

Independent Contract Mail Drivers' Association



Member Benefits



ICMDA

206 North York Road
Suite C
Elmhurst, Illinois 60126

icmda.com
icmda@att.net

Summary

Benefits are for those drivers in good standing who pay full dues (\$43.33) each pay period. The drivers paying full dues receive additional benefits, which include the following:

- Dental
- Vision
- Health – Flu Shot
- Disability
- Survivor Benefit

The standard benefits for all drivers are:

- Representation of the Collective Bargaining Agreement (CBA)
- Salary Negotiations
- Safety Board

Dental

There is a maximum benefit of \$1,000 for every calendar year. Preventive and diagnostic procedures are covered 100%. There is a \$100 deductible for category 2 and 3 (a total of \$200). The Association will then pay 50% of the remaining balance. (See the following pages for further descriptions of the dental plan.)

Vision

A maximum of \$200 per year (single use only) will be reimbursed to the driver or vision care provider (on anniversary date of prior eye exam).

Health (Flu Shot)

There is a maximum benefit reimbursement of \$25 per year for a flu shot (reimbursement based on anniversary date of the prior year flu shot). The driver must provide a receipt with the date and member name.

Disability

The driver must be off work for at least two consecutive weeks due to injury or illness. The benefit period will begin from the first missed day of work. The driver will receive \$60 per week for a maximum benefit of \$599. A completed disability form must be filled out and signed by the healthcare provider. The driver may return to work with a full release from the healthcare provider. A copy of the release should be forwarded to the ICMDA. The disability form is available on line at www.icmda.com or one can be sent via the mail.

Survivor Benefit

In the event of the death of a member of the ICMDA, the beneficiary stated on the legal death certificate will receive a \$1,000 check. The beneficiary should send a copy of the death certificate to the ICMDA to receive the benefit.

Claims Procedure

For dental and vision claims, please show the benefit payment card to the healthcare provider for direct billing. Vision benefits may be reimbursed to the member with a receipt and signature from the vision care provider.

For disability claims, please fill out the disability form and forward to the Association.

Please forward all claims and questions to the following address:

I.C.M.D.A.
206 N. York Road
Suite C
Elmhurst, IL 60126

Phone (630) 833-4236
Fax (630) 833-4762
Email icmda@att.net
Web www.icmda.com

The ICMDA benefit payment fund is self-administered.

Eligibility

The eligibility requirements for the plan benefits are:

- 90 days of employment
- \$50 initiation fee
- Full dues (\$43.33 per pay period)

NOTICE OF RIGHTS

You have the following rights guaranteed by federal law:

- 1) To examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all plan documents, including insurance contracts, collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor;
- 2) Obtain copies of all plan documents and other plan information upon written request of the Plan Administrator. The Administrator may require a reasonable charge for the copies;
- 3) In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA. If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the material, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that the plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous. If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N. W., Washington, D. C. 202 10.

DENTAL PLAN

Section 1. **Effective Date** April 2012

Section 2. **ELIGIBILITY** All full-time employees who work at least 40 hours per week for the employer on a regular basis, after completion of 90 days of continuous, full-time employment or pays full-time dues.

Section 3. **BENEFIT SCHEDULE**

Dental Service
Plan 1 – Preventive
Plan 2 - General Maintenance
Plan 3 – Prosthodontics

Section 4. **DEDUCTIBLE** There is a \$100 deductible per year per plan, which is applicable to Plan 2 and 3 covered expenses.

Section 5. **CO-BENEFIT**

Plan 1 - 100% Reimbursement
Plan 2 - 50% Reimbursement
Plan 3 - 50% Reimbursement

Section 6. **MAXIMUM BENEFITS** \$1,000 per calendar year for all Plan 1, 2 and 3 expenses.

Section 7. **ENROLLMENT PROCEDURE** To become eligible for benefits you must complete an application which has been approved by the ICMDA. The benefits will take effect automatically on the earliest date on which you may become eligible as set forth in Section 9.

