



**BlackCar FUND**

**DRIVERS** BENEFITS

## **Driver Health and Wellness Benefits**

Benefit information including disclosures, terms, conditions, exclusions and limitations

Questions call 1-833-814-8590

<b>MetLife50 Dental Insurance .....</b>	<b>2-10</b>
<b>Vision Insurance .....</b>	<b>11</b>
<b>Telemedicine .....</b>	<b>12</b>
<b>Prescription Discounts.....</b>	<b>12</b>
<b>Urgent Care Discounts .....</b>	<b>13</b>
<b>Diagnostic Imaging Discounts.....</b>	<b>13</b>

**Dental Insurance Benefits Summary:**

<b>Summary of Met50 Managed Dental Plan<sup>1</sup></b>		
<b>MET50 - New York</b>		
<b>Code</b>	<b>Description</b>	<b>Co-Payment</b>
<b>Diagnostic Treatment</b>		
	Office Visit Copay	\$0
D0120	Periodic Oral Evaluation – established patient	\$0
D0150	Comprehensive Oral Evaluation – New or Established Patient	\$0
D0210	Intraoral – Complete Series of Radiographic Images	\$0
D0274	Bitewings – Four Radiographic Images	\$0
D0330	Panoramic Radiographic Image	\$0
<b>Preventive Services</b>		
D1110	Prophylaxis – Adult	\$0
D1351	Sealant – per tooth (up to age 19)	\$0
<b>Restorative Services</b>		
D2140	Amalgam – One Surface, Primary or Permanent	\$0
D2330	Resin-Based Composite – One Surface, Anterior	\$0
D2391	Resin-Based Composite – One Surface Posterior	\$25
<b>Crowns</b>		
D2750	Crown-Porcelain Fused to High Noble Metal	\$50
D2751	Crown-Porcelain Fused to Predominantly Base Metal	\$50

<b>Endodontics</b>		
D3220	Therapeutic Pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament	\$0
D3330	Endodontic therapy, Molar (excluding final restoration)	\$75
<b>Periodontics</b>		
D4260	Osseous Surgery (Including Flap Entry and closure) – Four or more contiguous teeth or tooth bounded spaces per quadrant	\$160
D4341	Periodontal scaling and root planing – Four or more teeth per quadrant	\$15
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	\$60
D4910	Periodontal Maintenance	\$15
<b>Prosthodontics</b>		
D5110	Complete Denture - Maxillary	\$100
D5120	Complete Denture - Mandibular	\$100
D5211	Maxillary partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$100
D5212	Mandibular partial denture – resin base (including, retentive/clasping materials, rests, and teeth)	\$100
<b>Implants</b>		
D6010	Surgical placement of implant body: endosteal implant	\$1,005
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$660
<b>Crowns / Fixed Bridges</b>		
D6241	Pontic – Porcelain fused to predominantly base metal	\$50
D6750	Retainer Crown - Porcelain fused to high noble metal	\$50

<b>Oral Surgery</b>		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$0
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$5
D7220	Removal of impacted tooth – soft tissue	\$10
D7240	Removal of impacted tooth – completely bony	\$55
<b>Orthodontics</b>		
D8020	Limited orthodontic treatment of the transitional dentition	\$725
D8040	Limited orthodontic treatment of the adult dentition	\$725
D8070	Comprehensive orthodontic treatment of the transitional dentition	\$1,450
D8090	Comprehensive orthodontic treatment of the adult dentition	\$1,450
<b>Adjunctive General Services</b>		
D9110	Palliative (emergency) treatment of dental pain – minor procedure	\$0
D9310	Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician	\$0

The above description is only a summary of the Managed Dental Plan<sup>1</sup> being offered. A complete copy of all the terms and conditions of the Managed Dental Plan being offered is set forth in the Managed Dental Plan Schedule of Benefits provided herewith.

<sup>1</sup> Dental Managed Care Plan benefits are provided by Metropolitan Life Insurance Company, a New York corporation in NY. Dental HMO plan benefits are provided by: SafeGuard Health Plans, Inc., a California corporation in CA; SafeGuard Health Plans, Inc., a Florida corporation in FL; SafeGuard Health Plans, Inc., a Texas corporation in TX; and MetLife Health Plans, Inc., a Delaware corporation and Metropolitan Life Insurance Company, a New York corporation in NJ. The Dental HMO/Managed Care companies are part of the MetLife family of companies.

