

**WESTERN TEAMSTERS WELFARE TRUST RETIREE PLAN
FOR NON-MEDICARE RETIREES
Summary of Benefits as of July 1, 2007**

The following worksheet is for illustrative purposes only and is *NOT* intended to be construed as an all inclusive description of the Plan benefits or any limitations/exclusions that may apply. It is not to be used for general distribution purposes or in lieu of a Plan booklet. Every effort has been made to ensure that the following information is accurate as of the date of issue, however, in all cases the applicable Plan booklet (inclusive of all revisions or modifications made subsequent to the latest printed editions) shall govern the eligibility for the benefits payable. The Board of Trustees or plan sponsor retains the right of final determination in questions of interpretation.

Benefits/Service	WTWT – Non-Medicare Plan	
	PPO	Non-PPO
Eligible Dependents	Spouse & dependent children as defined by the Plan.	
Medical Care Benefits	\$1,000,000 major medical per person including benefits under Medicare supplemental plan (excludes outpatient prescriptions). No lifetime limit on outpatient prescriptions except for the annual \$1,500 maximum, after which the plan will pay 50% of charges.	
Trust Lifetime Maximum		
Deductibles	\$ 300 per person*	\$300 per person*
Hospitalization Emergency Room Care Physician Services, Surgery, X-Ray, Lab & Other Charges	*3-month carryover provision	*3-month carryover provision
Out-of-Pocket Maximum	\$2,000 per person. \$6,000 per family.	\$5,000 per person. \$15,000 per family. Combined PPO and Non-PPO annual maximums.
Hospital	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible.	60%/100% of UCR charges after satisfaction of the annual plan deductible..
Ambulance	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible.	60%/100% of UCR charges after satisfaction of the annual plan deductible.
Physician Services	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible.	60%/100% of UCR charges after satisfaction of the annual plan deductible
Inpatient, including well baby care for 1st seven days of life.	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible .	60%/100% of UCR charges after satisfaction of the annual plan deductible
Outpatient	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible .	60%/100% of UCR charges after satisfaction of the annual plan deductible.
Surgery	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible.	60%/100% of UCR charges after satisfaction of the annual plan deductible.
Preventive Care		
• Outpatient: Physical Exams (Routine)	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible subject to a \$500.00 maximum per person per calendar year.	60%/100% of UCR charges after satisfaction of the annual plan deductible subject to a \$500.00 maximum per person per calendar year.
Alternate Treatment Settings	<u>In lieu of hospitalization</u> , the plan pays covered charges in alternate treatment settings, including skilled nursing facilities, hospice, and home health care. No deductible. Limits described below apply to each setting. 80%/100% of PPO allowed amount after satisfaction of the annual plan deductible	<u>In lieu of hospitalization</u> , the plan pays covered charges in alternate treatment settings, including skilled nursing facilities, hospice, and home health care. No deductible. Limits described below apply to each setting. 60%/100% of UCR charges after satisfaction of the annual plan deductible.
Skilled Nursing Facility	Benefits are limited to 60 days for all care due to same or related causes and are paid after the deductible at 80% for PPO providers and 60% of UCR for non-PPO providers.	

	WTWT – Non-Medicare Plan	
Benefits/Service	PPO	Non-PPO
Home Health Care	Plan pays 100% of eligible expenses. Home health visits are limited to 130 visits per person in a calendar year.	
Hospice Care	Plan will pay the charges incurred for all hospice services for one period of care in the Hospice Care Program up to the maximum Hospice benefit of \$5,000.	
Spinal Treatment Benefit	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible. Maximum 30 treatments per calendar year including non-PPO treatments.	60%/100% of UCR charges after satisfaction of the annual plan deductible. Maximum 30 treatments per calendar year.
Massage Therapy	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible.. Maximum 10 visits per calendar year including non-PPO treatments.	60%/100% of UCR charges after satisfaction of the annual plan deductible. Maximum 10 treatments per calendar year.
Accupuncture	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible.. Maximum 10 visits per calendar year including non-PPO treatments.	60%/100% of UCR charges after satisfaction of the annual plan deductible. Maximum 10 treatments per calendar year.
Diagnostic X-Ray/Lab	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible.	60%/100% of UCR charges after satisfaction of the annual plan deductible.
Durable Medical Equipment	80%/100% of PPO allowed amount after satisfaction of the annual plan deductible. Rental not to exceed purchase price.	60%/100% of UCR charges after satisfaction of the annual plan deductible. Rental not to exceed purchase price.
Special Treatment Benefits		
Chemical Dependency	Covered under separate benefit provided by the Trust through MHN.	
Mental & Nervous	Covered under separate benefit provided by the Trust through MHN.	
Prescription Drug		
Medco Retail Pharmacy	Prescriptions are limited to a maximum supply of 34 days at retail pharmacies.	Non Medco pharmacies are not covered.
• Generic	You pay 20% coinsurance (\$10 minimum) per prescription	N/A
• Brand	You pay 20% coinsurance (\$25 minimum) per prescription	N/A
Mail Order Pharmacy	Prescriptions are limited to a maximum supply of 90 days at the mail order pharmacy.	N/A
• Generic	No copay per prescription	N/A
• Brand	You pay \$50 copay per prescription	N/A
	<i>Note: Plan deductibles and lifetime maximum do not apply to prescription drug benefits. Retail prescriptions are limited to a maximum 34-day supply.</i>	
Dental	None	None
Vision	None	None