



BlackCar FUND
DRIVERS BENEFITS

Driver Health and Wellness Benefits

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

Questions call 1-833-814-8590

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Independent Drivers Guild – Black Car Fund - 2022/2023 Plan Summary

With the MetLife Dental Insurance plan, your acceptance is guaranteed.

- **100% coverage** for preventive, basic restorative and major restorative care for in-network¹
- **Freedom to visit any dentist** you want whether they are in the MetLife network or not²
- **Savings of 100%** on covered services when you use an in-network participating dentist³

Eligibility

Active members⁴ of the Black Car Fund averaging at least 10 hours per week during the most recent available calendar quarter.

Plan Benefits

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee*	Out-of-Network Scheduled amount (% of MAC**)
Type A: Preventive (cleanings, exams, X-rays) No benefit waiting period	100%	100%
Type B: Basic Restorative (Periodontal Maintenance, Scaling & Root Planing) No benefit waiting period	100%	80%
Type C: Major Restorative (bridges, dentures, Crowns) No benefit Waiting Period	100%	80%
Deductible		
Individual (per calendar year)	\$0	\$0
Annual Maximum Benefit		
Individual	\$2,000	\$2,000

*Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

**Maximum Allowable Charge (MAC): Payment for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.



List of Primary Covered Services & Limitations

The services and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Type A: Preventive

Covered Services

- Prophylaxis (cleanings) - Once every six (6) months
- Oral Examinations - Once every six (6) months
- X-rays –
 - Full mouth X-rays; one per 60 months
- Bitewings X-rays; one set per 12 months
- Amalgam Fillings; 1 replacement per surface in 24 months

Type B: Basic Restorative

Covered Services

- Periodontics –
 - Periodontal scaling and root planing once per quadrant, every 24 months
 - Total number of periodontal maintenance treatments combined with prophylaxis (cleaning) cannot exceed 2 treatments in a calendar year.
- Pulpotomy
- Pulp Capping
- Pulp Therapy

Type C: Major Restorative

Covered Services

- Root Canal - 1 per tooth per lifetime
- Periodontal Surgery - 1 per quadrant in any 36-month period
- Prefabricated crowns/crown buildups - 1 per tooth in 10 calendar years.
- Repairs - 1 in 12 months
- Re-cementations - 1 in 12 months
- Dentures - 1 in 10 calendar years
- Denture Adjustments - 1 in 12 months
- Dentures – Rebases/Relines - 1 in 36 months
- Denture adjustments - 1 in 12 months
- Fixed Bridges - 1 in 10 calendar years
- Implant Services - 1 per tooth position in 10 calendar years
- Implant Repairs - 1 per tooth in 24 months

- Tissue Conditioning - 1 in 36 months
- Occlusal Adjustments – 1 in 12 months
- General Anesthesia
- Periodontal Surgery – Soft & Connective Tissue Grafts
- Oral Surgery – Surgical Extractions

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which covered person would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by a covered person before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate);
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by a disease;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the participating association of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the participating association, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the participating association;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first.
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or

- Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Caries susceptibility tests;
- Precision attachments associated with fixed and removable prostheses
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP15-2T / GCERT2015-DENTAL) issued by MetLife. Coverage terminates when your membership ceases, the participating association ceases to participate in the trust, insurance ceases for your class, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

1. Preventive services (Type A), Basic Restorative (Type B) and Major Restorative (Type C) are 100% covered when you visit an in-network participating dentist. Subject to frequency limitations.
2. Your out-of-pocket costs may be greater when you visit a dentist who does not participate in the MetLife network.
3. Based on internal analysis by MetLife. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often participants visit the dentist and the cost of services rendered.
4. You must be a member in good standing of the Independent Drivers Guild to qualify for this insurance plan.

Coverage may not be available in all states.

Rates may be changed on the entire group plan or on a class basis and on any premium due date on which benefits are changed. A class is a group of people defined in the group policy/exhibits. Benefits are subject to change upon agreement between Metropolitan Life Insurance Company and the participating organization.

The association and/or the plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the association and/or the plan administrator for these and/or other costs.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please call MetLife at 1-800-942-0854 for more information.