Section 8. **TERMINATION OF COVERAGE** Your benefits will terminate on the earliest of the following dates:

1. On the date on which the Dental Plan is no longer in effect for any employee;
2. On the date on which you are no longer a member of a class or classes of persons who may be covered; and
3. On the date in which your employment terminates. Your employment will terminate when you are no longer actively at work except that:
 - a) it will be deemed to continue during the whole time that you are absent from work if your absence is due to disease or injury; and
 - b) it will be deemed to continue until the end of the policy month next following the policy month in which your absence began if your absence is due to a temporary lay-off or leave of absence other than for military service.

Section 9. **BENEFITS LIMITATIONS** ICMDA will pay, subject to the following terms, the charges covered by this benefit provision if they are incurred by the member:

1. Within a calendar year; and
2. They are in excess of the deductible amount where applicable.

The deductible amount, if any for a person in a calendar year is described in Section 4.

Payment for the incurred charges defined in this benefit provision will be subject to all the following conditions:

1. That the incurred charges are necessary, that they do not cost more than the least expensive service, supply or method of treatment that ICMDA decides will produce a professionally adequate result.
2. ICMDA will not pay more than the lesser of
 - a) The amount actually charged;
 - b) The usual, customary and reasonable fee.

That if fees for laboratory charges are included, ICMDA will not pay more than the lesser of

1. The amount actually charged, and
2. The usual, customary and reasonable fee.
3. That the procedure which results in a charge being incurred is performed, recommended or approved by a Dentist or Denturist.
4. That ICMDA is not prohibited from paying the charges by any law to which the member is subject at the time the charge is incurred.
5. That, in each of the following cases, ICMDA will not be liable for more than the amount it would have been liable for had but one Dentist rendered the service.

If a member transfers from the care of one Dentist during the course of treatment.

If more than one Dentist renders services for one dental procedure.

The actual procedures in the Table of Charges are identified by a code system which is used by the American Dental Association.

Section 10. DEFINITIONS.

MEMBERS: Means the employee eligible to receive dental benefits.

DENTIST: Means an individual who is licensed to practice dentistry by the appropriate governmental authority having jurisdiction over the licensing and practice of dentistry. "Dentist qualified in Orthodontics" shall mean a licensed Dentist who fits one of the following descriptions:

1. He is a member or is eligible for membership in the American Board of Orthodontics.
2. He is presently limiting his practice to the area of orthodontics. He must also have completed two or more academic years of advanced education in the area of orthodontics given by a dental school accredited by the American Dental Association; Council of Dental Education.
3. He is designated a "Dentist qualified in Orthodontics" by the ICMDA.

DENTAL HYGIENIST: Means an individual who is licensed to practice dental hygiene by the appropriate governmental authority having jurisdiction over the licensing and practice of dental hygiene. He must also be working under the supervision and direction of a Dentist.

DENTURIST: Means an individual who is licensed as a denturist by the appropriate governmental authority having jurisdiction over the licensing and practice of a denturist.

USUAL, CUSTOMARY AND REASONABLE FEE: Means fees determined and payable by ICMDA in accordance with **all** of the following rules:

1. The usual fee which is most often charged by an individual Dentist, Denturist or Dental Hygienist to patients for a given service;
2. The fee that falls within the customary range of usual charges for a given service by most Dentist, Denturists or Dental Hygienists with similar training and experience in a geographical area; and

CALENDAR YEAR:

Means the period from January 1st to the next following December 31st, both inclusive.

APPENDIX

DENTAL LIMITATIONS

If a member incurs any of the Dental 1 charges defined below, ICMDA will pay an amount equal to 100% of the Dental 1 charges incurred which exceed the deductible amount, no deductible.

TABLE OF DENTAL 1 CHARGES

A. DIAGNOSTIC

Examinations:

Oral periodic evaluations, not to exceed two in any calendar year.

All other evaluations as deemed necessary by the dentist.

X-Rays:

Interoral complete series including bitewings no more than once every two calendar years.

