per calendar year	\$50,000
Lifetime Maximum	\$750,000
Individual Deductible – (per person, per calendar year. All benefits are subject to the deductible unless otherwise noted) Three month carryover	\$300
Family Deductible - (per calendar year) Three month carryover does not apply.	\$700
Out of pocket expense limitation – The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including the deductible.	\$2,500 per individual \$6,000 per family
PPO Network	BlueCross BlueShield – Hospital and Physicians Medlink – MRI and CT Scans Compsych – MAP, Mental and Nervous and Substance Abuse
Inpatient Hospital Services – Room allowances based on the hospital’s most common semi-private room rate. Pre-admission testing, 14 days prior to admission	90% - In Network 80% - Out of Network
Skilled Nursing Facility - recommended by a Physician and confinement begins within 30 days of a hospital confinement	90% - In Network 80% - Out of Network maximum per disability – 45 days
Home Health Care – ordered by a physician. Approval by Case Management required	90% - In Network 80% - Out of Network
Outpatient Hospital Services – including Licensed Surgery Centers	90% - In Network 80% - Out of Network
Diagnostic X-rays/Lab – X-rays and /or tests to diagnose a condition or to determine the progress of an illness or injury	90% - In Network 80% - Out of Network
MRI and CT Scans	100% - Medlink 90% - In Network 80% - Out of Network
Outpatient Physical and Occupational Therapy – requires approval by Case Management. Must be performed by a Licensed Therapist or Licensed Physical Therapist Assistant	90% - In Network 80% - Out of Network
Outpatient Restorative Speech Therapy- (children and adults) requires approval by Case Management. Must be performed by a Licensed Speech Therapist.	90% - In Network 80% - Out of Network
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 2 through age 5. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$2,000
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 6 through age 18. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$300

Midwest Operating Engineers Welfare Fund

Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children – dependent children through age 18 only . Requires approval by Case Management.	90% - In Network 80% - Out of Network calendar year maximum \$3,000
Orthoptic Training – for dependent children up to age 10 only . Training needs to be prescribed by a covered provider.	50% lifetime maximum 40 visits
Physician's Medical/Surgical Care - Office visits, hospital visits, surgery, assistant surgeon, etc	90% - In Network 80% - Out of Network
Preventative Care -routine physical exams. Benefit for member and spouse only .	100% calendar year maximum of \$350
Well Baby Care – includes routine hospital visits, outpatient visits and immunizations, age limitation of 0 to 24 months	100% lifetime maximum of \$2,000
Chiropractic Services – eligible for members and dependents over age 5. Medically necessary x-rays are covered	maximum of 24 spinal manipulations per calendar year up to \$60 per visit 90% - In Network 80% - Out of Network
Durable Medical Equipment – rental paid up to purchase price of the equipment	No deductible 80%, if pre-approved by a case manager, 50%, not pre-approved Electric wheelchair limited to \$15,000
Foot Orthotics – custom fitted foot orthotics prescribed by a Physician	80% annual maximum \$300 lifetime maximum \$1,500
Prosthetic devices – artificial devices to restore a normal body function. Case Management approval is required. An electronic or microprocessor controlled artificial limb is limited to the cost of a conventional mechanical artificial limb that would meet the patient's basic needs.	80%
Transplants - Case Management approval is required. Available to all active and non-Medicare members. Medicare eligible members must use Medicare approved providers. Benefit begins 5 days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure.	90%- In Network lifetime maximum \$300,000, including organ procurement maximum \$25,000 per transplant transportation and lodging maximum \$10,000 private duty nursing maximum \$10,000
Temporomandibular Joint Disease (TMJ) – precertification is required	No deductible 50% lifetime maximum \$2,500
Cochlear Implants – for dependent children age 1 through 18. Requires approval by Case Management	90% - In Network only
Cochlear Implants – age 19 and older. Requires approval by Case Management.	70% lifetime limit \$30,000
Cancer drugs – drugs used to treat cancer are subject to the annual deductible, annual and lifetime maximum	80% of the prescription charge
Medical Transportation – includes ground and air transport from the site of the injury, medical emergency or acute illness to the nearest facility	90% - In Network 80% - Out of Network Inter-health-care-facility transfer maximum \$5,000

