

## SUMMARY OF SCHEDULE OF BENEFITS

The following is a Summary of the Schedule of Benefits provided under the Plan on behalf of all Eligible Members and their Eligible Dependents who may be entitled to these benefits in accordance with the Rules of Eligibility found elsewhere in this booklet. Further in the booklet you will find complete explanations of the benefits outlined below.

### MAJOR MEDICAL EXPENSE BENEFIT

Maximum Lifetime Benefit Per Covered Person	
For All Covered Medical Expenses .....	\$130,000
Calendar Year Deductible Per Covered Person .....	\$250
Benefit Percentage Payable by the Fund:	
Outpatient Treatment of a Mental or Nervous Disorder .....	65%
Counseling Services in Connection with a Terminal Illness.....	65%
For the Purchase of Covered Prescription Drugs –	
Generic Drugs .....	90%
Brand Name Drugs .....	70%
For All Other Covered Medical Expenses –	
If Incurred with a Participating PPO Provider .....	85%
If Incurred with a Non-PPO Provider .....	75%
Other Benefit Limitations:	
Maximum Hospice Care Benefit Per Occurrence –	
Room and Board, Care and Treatment of the Patient .....	\$3,000
Counseling for the Patient and the Patient's Family .....	\$1,000
Maximum Lifetime Benefit for Sleep Apnea and Other Sleep Disorders.....	\$2,500
Maximum Lifetime Benefit for Non-Surgical Treatment of Temporomandibular Joint (TMJ) Dysfunction.....	\$1,000
Maximum Annual Benefit Per Covered Person for Home Health Care .....	\$2,500
Maximum Annual Benefit Per Covered Person for Pain Management, Exclusive of Cancer-Related Charges .....	\$2,500