“DHMO” is used to refer to product designs that may differ by state of residence of the enrollee, including but not limited to: “Specialized Health Care Service Plans” in California; “Prepaid Limited Health Service Organizations” as described in Chapter 636 of the Florida statutes in Florida; “Single Service Health Maintenance Organizations” in Texas; and “Dental Plan Organizations” as described in the Dental Plan Organization Act in New Jersey.

<b>Limitations &amp; Exclusions</b>
<b>New York</b>
<b>Limitations and Additional Charges</b>
<b>Class Description:</b> Enrolled Black Car Fund Drivers meeting eligibility requirements

<b>General</b>	<ul style="list-style-type: none"> <li>• Any procedures not specifically listed as a Covered Service in this SCHEDULE OF BENEFITS or dental procedures or services performed solely for Cosmetic purposes (unless specifically listed as a Covered Service in this SCHEDULE OF BENEFITS), are available at 75% of the Reasonable and Customary Charge<sup>2</sup> of the treating Selected General Dentist, provided the services are included in the treatment plan and are not included in the section titled DENTAL BENEFITS: EXCLUSIONS. Examples of services that are not Covered Services but that are available at 75% of the Reasonable and Customary Charge include, but are not limited to: interceptive orthodontia, fixed and removable appliance therapy to correct harmful habits, and external bleaching (the charge for external bleaching is not to exceed \$150 per arch).</li> <li>• Specialty Care Dentists will accept the contracted fee for all services, whether it is a Covered Service or not, or 75% of the Reasonable and Customary Charge for services not listed on the Specialty Care fee schedule.</li> <li>• General anesthesia or IV sedation is a Covered Service only if it is provided in a Selected General Dental Office, administered by the Selected General Dentist or Specialty Care Dentist, and is in conjunction with covered oral and periodontal surgical procedures or when deemed necessary by the Selected General Dentist or Specialty Care Dentist.</li> <li>• Sterilization and infection control are not billable to Us or You and are included within the charges for other services provided on that date of service. <ul style="list-style-type: none"> <li>○ Local Anesthetic is included in all restorative and surgical procedure fees.</li> <li>○ All adhesives, liners, bases and occlusal adjustments are included as a part of the restorative procedure.</li> </ul> </li> </ul>
<b>Preventive</b>	<ul style="list-style-type: none"> <li>• Routine cleanings (oral Prophylaxis), periodontal maintenance services (following active periodontal therapy) and fluoride treatments are limited to twice a year. Two (2) additional cleanings (routine and periodontal) are</li> </ul>

<sup>2</sup>The Reasonable and Customary charge is based on the lowest of 1) the dentist's actual charge, 2) the dentist's usual charge for the same or similar services or 3) the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.

	<p>available at the Co-Payment listed in the SCHEDULE OF BENEFITS. Additional Prophylaxis are available, if Dentally Necessary.</p> <ul style="list-style-type: none"> <li>Sealants and/or preventive resin restorations: Plan benefit applies to primary and permanent molar teeth, up to age 19, one (1) per tooth, per thirty-six (36) months, unless Dentally Necessary.</li> </ul>
<b>Diagnostic</b>	<ul style="list-style-type: none"> <li>Panoramic or full mouth x-rays (including bitewings): once every three (3) years, unless Dentally Necessary for a specific dental problem.</li> <li>All costs for additional periapical and bitewing x-rays provided on the same day that a full mouth x-ray is provided to You are included in the costs for the full mouth x-ray.</li> </ul>
<b>Restorative Treatment</b>	<p><b>Crowns, Implants and Fixed Bridges</b></p> <ul style="list-style-type: none"> <li>An additional charge, not to exceed \$150 per unit, will be applied for any procedure using noble, high noble or titanium metal.</li> <li>Cases involving seven (7) or more Crowns, implants and/or fixed Bridge units in the same treatment plan require an additional \$125 Co-Payment per unit in addition to the specified Co-Payment for each Crown, implant or Bridge unit.</li> <li>There is a \$75 Co-Payment per molar, for the use of porcelain.</li> <li>Prefabricated stainless steel Crowns or prefabricated resin Crowns are limited to no more than one (1) replacement for the same tooth surface within five (5) years.</li> <li>Charges for temporary Crowns/restorations are included within the costs of the permanent Crown/restoration.</li> <li>Provisional Crowns/restorations are to be used for an interim of at least six (6) months duration. Interim Crowns/restorations are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.</li> <li>Replacement of any Cast Restorations with the same or a different type of Cast Restoration are limited to no more than once every five (5) years.</li> <li>Core buildups are limited to no more than once per tooth in a period of five (5) years.</li> <li>Post and cores are limited to no more than once per tooth in a period of five (5) years.</li> <li>Labial veneers are limited to no more than once per tooth in a period of five (5) years.</li> </ul>