Midwest Operating Engineers Welfare Fund

Mental Illness and Substance Abuse	
Mental Illness and Substance Abuse – prior authorizations from MAP provider is required	
Inpatient Care	90% lifetime maximum 30 days
Outpatient Care	90% lifetime maximum 60 visits
Prescription Drug Program	
Midwest Benefit Pharmacy All maintenance drugs must be purchased at the Midwest Benefit Pharmacy. No Coordination of Benefits applies	Brand \$10 co-pay – 30 days Generic \$5 co-pay – 30 days annual maximum \$20,000 per individual Hepatitis C maximum ends 12 months from the initial treatment - \$40,000
Pharmacy Benefit Manager (local pharmacy) – In Network Pharmacy Only	80% for emergency medication only from an in-network pharmacy. A maximum of 15 days supply will be dispensed
Nursing Home	50% - prescription drugs
<i>When available, Generic Drugs will be substituted for all Brand Name Drugs or medications. If a participant requests a Brand Name Drug, or if the prescribing Physician indicates "no substitutions", when a Generic equivalent is available, the Participant will be required to pay the Brand Name Drug Co-Pay plus the difference in cost between the Brand Name Drug and its Generic equivalent.</i>	
Dental Benefits	
Deductible	\$0
Calendar Year Maximum	\$1,000
PPO Network	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 only)	50% lifetime maximum \$1,500
Disability Benefits	
Disability Benefit – must be an eligible member under Health and Welfare	\$250 per week for up to 52 weeks Staff – eligibility is credited with 40 hours per week for the first 17 weeks Owner/Relative – pays monthly, no credit is applied toward eligibility
Death Benefit	
Death Benefit	\$30,000 – member \$2,000 dependent
Accidental Dismemberment Benefit	
Accidental Dismemberment Benefit	\$1,000 or \$5,000 based on type of loss. Limited to \$10,000 for any one accident
Family Supplemental Benefit	
Family Supplemental Benefit This benefit can be used for non-covered expenses. Items such as hearing aids, glasses, etc. Non-covered drugs except for prescriptions which could have been purchased under the Prescription Drug Program. Reimbursement for plan maximums and items considered at 50% except for durable medical equipment is eligible. This benefit cannot be used to reimburse the deductible, co-pay or amount over the reasonable and customary amount.	maximum per family, per calendar year - \$1,500

SCHEDULE OF BENEFITS – Plan A -5**Municipality - monthly****Comprehensive Medical Expense Benefits**

Annual Maximum – per calendar year	\$50,000
Lifetime Maximum	\$750,000
Individual Deductible – (per person, per calendar year. All benefits are subject to the deductible unless otherwise noted) Three month carryover	\$300
Family Deductible - (per calendar year) Three month carryover does not apply.	\$700
Out of pocket expense limitation – The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including the deductible.	\$2,500 per individual \$6,000 per family
PPO Network	BlueCross BlueShield – Hospital and Physicians Medlink – MRI and CT Scans Compsych – MAP, Mental and Nervous and Substance Abuse
Inpatient Hospital Services – Room allowances based on the hospital’s most common semi-private room rate. Pre-admission testing, 14 days prior to admission	90% - In Network 80% - Out of Network
Skilled Nursing Facility - recommended by a Physician and confinement begins within 30 days of a hospital confinement	90% - In Network 80% - Out of Network maximum per disability – 45 days
Home Health Care – ordered by a physician. Approval by Case Management required	90% - In Network 80% - Out of Network
Outpatient Hospital Services – including Licensed Surgery Centers	90% - In Network 80% - Out of Network
Diagnostic X-rays/Lab – X-rays and /or tests to diagnose a condition or to determine the progress of an illness or injury	90% - In Network 80% - Out of Network
MRI and CT Scans	100% - Medlink 90% - In Network 80% - Out of Network
Outpatient Physical and Occupational Therapy – requires approval by Case Management. Must be performed by a Licensed Therapist or Licensed Physical Therapist Assistant	90% - In Network 80% - Out of Network
Outpatient Restorative Speech Therapy- (children and adults) requires approval by Case Management. Must be performed by a Licensed Speech Therapist.	90% - In Network 80% - Out of Network
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 2 through age 5. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$2,000
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 6 through age 18. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$300

