

**SCHEDULE OF BENEFITS – Plan E -1****Landscapers****Comprehensive Medical Expense Benefits**

<b>Lifetime Maximum</b>	\$350,000
<b>Individual Deductible</b> – (per person, per calendar year. All benefits are subject to the deductible unless otherwise noted) Three month carryover	\$100
<b>Family Deductible</b> - (per calendar year) Three month carryover does not apply.	\$300
<b>Out of pocket expense limitation</b> – The amount of money an individual pays toward covered hospital and medical expenses during any one calendar year, <b>including the deductible.</b>	\$2,500 per individual \$6,000 per family
<b>PPO Network</b>	BlueCross BlueShield – Hospital and Physicians Medlink – MRI and CT Scans Compsych – MAP, Mental and Nervous and Substance Abuse
<b>Inpatient Hospital Services</b> – Room allowances based on the hospital’s most common semi-private room rate. Pre-admission testing, 14 days prior to admission	90% - In Network 70% - Out of Network
<b>Skilled Nursing Facility</b> - recommended by a Physician and confinement begins within 30 days of a hospital confinement	90% - In Network 70% - Out of Network maximum per disability – 45 days
<b>Home Health Care</b> – ordered by a physician. Approval by Case Management required	90% - In Network 70% - Out of Network
<b>Outpatient Hospital Services</b> – including Licensed Surgery Centers	90% - In Network 70% - Out of Network
<b>Diagnostic X-rays/Lab</b> – X-rays and /or tests to diagnose a condition or to determine the progress of an illness or injury	90% - In Network 70% - Out of Network
<b>MRI and CT Scans</b>	100% - Medlink 90% - In Network 70% - Out of Network
<b>Outpatient Physical and Occupational Therapy</b> – requires approval by Case Management. Must be performed by a Licensed Therapist or Licensed Physical Therapist Assistant	90% - In Network 70% - Out of Network
<b>Outpatient Restorative Speech Therapy- (children and adults)</b> requires approval by Case Management. Must be performed by a Licensed Speech Therapist.	90% - In Network 70% - Out of Network
<b>Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children</b> – dependent children age 2 through age 5. Requires approval by Case Management	90% - In Network 70% - Out of Network calendar year maximum \$2,000
<b>Outpatient Speech Therapy for Developmental Condition including Congenital Neurological Diseases for Dependent Children</b> – dependent children age 6 through age 18. Requires approval by Case Management	90% - In Network 70% - Out of Network calendar year maximum \$300
<b>Outpatient Physical and Occupational Therapy for Congenital Neurological Diseases for Dependent Children</b> – dependent children through age 18 <b>only</b> . Requires approval by Case Management.	90% - In Network 70% - Out of Network calendar year maximum \$3,000

Midwest Operating Engineers Welfare Fund

<b>Orthoptic Training</b> – for dependent children up to age 10 <b>only</b> . Training needs to be prescribed by a covered provider.	50% lifetime maximum 40 visits
<b>Physician's Medical/Surgical Care</b> - Office visits, hospital visits, surgery, assistant surgeon, etc	90% - In Network 70% - Out of Network
<b>Preventative Care</b> -routine physical exams. Benefit for member and spouse <b>only</b> .	100% calendar year maximum of \$350
<b>Well Baby Care</b> – includes routine hospital visits, outpatient visits and immunizations, age limitation of 0 to 24 months	100% lifetime maximum of \$2,000
<b>Chiropractic Services</b> – 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 70% - Out of Network
<b>Durable Medical Equipment</b> – rental paid up to purchase price of the equipment	No deductible 70%, if pre-approved by a case manager, 50%, not pre-approved Electric wheelchair limited to \$15,000
<b>Foot Orthotics</b> – custom fitted foot orthotics prescribed by a Physician	70% annual maximum \$300 lifetime maximum \$1,500
<b>Prosthetic devices</b> – 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.	70%
<b>Transplants</b> - 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
<b>Temporomandibular Joint Disease (TMJ)</b> – precertification is required	No deductible 50% lifetime maximum \$2,500
<b>Cochlear Implants</b> – for dependent children age 1 through 18. Requires approval by Case Management	90% - In Network only
<b>Cochlear Implants</b> – age 19 and older. Requires approval by Case Management.	70% lifetime limit \$30,000
<b>Cancer drugs</b> – drugs used to treat cancer are subject to the annual deductible, annual and lifetime maximum	70% of the prescription charge
<b>Medical Transportation</b> – includes ground and air transport from the site of the injury, medical emergency or acute illness to the nearest facility	90% - In Network 70% - Out of Network Inter-health-care-facility transfer maximum \$5,000
<b>Mental Illness and Substance Abuse</b>	
<b>Mental Illness and Substance Abuse</b> – prior authorizations from MAP provider is required	
Inpatient Care	\$50 deductible 90% lifetime maximum 30 days
Outpatient Care	\$50 deductible 90% lifetime maximum 60 visits

<b>Prescription Drug Program</b>	
<b>Midwest Benefit Pharmacy</b> All maintenance drugs must be purchased at the Midwest Benefit Pharmacy. No Coordination of Benefits applies	Brand \$10 co-pay – 30 day supply Generic \$5 co-pay – 30 day supply annual maximum \$10,000 per individual
<b>Pharmacy Benefit Manager (local pharmacy) – In Network Pharmacy Only</b>	80% for emergency medication only from an in-network pharmacy. A maximum of 15 days supply will be dispensed
<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>	

<b>Dental Benefits</b>	
Deductible	\$0
Calendar Year Maximum	\$1,000
<b>PPO Network</b>	DentalGuard Preferred Select Network
Preventative	100%
Basic and restorative	70%
Orthodontia (dependent children through age 18 <b>only</b> )	50% lifetime maximum \$1,500

<b>Death Benefit</b>	
<b>Death Benefit</b>	\$1,000 – member

<b>Family Supplemental Benefit</b>	
<b>Family Supplemental Benefit</b> 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 - \$500