<p><b>Prosthodontics</b></p>	<ul style="list-style-type: none"> <li>• Relinings and rebasings are limited to one (1) every twelve (12) months.</li> <li>• Dentures (full or partial): Replacement only after five (5) years have elapsed following any prior provision of such Dentures under a MetLife Plan, unless due to the loss of a natural tooth which cannot be added to the existing partial. Replacements will be a benefit under this Plan only if the existing Denture is unsatisfactory and cannot be made satisfactory as determined by the treating Selected General Dentist or Specialty Care Dentist.</li> <li>• Replacement of an immediate full Denture with a permanent full Denture if the immediate full Denture cannot be made permanent and such replacement is done within twelve (12) months of the installation of the immediate full Denture.</li> <li>• Adjustments of Dentures if at least six (6) months have passed since the installation of the existing removable Denture.</li> <li>• Delivery of removable and fixed Prosthodontics includes up to three (3) adjustments within six (6) months of delivery date of service.</li> <li>• Tissue conditioning eligible one (1) per appliance each twenty-four (24) months.</li> <li>• Provisional prostheses are to be used for an interim of at least six (6) months duration. Interim prostheses are to be used for a period of at least two (2) months duration. These procedures are to be utilized during restorative treatment to allow adequate time for healing or completion of other procedures. They are not to be used as temporary restorations.</li> </ul>
<p><b>Endodontics</b></p>	<ul style="list-style-type: none"> <li>• The Co-Payments listed for Endodontic procedures do not include the cost of the final restoration.</li> <li>• Materials used for canal irrigation are included in the Endodontic procedure fees.</li> </ul>
<p><b>Oral Surgery</b></p>	<ul style="list-style-type: none"> <li>• The removal of asymptomatic third molars is not a Covered Service. Pathology (disease) must exist for it to be covered by the program. It is available at the contracted fee or 75% of Your Selected General Dentist's or Specialty Care Dentist's Reasonable and Customary Charge, if not covered by the plan.</li> <li>• Includes routine post-operative visits/treatments.</li> </ul>

<p><b>Implant Services</b></p>	<ul style="list-style-type: none"> <li>• Implants are limited to no more than once for the same tooth position in a five (5) year period.</li> <li>• Repairs of implants are limited to not more than once in a twelve (12) month period.</li> <li>• Implant supported prosthetics are limited to no more than once for the same tooth position in a five (5) year period: <ul style="list-style-type: none"> <li>○ when needed to replace congenitally missing teeth; or</li> <li>○ when needed to replace natural teeth.</li> </ul> </li> <li>• The following are limited to no more than two (2) each per year: Implants, Implant supported prosthetics, and Implant abutments.</li> </ul>
<p><b>Periodontics</b></p>	<ul style="list-style-type: none"> <li>• Irrigation (such as Chlorhexidine), is included with the other services rendered that day.</li> <li>• Local chemotherapeutic agents are limited to no more than six (6) teeth per arch. Treatment plans involving more than six (6) teeth per arch, require prior Plan approval.</li> <li>• Periodontal maintenance is eligible following active periodontal therapy, which includes scaling and root planing, surgery, etc.</li> <li>• Periodontal scaling and root planing, is limited to not more than once per Quadrant in any twenty-four (24) month period.</li> <li>• Periodontal surgery, including gingivectomy, gingivoplasty and osseous surgery, is limited to no more than one surgical procedure per Quadrant in any thirty-six (36) month period.</li> <li>• Periodontal charting for planning treatment of periodontal disease is included as part of overall diagnosis and treatment. No additional charge will apply to You or Us.</li> </ul>
<p><b>Orthodontics</b></p>	<ul style="list-style-type: none"> <li>• If You require the services of an orthodontist, a referral must first be facilitated by Your Selected General Dentist. If a referral is not obtained before the Orthodontic treatment begins, You will be responsible for all costs associated with any Orthodontic treatment.</li> <li>• If You terminate coverage from the MetLife Plan after the start of Orthodontic treatment, You will be responsible for any additional charges incurred for the remaining Orthodontic treatment.</li> <li>• Orthodontic treatment must be provided by a Selected General Dentist or Specialty Care Dentist whose specialty is orthodontics or pediatric dentistry for the Co-Payments listed in this SCHEDULE OF BENEFITS to apply.</li> </ul>