Midwest Operating Engineers Welfare Fund

Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children – dependent children through age 18 only . Requires approval by Case Management.	90% - In Network 80% - Out of Network calendar year maximum \$3,000
Orthoptic Training – for dependent children up to age 10 only . Training needs to be prescribed by a covered provider.	50% lifetime maximum 40 visits
Physician's Medical/Surgical Care - Office visits, hospital visits, surgery, assistant surgeon, etc	90% - In Network 80% - Out of Network
Preventative Care -routine physical exams. Benefit for member and spouse only .	100% calendar year maximum of \$350
Well Baby Care – includes routine hospital visits, outpatient visits and immunizations, age limitation of 0 to 24 months	100% lifetime maximum of \$2,000
Chiropractic Services – eligible for members and dependents over age 5. Medically necessary x-rays are covered	maximum of 24 spinal manipulations per calendar year up to \$60 per visit 90% - In Network 80% - Out of Network
Durable Medical Equipment – rental paid up to purchase price of the equipment	No deductible 80%, if pre-approved by a case manager, 50%, not pre-approved Electric wheelchair limited to \$15,000
Foot Orthotics – custom fitted foot orthotics prescribed by a Physician	80% annual maximum \$300 lifetime maximum \$1,500
Prosthetic devices – artificial devices to restore a normal body function. Case Management approval is required. An electronic or microprocessor controlled artificial limb is limited to the cost of a conventional mechanical artificial limb that would meet the patient's basic needs.	80%
Transplants - Case Management approval is required. Available to all active and non-Medicare members. Medicare eligible members must use Medicare approved providers. Benefit begins 5 days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure.	90% - In Network lifetime maximum \$300,000, including organ procurement maximum \$25,000 per transplant transportation and lodging maximum \$10,000 private duty nursing maximum \$10,000
Temporomandibular Joint Disease (TMJ) – precertification is required	No deductible 50% lifetime maximum \$2,500
Cochlear Implants – for dependent children age 1 through 18. Requires approval by Case Management	90% - In Network only
Cochlear Implants – age 19 and older. Requires approval by Case Management.	70% lifetime limit \$30,000
Cancer drugs – drugs used to treat cancer are subject to the annual deductible, annual and lifetime maximum	80% of the prescription charge
Medical Transportation – includes ground and air transport from the site of the injury, medical emergency or acute illness to the nearest facility	90% - In Network 80% - Out of Network Inter-health-care-facility transfer maximum \$5,000

