MILWAUKEE DRIVERS HEALTH AND WELFARE TRUST FUND

SCHEDULE OF BENEFITS—Plan B (Active Participants)

The following chart highlights your level of coverage under the Plan, as of January 1, 2024. The percentage listed indicates the amount the Plan pays. These benefits are described in greater detail in your Summary Plan Description (SPD).

Medical Benefits	Network Providers	Non-Network Providers
Lifetime Maximum	Unlimited	Unlimited
Annual Deductible	$250 per person; $750 per family	$500 per person; $1,500 per family
Annual Out-of-Pocket Limit (not including deductible)	$1,500 per person; $3,000 per family	$3,000 per person; $6,000 per family
Wellness Benefit	100%, no deductible, up to $300 per person each year; then 80% after deductible	100%, no deductible, up to $300 per person each year; then 80% after deductible
Hospital Emergency Room	80% after $50 per visit; no deductible	80% after $50 per visit; no deductible
LiveHealth Online	100%	100%
Physician Services	80% after deductible	70% after deductible
Chiropractic Services (up to 36 visits per year)	80% after deductible	80% after deductible
Acupuncture	80% after deductible	80% after deductible
Massage Therapy (up to $1,500 per person per year)	80% after deductible	80% after deductible
Ambulance Service	80% after deductible	80% after deductible
Organ Transplant Hospital/Related[1]	80% after deductible	Not covered unless network transplant provider is used
In-Home Hospice Services[1]	100% after deductible	70% after deductible
Other Services • Inpatient Room and Board (all confinements)[1] • Inpatient Services[1] • Outpatient Surgery[1] • Home Health Nursing Services[1] • Skilled Nursing Facility Services[1] • Rehabilitation Services: Occupational, Physical, Speech Therapy (reviewed after 120 visits for continued medical necessity)[1] • Outpatient Diagnostic/ Therapeutic Services[1] • Prosthetics, Orthotics, and Durable Medical Equipment[1] • Outpatient Accident-Related Dental Services[1] • Hearing Aid (one per ear per 36-month period)	80% after deductible	70% after deductible
Home Health Custodial Care[1] Lifetime Maximum	80% after deductible $10,000	
TMJ Treatment Non-Surgical Lifetime Maximum Surgical Lifetime Maximum[1]	Same as any other illness or injury $1,500 per person $3,000 per person	
Mental Health and Substance Abuse Benefits Inpatient[1]/Outpatient	100% of covered expenses	100% of covered expenses

Note: All medical benefits, except hospital emergency room services, are subject to the Plan's medical deductible.

PRESCRIPTION DRUG BENEFITS	COVERAGE	
Network Pharmacy[2] Mail Order[2]	70% 70%	
Standard Dental Care Benefits	**Network Provider**	**Non-Network Provider**
Class A		
• Type I (Diagnostic and Preventative)	100%	80%
• Type II (Basic Restorative)	80%	70%
• Type III (Major Restorative)	75%	60%
Class B (Orthodontia)	80%	80%
Lifetime Maximum Payment		
• Class A	Unlimited	Unlimited
• Class B	$3,000 per person	$3,000 per person
Routine Vision Care Benefits[3]	**Network Provider (Your Cost)**	**Non-Network Provider (Your Reimbursement)**
Eye Examination (Dilation, as necessary, and refraction)	$0	Up to $35
Exam Options (Contact Lenses)		
• Standard Fit and Follow-Up	Up to $55	N/A
• Premium Fit and Follow-Up	90% of retail price	N/A
Frames	80% of amount over $150	Up to $32
Standard Plastic Lenses		
• Single Vision	$0	Up to $40
• Bifocal	$0	Up to $60
• Trifocal	$0	Up to $80
• Standard Progressive	$0	Up to $60
• Premium Progressive	80% of charge less $120 allowance	Up to $60
Contact Lenses		
• Medically Necessary	$0	Up to $176
• Conventional	85% of amount over $125	Up to $72
• Disposable	100% of amount over $125	Up to $72
Disability and Death Benefits	**Coverage**	
Weekly Accident and Sickness Benefits Weekly Benefit[4] Maximum Weeks Payable[4]	 $350 52	
Life Insurance Benefit	**$40,000**	
AD&D Insurance Benefit	$40,000 (full amount)	

Note: All medical benefits, except hospital emergency room services, are subject to the Plan's medical deductible.

1 You must call Anthem at 833-952-2061 for precertification or coverage will be reduced. Precertification is required for durable medical equipment over $1,000.

2 You must have your prescription filled at a preferred pharmacy and show your ID card or through the Sav-Rx Mail Order Pharmacy Program to receive your prescription at discounted prices Prescriptions will be dispensed in accordance with the Plan's drug formulary. When your physician prescribes a brand name medication which has a generic equivalent as determined by the U. S. Food and Drug Administration (FDA), the Plan will waive the difference in cost between the brand name drug and the equivalent generic drug ONLY if your prescribing physician provides Sav-Rx with a letter of "Medical Necessity" (LMN). In addition, the Plan includes a mandatory Step Therapy Program for most drugs, including non-sedating antihistamines (NSA) and proton pump inhibitors (PPIs). Specialty drugs will be delivered exclusively through the Sav-Rx Specialty Pharmacy after an initial retail fill.

3 Refer to your Summary of Routine Vision Care Benefits. All services are covered once every 12 months. Contact lenses are available in lieu of glasses. When you receive vision services out-of-network, you are responsible to pay the out-of-network provider in full at the time of service and then submit a request for reimbursement. You will be reimbursed up to the amount shown.

4 **UPS Employees:** You will receive a maximum of 26 weeks of benefits from this Plan. Benefits will automatically end after 26 weekly payments have been made. To continue to receive benefits beyond 26 weeks, you must apply for LTD benefits (see your SPD). If for some reason, you are not eligible for LTD benefits but you continue to meet the eligibility requirements for the Plan's Weekly Accident and Sickness Benefit, the Plan will resume payments until a maximum of 52 weeks of benefits have been made. However, to be eligible for the maximum 52 weeks of benefits, you must have applied for and be found not to be eligible for LTD Benefits. (Note that your weekly benefit amount is $450 and is dependent upon employer weekly contributions.)