FLEET OWNERS INSURANCE FUND
PLAN B
Schedule of Benefits
EFF. 1/1/2016

Benefits	**Network**	**Out-of-Network**
Benefit Plan	January 1st through December 31st	
Dependent Age Limit	26 Removal upon end of birth month	
Prescription Drugs (generic only unless none available), subject to formulary approved by the Trustees from time to time. Formulary is at www.fleetownersinsurance.org	Inpatient: 100% Outpatient: 80% Generic: 90% Preferred Brand: 70% Non-Preferred Brand: 50% Specialty: 50%	
Plan Exceeds Minimum Value.	Plan B is a "grandfathered" plan under the ACA.	
Benefit Period Deductible- Single/Family [1]	$200/$400	$400/$800
Coinsurance	80% for most services	50% for most services
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	$500/$1,000	$1,000/$2,000
Physician/Office Services		
Office Visit (Illness/Injury) [2]	$20 co-pay, then 100%	50% after deductible
Urgent Care Facility Services [2]	$20 co-pay, then 100%	50% after deductible
Voluntary Second Surgical Opinion	$20 co-pay, then 100%	50% after deductible
Allergy Testing and Treatments	80% after deductible	50% after deductible
Standard Immunizations	80% after deductible	50% after deductible
Preventative Services		
Office Visit/Routine Physical Exam (one exam per benefit period) Employee and Spouse	100%	50% after deductible
Well Child Care Services including Exam and immunizations (To age nine) [2]	$20 co-pay, then 100%	50% after deductible
Well Child Care Laboratory Tests (To age nine)	100%	50% after deductible
Routine PSA	100%	50% after deductible
Routine Mammogram (One per benefit period)	100%	50% after deductible
Routine Pap Test (One per benefit period)	100%	50% after deductible
Routine Gynecological Exam: Female Contract Holder or Spouse only; one per benefit period in conjunction with routine pap test	100%	50% after deductible
Routine Colon Cancer Screening, Colonoscopy (One per benefit period)	100%	50% after deductible
Ambulatory Patient Services		
Surgical Services (inpatient/outpatient;professional/institutional)	100% after deductible	50% after deductible
Radiology/Lab/Diagnostic Services	80% after deductible	50% after deductible
Physical & Speech Therapy-Facility -Professional	100% after deductible 80% after deductible	50% after deductible 50% after deductible
Occupational Therapy-Facility -Professional	100% after deductible 80% after deductible	50% after deductible 50% after deductible
Chiropractic Therapy-Professional Only (12 visits per benefit period)	80% after deductible	50% after deductible
Radiation, Chemotherapy, Respiratory, Pulmonary, Cardiac Rehab, Dialysis Treatment- Facility Professional	 100% after deductible 80% after deductible	 50% after deductible 50% after deductible
Emergency Care (Accident/Medical Emergency)	100% deductible does not apply	
Non-Emergency use of an Emergency Room[3,4]	$200 co-pay, then 80%	$200 co-pay, then 50%

[1] Maximum family deductible. Member deductible is the same as single deductible.
[2] The office visit co-pay applies to the cost of the office visit only.
[3] Co-pay waived if admitted
[4] The co-pay applies to room charges only. All other covered charges are subject to deductible and coinsurance.

Benefits	Network	Out-of-Network
Inpatient Facility/Hospitalization		
Semi-Private Room and Board- including ancillaries & pre-admission testing (365 days)	80% after deductible	50% after deductible
Professional Services	80% after deductible	50% after deductible
Initial Newborn care-Inpatient	80% after deductible	50% after deductible
Maternity	80% after deductible	50% after deductible
Skilled Nursing Facility (30 days per benefit period)	60% after deductible	50% after deductible
Hospice	80% after deductible	50% after deductible
Private Duty Nursing	60% after deductible	50% after deductible
Additional Services		
Anesthesia	80% after deductible	50% after deductible
Ambulance	80% after deductible	50% after deductible
Durable Medical Equipment	80% after deductible	50% after deductible
Home Healthcare (30 days per benefit period)	60% after deductible	50% after deductible
Organ Transplant (Employee only) including heart, lung, liver, pancreas, kidney, bone marrow, cornea	60% after deductible	50% after deductible
Case Management	100% (deductible does not apply)	100% (deductible does not apply)
Podiatry Services	80% after deductible	50% after deductible
Mental Health and Substance Abuse- Federal Mental Health Parity		
Mental Health Inpatient Outpatient	Benefits paid based on corresponding medical benefits	Benefits paid based on corresponding medical benefits
Substance Inpatient: 30 days (1 per benefit period) Outpatient: 30 visits per benefit period	Benefits paid based on corresponding medical benefits	Benefits paid based on corresponding medical benefits
Chronic Disease Management	80% after deductible	50% after deductible

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LIFE/AD & D INSURANCE – ACTIVE EMPLOYEES

Life Benefits for Member……………..……………………………………..………..….$20,000.00

Accidental Death and Dismemberment for Member (**excluding** Suicide)……..…………..$20,000.00

LAST ILLNESS AND BURIAL EXPENSE

Spouse Benefits……….………………………………………………………………….$3,000.00

Children Benefit…………….……………………………………………………………$1,500.00

ACCIDENT AND SICKNESS WEEKLY BENEFIT NON-OCCUPATIONAL

Accident and Sickness Weekly Benefit for Participant—…….……..$175.00 per week for 26 weeks

Waiting Period—Accidents……………….…..…..…Benefits begin on the first day after the accident

Illness……………………………………………...Benefits begin on the 8th day after hospitalization

Maximum Benefit…………………………………………………………………….…..26 weeks

Notes: Services requiring a co-pay are not subject to the single/family deductible.
Coinsurance expenses incurred for services by an out-of-network provider will be separate from the network coinsurance out-of-pocket limits.
Benefits will be determined based on the Plan provisions, subject to appeal rights in the Plan Booklet.