Midwest Operating Engineers Welfare Fund

Mental Illness and Substance Abuse	
Mental Illness and Substance Abuse – prior authorizations from MAP provider is required	
Inpatient Care	90% lifetime maximum 30 days
Outpatient Care	90% lifetime maximum 60 visits
Prescription Drug Program	
Midwest Benefit Pharmacy All maintenance drugs must be purchased at the Midwest Benefit Pharmacy. No Coordination of Benefits applies	Brand \$10 co-pay – 30 days Generic \$5 co-pay – 30 days annual maximum \$20,000 per individual Hepatitis C maximum ends 12 months from the initial treatment - \$40,000
Pharmacy Benefit Manager (local pharmacy) – In Network Pharmacy Only	80% for emergency medication only from an in-network pharmacy. A maximum of 15 days supply will be dispensed
Nursing Home	50% - prescription drugs
<i>When available, Generic Drugs will be substituted for all Brand Name Drugs or medications. If a participant requests a Brand Name Drug, or if the prescribing Physician indicates "no substitutions", when a Generic equivalent is available, the Participant will be required to pay the Brand Name Drug Co-Pay plus the difference in cost between the Brand Name Drug and its Generic equivalent.</i>	
Dental Benefits	
Deductible	\$0
Calendar Year Maximum	\$1,000
PPO Network	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 only)	50% lifetime maximum \$1,500
Disability Benefits	
Disability Benefit – must be an eligible member under Health and Welfare	\$250 per week for first 30 days
Death Benefit	
Death Benefit	\$30,000 – member \$2,000 dependent
Accidental Dismemberment Benefit	
Accidental Dismemberment Benefit	\$1,000 or \$5,000 based on type of loss. Limited to \$10,000 for any one accident
Family Supplemental Benefit	
Family Supplemental Benefit This benefit can be used for non-covered expenses. Items such as hearing aids, glasses, etc. Non-covered drugs except for prescriptions which could have been purchased under the Prescription Drug Program. Reimbursement for plan maximums and items considered at 50% except for durable medical equipment is eligible. This benefit cannot be used to reimburse the deductible, co-pay or amount over the reasonable and customary amount.	maximum per family, per calendar year - \$1,500

SCHEDULE OF BENEFITS – Plan A -6**Retirees****Comprehensive Medical Expense Benefits**

Annual Maximum – per calendar year	\$50,000
Lifetime Maximum	\$750,000
Individual Deductible – (per person, per calendar year. All benefits are subject to the deductible unless otherwise noted) Three month carryover	\$300
Family Deductible - (per calendar year) Three month carryover does not apply.	\$700
Out of pocket expense limitation – The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, including the deductible.	\$2,500 per individual \$6,000 per family
PPO Network	BlueCross BlueShield – Hospital and Physicians Medlink – MRI and CT Scans Compsych – MAP, Mental and Nervous and Substance Abuse
Inpatient Hospital Services – Room allowances based on the hospital's most common semi-private room rate. Pre-admission testing, 14 days prior to admission	90% - In Network 80% - Out of Network
Skilled Nursing Facility - recommended by a Physician and confinement begins within 30 days of a hospital confinement	90% - In Network 80% - Out of Network maximum per disability – 45 days
Home Health Care – ordered by a physician. Approval by Case Management required	90% - In Network 80% - Out of Network
Outpatient Hospital Services – including Licensed Surgery Centers	90% - In Network 80% - Out of Network
Diagnostic X-rays/Lab – X-rays and /or tests to diagnose a condition or to determine the progress of an illness or injury	90% - In Network 80% - Out of Network
MRI and CT Scans	100% - Medlink 90% - In Network 80% - Out of Network
Outpatient Physical and Occupational Therapy – requires approval by Case Management. Must be performed by a Licensed Therapist or Licensed Physical Therapist Assistant	90% - In Network 80% - Out of Network
Outpatient Restorative Speech Therapy- (children and adults) requires approval by Case Management. Must be performed by a Licensed Speech Therapist.	90% - In Network 80% - Out of Network
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 2 through age 5. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$2,000
Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children – dependent children age 6 through age 18. Requires approval by Case Management	90% - In Network 80% - Out of Network calendar year maximum \$300