Policy form GPNP15-2T

Certificate form GCERT2015-DENTAL

Policy number 232092-1-G

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166
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Vision Coverage Benefits Schedule



VISION BENEFITS	CO-PAYS	FREQUENCY
EYE EXAMINATION*		Every 12 Months
Exam including Tonometry	Covered in full	
Contact Lens Fitting and Follow Up	Covered in full	
FRAME ALLOWANCE		Every 12 Months
GVS Designer Collection Frame	Up to \$200	
Non-Collection Frame	U&C less \$100	
SPECTACLE LENSES		
Single Vision	Covered in full	
Bifocal FT28	Covered in full	
Trifocal	Covered in full	
Standard Progressive	\$50	
OTHER LENS OPTIONS		Every 12 Months
All other Lens Upgrades	U&C less 30%	
MATERIALS		
Plastic	Covered in full	
Polycarbonate	\$30	
Hi-Index	\$55	
COATINGS		
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	
CONTACT LENSES (in lieu of frame and spectacle lenses)		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.

Accident Disability Insurance Plan

Beginning November 1, 2022, The Black Car Fund has expanded Drivers Benefits to include Accident Disability coverage while outside of work. This benefit provides eligible, enrolled drivers with monthly payments, for up to a year if they are injured and become disabled due to a covered accident while NOT working – whether they are at home, at play, or even in-between fares!*

Our NEW Accident Disability Insurance provides monthly payments of up to 70% of your net driving income, to a monthly maximum of \$1,500, paid directly to you to help out when you aren't able to work due to a covered accident for up to one year*.

*Monthly Benefit Amount is 70% of your pre-disability net driving income up to \$1,500 per month, subject to \$500 per month minimum monthly benefit for covered drivers, to be paid after a 30-day elimination period, for up to 1 year due to Disability caused by a non-work accident. See [Certificate of Insurance](#) for complete information (including exclusions, limitations, and terms and conditions of coverage).

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting companies Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com.

Disability Form Series includes GBD-1001, GBD-1201, or state equivalent.

Policy Number: AGP-5969 BCF_DB_ADI_Web_221101

Personal Accident Insurance

Helps provide an extra level of financial security if you experience a covered accidental injury. Starting February 1st, 2023, eligible drivers enrolled in Drivers Benefits will have access to our new **Personal Accident Insurance**, paid for by The Black Car Fund! This benefit provides direct lump-sum payments from \$50 to \$40,000, in the event of a range of serious, covered accidental injuries** or medical events, such as:

- Broken bones¹
- Dislocations¹
- Eye injuries
- Skin grafts
- Concussions
- Lacerations needing stitches
- Second- and third-degree burns
- Coma
- Ruptured discs
- Broken teeth

Payment amounts depend on the severity of the injuries and related medical services². **A Schedule of Benefits and a complete Certificate of Insurance with full details can be found [here](#).**

¹ Chip fractures are paid at 25% of Fracture Benefit and partial dislocations are paid at 25% of Dislocation Benefit.

² Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate

**Personal Accident Insurance Disclosure: Covered services/treatments must be the result of an accident as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details. METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There are benefit reductions that begin at age 65, if applicable. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Metropolitan Life Insurance Company, New York, NY 10166 © 2023 MetLife Services and Solutions, LLC L122028153[exp1224][All States][DC, GU, MP, PR, VI]

Telemedicine - Free Virtual Doctors Visits

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.

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

*When medically necessary, Walmart Health Virtual Care providers can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. Walmart Health Virtual Care'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

Are you tired of overpaying for your medications? Save an average of 70% on your prescriptions with Capital Rx Advantage.

Medication costs can add up quickly, but you can reduce those costs with Prescription Discounts, available at participating pharmacies. You'll save an average of 70% off a participating pharmacy's retail price at over 65,000 locations nationwide including CVS pharmacy, Walgreens, Duane Reade, RiteAid, Walmart, Costco and more!

[Click here](#) to look up your medication and find the best price at a pharmacy near you.

Disclosures

CapitalRx Advantage Card is a prescription savings program. It is NOT an insurance program or plan. Rather, Capital Rx Advantage Card provides individuals with access to discounts on prescription drugs at pharmacies that have agreed to participate in the program. The discounts can be up to 90% off a participating pharmacy's retail price on prescriptions. The average savings with the program is 70% off the participating pharmacy's retail price. You will pay the lower of the pharmacy's retail price and the negotiated discounted price that the pharmacy has agreed to offer to Capital Rx AdvantageCard members. You are responsible for paying the entire cost of your prescription under the program after the discount is applied; Capital Rx Advantage Card does not make any payments directly to participating pharmacies.

Drivers Benefits: The Black Car Fund
blackcarfund.mymemberguide.com/pdfs/info.pdf

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 40% - 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 for a list of providers.