	<ul style="list-style-type: none"> <li>• Plan benefits shall cover twenty-four (24) months of usual and customary Orthodontic treatment and an additional twenty-four (24) months of retention. Treatment extending beyond such time periods will be subject to a charge of \$25 per visit.</li> <li>• The retention phase of treatment shall include the construction, placement, and adjustment of retainers.</li> <li>• Continuing Orthodontic treatment is available if You qualify by enrolling within 30 days of the Effective Date for an eligible policyholder; You had Orthodontic coverage under the policyholder's prior plan and were in active Orthodontic treatment, covered by that Plan, as of the Effective Date of this group contract. Upon receipt of a completed Continuing Orthodontic Form by Us, with all supporting documentation, We will accept liability for continuing payment of the remaining balance owed, up to a maximum of \$1,500 times the percentage of the total treatment remaining as of this group contract's Effective Date, subject to the section titled DENTAL BENEFITS: LIMITATIONS AND ADDITIONAL CHARGES and DENTAL BENEFITS: EXCLUSIONS. The Continuing Orthodontic provision is not available: <ul style="list-style-type: none"> <li>○ thirty (30) days after this group contract's Effective Date;</li> <li>○ to a person who enrolls after the group contract's Effective Date; or</li> <li>○ to a person who is not in active Orthodontic treatment as of the Effective Date of this group contract.</li> </ul> </li> </ul>
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<b>Exclusions</b>
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	<ul style="list-style-type: none"> <li>• Covered Services must be performed by Your Selected General Dental Office or a MetLife Specialty Care Dentist to whom You are referred in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS. Services performed by any Dentist not contracted with MetLife are not Covered Services, without prior approval by MetLife or Your Selected General Dentist, in accordance with the terms of Your evidence of coverage and SCHEDULE OF BENEFITS (except for out-of-area emergency services).</li> <li>• Dental procedures started prior to Your eligibility under this SCHEDULE OF BENEFITS or started after Your benefits have ended. For example, teeth prepared for Crowns, root canals in progress (the tooth has been opened into the pulp (nerve chamber)), or full or partial Dentures for which an impression has been taken.</li> <li>• Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving You dental health, as determined by the Selected General Dentist, and Us based on generally accepted dental standards of care.</li> <li>• Orthognathic surgery.</li> </ul>
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- Inpatient/outpatient hospital charges of any kind, including prescriptions or medications. General anesthesia or IV sedation is not covered for any reason if rendered in an out patient facility or hospital. Dental charges will be covered, if the procedure performed is covered by the Plan.
- Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
- Treatment of malignancies, cysts, or neoplasms, unless specifically listed as a Covered Service in the SCHEDULE OF BENEFITS. Any services related to pathology laboratory fees.
- Procedures, appliances, or restorations whose primary purpose is to change the vertical dimension of occlusion, correct congenital malformation, developmental, or medically induced dental disorders including, but not limited to, treatment of myofunctional, myoskeletal, or temporomandibular joint disorders unless otherwise specifically listed as a Covered Service in this SCHEDULE OF BENEFITS.
- Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
- Dental services required while serving in the armed forces of any country or international authority.
- Dental services considered Experimental in nature.
- Treatment required due to an accident from an external force, unless otherwise listed as Covered Service in this SCHEDULE OF BENEFITS.
- The following are not included as Orthodontic benefits:
  - Repair or replacement of lost or broken appliances;
  - Retreatment of Orthodontic cases;
  - Treatment involving:
    - Maxillo-facial surgery, myofunctional therapy, cleft palate, micrognathia, macroglossia;
    - Hormonal imbalances or other factors affecting growth or developmental abnormalities;
    - Treatment related to temporomandibular joint disorders;
  - Composite or ceramic brackets, lingual adaptation of Orthodontic bands and other specialized or Cosmetic alternatives to standard fixed and removable Orthodontic appliances. Invisalign services are excluded.