Midwest Operating Engineers Welfare Fund

Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children – dependent children through age 18 only . Requires approval by Case Management.	90% - In Network 80% - Out of Network calendar year maximum \$3,000
Orthoptic Training – for dependent children up to age 10 only . Training needs to be prescribed by a covered provider.	50% lifetime maximum 40 visits
Physician's Medical/Surgical Care - Office visits, hospital visits, surgery, assistant surgeon, etc	90% - In Network 80% - Out of Network
Preventative Care -routine physical exams. Benefit for member and spouse only .	100% calendar year maximum of \$350
Well Baby Care – includes routine hospital visits, outpatient visits and immunizations, age limitation of 0 to 24 months	100% lifetime maximum of \$2,000
Chiropractic Services – eligible for members and dependents over age 5. Medically necessary x-rays are covered	maximum of 24 spinal manipulations per calendar year up to \$60 per visit 90% - In Network 80% - Out of Network
Durable Medical Equipment – rental paid up to purchase price of the equipment	No deductible 80%, if pre-approved by a case manager, 50%, not pre-approved Electric wheelchair limited to \$15,000
Foot Orthotics – custom fitted foot orthotics prescribed by a Physician	80% annual maximum \$300 lifetime maximum \$1,500
Prosthetic devices – artificial devices to restore a normal body function. Case Management approval is required. An electronic or microprocessor controlled artificial limb is limited to the cost of a conventional mechanical artificial limb that would meet the patient's basic needs.	80%
Transplants - Case Management approval is required. Available to all active and non-Medicare members. Medicare eligible members must use Medicare approved providers. Benefit begins 5 days (30 days for bone marrow) before the transplant date and ends 18 months after transplant procedure.	90% - In Network lifetime maximum \$300,000, including organ procurement maximum \$25,000 per transplant transportation and lodging maximum \$10,000 private duty nursing maximum \$10,000
Temporomandibular Joint Disease (TMJ) – precertification is required	No deductible 50% lifetime maximum \$2,500
Cochlear Implants – for dependent children age 1 through 18. Requires approval by Case Management	90% - In Network only
Cochlear Implants – age 19 and older. Requires approval by Case Management.	70% lifetime limit \$30,000
Cancer drugs – drugs used to treat cancer are subject to the annual deductible, annual and lifetime maximum	80% of the prescription charge
Medical Transportation – includes ground and air transport from the site of the injury, medical emergency or acute illness to the nearest facility	90% - In Network 80% - Out of Network Inter-health-care-facility transfer maximum \$5,000

Midwest Operating Engineers Welfare Fund

Mental Illness and Substance Abuse	
Mental Illness and Substance Abuse – prior authorizations from MAP provider is required	
Inpatient Care	90% lifetime maximum 30 days
Outpatient Care	90% lifetime maximum 60 visits
Prescription Drug Program	
Midwest Benefit Pharmacy All maintenance drugs must be purchased at the Midwest Benefit Pharmacy. No Coordination of Benefits applies	Brand \$10 co-pay – 30 days Generic \$5 co-pay – 30 days annual maximum \$20,000 per individual Hepatitis C maximum ends 12 months from the initial treatment - \$40,000
Pharmacy Benefit Manager (local pharmacy) – In Network Pharmacy Only	80% for emergency medication only from an in-network pharmacy. A maximum of 15 days supply will be dispensed
Nursing Home	50% - prescription drugs
<i>When available, Generic Drugs will be substituted for all Brand Name Drugs or medications. If a participant requests a Brand Name Drug, or if the prescribing Physician indicates "no substitutions", when a Generic equivalent is available, the Participant will be required to pay the Brand Name Drug Co-Pay plus the difference in cost between the Brand Name Drug and its Generic equivalent.</i>	
Dental Benefits	
Deductible	\$0
Calendar Year Maximum	\$1,000
PPO Network	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 only)	50% lifetime maximum \$1,500
Death Benefit	
Death Benefit	\$10,000 – Local 537 members only
Family Supplemental Benefit	
Family Supplemental Benefit This benefit can be used for non-covered expenses. Items such as hearing aids, glasses, etc. Non-covered drugs except for prescriptions which could have been purchased under the Prescription Drug Program. Reimbursement for plan maximums and items considered at 50% except for durable medical equipment is eligible. This benefit cannot be used to reimburse the deductible, co-pay or amount over the reasonable and customary amount.	maximum per family, per calendar year - \$1,500