Bitewings for single or more (not entire series), but not more than twice in any calendar year

Tests:

Pulp vitality test as needed

Consultations:

Consultations (diagnostic service provided by the dentist or physician other than the practitioner providing the treatment.)

B. PREVENTIVE

Prophylaxis:

Not more than twice in any calendar year.

Topical application of Fluoride, not more than twice in any calendar year

TABLE OF DENTAL 2 CHARGES

If a member incurs any of the Dental 2 charges defined below, ICMDA will pay to you an amount equal to 50% of the Dental 2 charges incurred which exceed the deductible amount of \$100.

A. MINOR RESTORATIVE

Amalgam Restorations

Acrylic or Composite Restorations

Crowns, Crown Repairs, Pins, Sedative Dressing

B. MINOR SURGICAL

Extractions

C. MAJOR SURGICAL

Residual Root Removal

Surgical Excision

Surgical Incision

Fractures

D. PERIODONTICS

Surgical: The maximum benefit payable will include charges for post surgical treatment.

Adjunctive Services, not more than four times in any calendar year.

Provisional Splinting

E. ENDODONTICS

Pulp Capping
Pulpotomy
Root Canal Therapy
Root Resection
Bleaching
Intentional Removal, Apical Filling
Other Procedures

F. ADDITIONAL SERVICES

Anesthesia
Therapeutic Drug Injection
Emergency Treatment

DENTAL 2 EXTENSION OF BENEFITS

If a member's coverage under this Plan terminates for one of the following reasons and he had started endodontic, periodontic or major surgical treatment covered under this Dental 2 section prior to such termination, the member's benefits will be continued in force for 30 days after the termination with respect to the Dental 2 charges that are incurred for the same treatment.

1. The termination of employment.
2. The termination of membership in the class of classes of persons who may be covered.
3. The termination of the Plan for all members.

DENTAL 2 EXCLUSIONS

No payment will be made by ICMDA for any periodontic or endodontic treatment which commences prior to the date on which the member becomes covered for the Dental 2 charges.

DENTAL 3 LIMITATIONS

Charges for replacement of an existing partial or full removable denture or fixed bridgework or the addition of teeth to an existing partial removable denture or bridgework to replace extracted natural teeth will only be paid for if ICMDA is given proof satisfactory to ICMDA that:

1. The replacement or addition of teeth is required to replace one or more natural teeth that were extracted while the insured was covered under this benefit provision and after the existing denture or bridgework was installed.
2. The existing denture or bridgework cannot be made serviceable and was installed at least five years prior to its replacement.
3. The existing denture is an immediate temporary denture that replaced one or more natural teeth, for which impressions were taken while the insured was covered under this benefit provision. That replacement by a permanent denture is required and takes place within twelve (12) months from the date the immediate temporary denture was installed.
4. The existing denture or bridgework is replaced by an equivalent denture or bridgework.

The maximum amount payable with respect to Dental 3 charges incurred by a member in any calendar year is described in section S of the Plan. If a member incurs any of the Dental 3 charges defined in this benefit provision, ICMDA will pay an amount equal to 50% of the Dental 3 charges incurred which exceed the deductible amount, \$100 deductible.

TABLE OF DENTAL 3 CHARGES

A. REMOVABLE PROSTHODONTICS

- Complete Dentures
- Transitional Partial Dentures
- Partial Dentures
- Cast Chrome, Cobalt or Gold
- Denture Adjustments
- Denture Repairs
- Denture Rebasing and Relining
- Tissue Conditioning

B. FIXED PROSTHODONTICS

- Pontics
- Retainers-Inlay, Onlay
- Repairs
- Retainers-Crowns
- Retentive Pins in Abutments
- Other Services

C. MAJOR RESTORATIVE

- Restorative-Inlays, Onlays, Foils
- Posts in Inlays and Crowns
- Crowns
- Other Services

DENTAL 3 EXTENSION OF BENEFITS

If a member's coverage under this benefit provision terminates for one of the following reasons and he had an impression taken or a tooth prepared for a crown, bridge or denture prior to such termination, the member's eligibility for payments will be continued in force for ninety (90) days after the termination but only with respect to the Dental 3 charges for or resulting from such impression, crown, bridge or denture.