FLEET OWNERS INSURANCE FUND Plan B (Dentemax Network) Traditional Dental Rider with Orthodontia	
Benefits	
Benefit Period	January 1st through December 31st
Dependent Age Limit	26 Removal upon end of birth month
Benefit Period Maximum (per member)	$750
Benefit Period Deductible (per member)	None
Orthodontic Lifetime Maximum (per eligible dependent up to age 19)	$1,000
Preventative Services	
Oral Exams- two per benefit period	100% UCR
Bite Wing X-Rays- two sets per benefit period	100% UCR
Prophylaxis (cleaning)- two per benefit period	100% UCR
Fluoride Treatment- one treatment per benefit period, limited to dependents up to age 19	100% UCR
Space Maintainers-limited to eligible dependents up to age 19	100% UCR
Diagnostic X-rays	100% UCR
Essential/Restorative Services	
Consultations and Other Exams by Specialist	70% UCR
Apicoectomy Services	70% UCR
Minor Restorative Services	70% UCR
Endodontic/Pulp Services	70% UCR
Periodontal Services	70% UCR
Surgical Extractions	70% UCR
Simple Extractions	70% UCR
Alveoplasty	70% UCR
Impactions	70% UCR
Emergency Palliative Services	70% UCR
Minor Oral Surgery Services	70% UCR
General Anesthesia	70% UCR
Complex Services	
Prosthetic Repairs, Relines and Adjustments	50% UCR
Gold Foil Restoration	50% UCR
Inlays, Onlays-one every five years	50% UCR
Crowns- one every five years per tooth	50% UCR
Root Canals	50% UCR
TMJ: $1000 Lifetime Maximum	50% UCR
Bridgework (Pontics & Abutments) – one every five years	50% UCR
Partial and Complete Dentures- one every five years	50% UCR

Benefits	
Orthodontic Services-Dependents up to age 19 only!	
Orthodontic Diagnostic Services	50% UCR
Minor Treatment for Tooth Guidance	50% UCR
Minor Treatment for Harmful Habits	50% UCR
Interceptive Orthodontic Treatment	50% UCR
Comprehensive Orthodontic Treatment	50% UCR

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Note: The Dental Program provides for all covered dental services including the examination and treatment charges.

Under this benefit plan, the Fund will provide 100% benefits for preventative services, a 70% benefit for Essential/Restorative services, a 50% benefit for Complex services and a 50% benefit for Orthodontic services [for dependents up to age 19 only]. Qualified participant and/or dependent is responsible for the remaining coinsurance.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

This document is only a partial listing of benefits. This is not a contract of insurance. The contract or certificate will contain the complete listing of covered services.

In certain instances, Medical Mutual's payment may not equal the percentage listed above. However, the covered person's coinsurance will always be based on the lesser of the provider's billed charges or Medical Mutual's negotiated rate with the provider.

FLEET OWNERS INSURANCE FUND Plan B Vision Rider	
Benefits	
Benefit Period	January 1st through December 31st
Dependent Age Limit	26 Removal upon end of birth month
Examinations	**One per benefit period**
Vision Examinations	$75 per exam
Frames	**One per benefit period**
Basic Frames	$75 per frame
Prescription Lenses	**One per benefit period**
Single Vision Lenses	$75 per pair
Bifocal Lenses	$75 per pair
Trifocal Lenses	$75 per pair
Lenticular Single Lenses	$75 per pair
Lenticular Bifocal Lenses	$75 per pair
Lenticular Trifocal Lenses	$75 per pair
Contacts in Lieu of Lenses	**One per benefit period**
Medically Necessary	$100 per pair
Cosmetic	$100 per pair

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*No coverage for glasses or contacts without a prescription.

Note: Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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FLEET OWNERS INSURANCE FUND Plan B Hearing Rider		
Benefit Description	**Dollar Maximum**	**Frequency**
Benefit Period	January 1st through December 31st	
Dependent Age Limit	26 Removal upon end of birth month	
Coinsurance	100%	
Audiometric Exam	$25	1 per 36 months
Hearing Aid Evaluation	$35	1 per 36 months
Hearing Aid (per ear)	$250	1 per 36 months
Conformity Evaluation	Not Covered	

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Note: The Hearing product provides benefits for all covered hearing services including the examination, evaluation and hearing aid charges.

Under this benefit plan, the Fund will provide 100% benefit for Hearing services up to the specified dollar maximums. Qualified participant and or dependent is responsible for the remaining balance.

Benefits will be determined based on Medical Mutual's medical and administrative policies and procedures.

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