## Vision Insurance Benefits Schedule



VISION BENEFITS	CO-PAYS	FREQUENCY
<b>EYE EXAMINATION*</b>		Every 12 Months
Exam including Tonometry	Covered in full	
Contact Lens Fitting and Follow Up	Covered in full	
<b>FRAME ALLOWANCE</b>		Every 12 Months
GVS Designer Collection Frame	Up to \$200	
Non-Collection Frame	U&C less \$100	
<b>SPECTACLE LENSES</b>		
Single Vision	Covered in full	
Bifocal FT28	Covered in full	
Trifocal	Covered in full	
Standard Progressive	\$50	
<b>OTHER LENS OPTIONS</b>		Every 12 Months
All other Lens Upgrades	U&C less 30%	
<b>MATERIALS</b>		
Plastic	Covered in full	
Polycarbonate	\$30	
Hi-Index	\$55	
<b>COATINGS</b>		
Anti-reflective Standard	\$40	
Anti-reflective Premium	\$90	
Scratch Resistant	Covered in full	
Cosmetic or Sunglass Tint	Covered in full	
Ultra Violet	Covered in full	
Polarized	\$95	
Plastic Photosensitive Single Vision	\$65	
Plastic Photosensitive Bifocal	\$95	
<b>CONTACT LENSES (in lieu of frame and spectacle lenses)</b>		Every 12 Months
<i>Colored contact lenses not included</i>		
Fitting & Dispensing for covered lenses	Covered in full	
Plan Disposables: 6 Months Supply	Covered in full	
Plan Contact Lenses	U&C less \$100	
Fitting fee for Non-plan Contact Lenses	\$50	

\*For locations outside of New York, a co-pay for an eye exam may apply.  
Any additional services outside of the benefit are the responsibility of the patient.

## **Telemedicine**

Consult a medical provider by phone, app or webcam! Connect with a provider online from any location, and receive a diagnosis and personalized treatment plan, including prescriptions\* for common medications, when medically necessary.

MeMD provides online medical consultations with physicians, nurse practitioners, and physician assistants who can write prescriptions\* when medically necessary and permitted by state law. MeMD is not an online pharmacy, and medications cannot be purchased or dispensed from MeMD directly. MeMD is not a replacement for your primary care physician or an annual doctor's office visit. MeMD is available 24/7 nationwide, subject to state regulations.

\*When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services, and all have prescriptive authority for each of the states in which they are licensed. Telemedicine is not available in WA.

**VERY IMPORTANT: IN LIFE THREATENING EMERGENCIES, CALL 911 or go directly to the nearest hospital emergency room for treatment. If 911 services are not available in your area, call the local police/fire department or go directly to the nearest hospital or emergency room.**

## **Prescription Discounts**

Medication costs can add up quickly, but you can reduce those costs with Prescription Discounts, available by mail and at participating pharmacies. Save an average of 31% off the retail price of generic prescription medications and 15% off the retail price on brand name prescription medications at thousands of participating pharmacies including CVS, Duane Reade, RiteAid, Walgreens, Kroger, Wal-Mart, Target, Safeway and more!

Enjoy even bigger savings and free standard shipping when you order your prescriptions by mail. The Mail Order Direct service lets you buy a 90-day supply of select medications for low, fixed prices.

The Prescription Discounts benefit is NOT insurance. Drivers Benefits members must pay for prescriptions at the time they are received. This benefit will provide savings over the normal cost of prescriptions. Mail order discounts are available only at CVS Caremark Mail Service Pharmacy. CVS Caremark may obtain manufacturer rebates on your prescription drugs. These rebates may be retained by CVS Caremark to enable us to offer you low prices on medications through the Mail Order Direct program. Allow 10 - 14 days for delivery of your medication from the day you mail your order.

## **Urgent Care Discounts**

Access to discounts on Urgent Care services at participating locations in Metropolitan NYC!  
Get access to a medical professional that can see you in-person on demand for conditions such as: injuries, illness, physical exams, vaccinations, rapid lab tests and x-rays. From sprained ankles, sore throats, cut fingers, or allergies, Urgent Care can help.

**VERY IMPORTANT! In life threatening emergencies, call 911 or go directly to the nearest emergency room for treatment. THIS IS NOT A HEALTH INSURANCE POLICY**

## **Diagnostic Imaging Discounts**

Access to providers offering 20% - 80% discounts on MRI, CT and PET Scans when using the network of participating providers.

## **Prescription, Urgent Care and Diagnostic Imaging Discounts - Disclosures**

The discount medical benefits (Prescription, Urgent Care and Diagnostic Imaging Discounts) are NOT insurance or a qualified health plan under the Affordable Care Act. These are discounts for certain medical services and products offered by providers who have agreed to participate in this offering to enrolled drivers. The range of discounts for the medical services and products offered under this offering will vary depending on the type of provider and medical services or products received. This offering does not make and is prohibited from making payments to providers for medical services or products received under this offering. Enrolled drivers are required and obligated to pay for all medical services and products but will receive a discount from the contracted providers. The Discount Medical Plan Organization arranging for these discounts is Alliance HealthCard of Florida, Inc., 5005 LBJ Freeway, Suite 1500, Dallas, TX 75244. Call 1-888-409-2202 or visit [blackcarfund.mymemberguide.com/locate](http://blackcarfund.mymemberguide.com/locate) for a list of providers.