1. The termination of employment
2. The termination of membership in the class or classes of persons who may be covered.
3. The termination of the Plan for all members.

DENTAL 3 EXCLUSIONS

No payment will be made by ICMDA for any Dental 3 charge that is incurred for:

1. The replacement of mislaid, lost or stolen appliances.
2. Any crowns, bridges or dentures for which impressions were made prior to the date on which the member becomes covered for the Dental 3 charges under this provision.

GENERAL EXCLUSIONS

No payment will be made by ICMDA for any charge that is incurred directly for or resulting from any one or more of:

1. Any cause for which the member may apply for and receive indemnity or compensation under any Workmen's Compensation Act or similar legislation.
2. War, insurrection or hostilities of any kind, whether or not the member was a participant in such actions.
3. Any dental care or treatment for which the member may apply for and receive reimbursement under any Public Program including Medicare.
4. Any dental care or treatment that is received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar individual group.
5. Any dental care or treatment which the payment is claimed by any hospital.
6. Any dental care or treatment which is principally for cosmetic purposes.
7. Broken appointment or completion of claim forms.
8. Any dental care or treatment rendered by a dentist, Denturist or Dental Hygienist that is beyond the scope of his license.
9. Any dental treatment that has as its purpose the correction of temporal mandibular joint dysfunction.
10. Appliances or restorations that are necessary to increase vertical dimensions or restore the occlusion.

PREDETERMINATION OF BENEFITS

A treatment plan is a written report which is prepared by the attending Dentist and which illustrates all of the following:

1. A description of the recommended treatment.
2. The duration of the treatment.
3. An itemized estimated cost of the treatment, appliances and necessary Xrays.

If the dental expenses in connection with a member's treatment plan will exceed \$300 the proposed treatment plan should be filed with and approved by ICMDA prior to the date on which the treatment is to start. Emergency treatment is excepted.

COORDINATION OF BENEFITS

If a member becomes entitled to apply for and receive benefits with respect to the same incurred charge under this benefit provision and also under any of the plans described below, benefit payments may be coordinated between the ICMDA plan and the other plans.

1. Any Group Health Care Plan that is not a Student Accident Coverage plan. This will not apply where coordination is not allowed by local law.
2. Any other Group Dental Care plan that is not a Student Accident Coverage Plan. This will not apply where coordination is not allowed by local law.
3. Any Medicare or similar governmental benefit plan.
4. Any group "No Fault" Automobile Insurance plan.

The following rules will apply to decide under which plan the benefits will be determined first.

1. If the other plan does not include a Coordination of benefits or Non duplication provision, that plan will be the plan under which the benefits will be determined first.
2. If the other plan does include a Coordination of benefits or Non duplication provision, the plan which covered the member for the longer period of time will be determined first.

If the ICMDA plan is the plan under which the benefits will be determined first, ICMDA will make payment to the full extent of its liability. If another plan is the plan under which the benefits will be determined first, ICMDA may limit the payment under its plan so the ICMDA does not pay more than the difference, if any between the following:

1. The total amount of the charges incurred.
2. The benefits under the other plan. If no other plan is the plan under which the benefits will be determined first, ICMDA may limit the payment so that ICMDA does not pay more than the difference, if any, between the benefits provided under that plan and the total amount of the charges incurred.

In no event will the payment under ICMDA plan be more than the amount payable in accordance with the terms of this Dental Care Benefit provision. ICMDA may release to or obtain from any individual or organization any information about coverage, expenses and benefits, which may be necessary to coordinate benefits. If the benefit payments to a member under this Dental Care Benefit provision are reduced by the amount of the benefits he is entitled to apply for and receive under another plan, ICMDA will credit the amount of the reduction to the member. The credit will be applied as an addition to any benefit maximum included in this Dental Care Benefit provision with respect to further charges that are incurred by the member in the same calendar year in which the reduced claim was incurred.