

TEAMSTERS AND FOOD EMPLOYERS SECURITY TRUST FUND COMPARISON OF BENEFITS
Active Participants & Non-Medicare Retirees (Some benefits in this comparison apply to Active Participants only, as noted)

The following information is a brief summary of the medical benefits provided through the Fund. Exact benefits are paid according to the terms, exclusions and conditions of the applicable medical policy.

BENEFITS	INDEMNITY PLAN	HEALTH NET
HOSPITAL BENEFITS 1. Room and Board including general nursing care, meals and special diets.	Basic Daily Benefits- Contracting Hospital-100% of per diem rate for up to 365 days per disability. Non-Contracting Hospital-60% of UCR. <i>Note: All non-emergency hospital admissions must be pre-authorized.</i>	Employees and Dependents - Provided without charge.
2. Extras: operating rooms and cystoscopic rooms; surgical dressings, splints and plaster casts.	Employees and Dependents - unlimited during period hospital room benefits are payable. Contracting has 100% of per diem rate. Non-contracting - 60% of UCR	Employees and Dependents - Provided without charge.
3. Outpatient Surgery	Contracting hospital/facility 100% of allowable charges. Non-contracting hospital 60% of UCR. Non-contracting Surgical Center - \$1,000 maximum.	Employees and Dependents - Provided without charge.
4. X-ray examinations; laboratory tests and physical therapy.	Included as part of #2 above.	Employees and Dependents - Provided without charge.
5. Drugs and medicines; injections, nursing when prescribed.	Included as part of #2 above.	Employees and Dependents - Provided without charge (Infertility injections 50% co-in)
6. Ambulance Service.	Employees and Dependents - covered up to \$100.00 per disability to or from a hospital for emergency transport.	Employees and Dependents - Provided without charge if authorized by a Health Net M
EXTENDED CARE	Not provided	Employees and Dependents - Provided without charge up to 100 days.
SURGICAL BENEFITS	Surgeon PPO 100% of allowance Non-PPO 60% of U.C.R. Assistant Surgeon Up to 20% of surgeons allowance Anesthetist 100% of allowance 60% of U.C.R. Maximum payment during any disability - \$13,350.	Employees and Dependents - Provided without charge Elective Abortions \$150.00 co-payment Except sterilization for males \$ 50 co-payment Except sterilization for females \$150 co-payment
MATERNITY BENEFITS (For Actives Only)	Employee and Spouse ONLY Pregnancy-related expenses are paid the same as any other disability under the applicable Hospital-Surgical-Medical benefits of the Plan.	Employees and Dependents - Provided without charge.
DIAGNOSTIC X-RAY AND LABORATORY BENEFITS 1. Hospital Inpatient	Employees and Dependents - covered under the Hospital Extras above. Non-contracting x-ray and laboratory facilities paid at 60% of UCR.	Employees and Dependents - Provided without charge.
2. Hospital Outpatient or Doctor's Office	Employees and Dependents - Maximum amount for any accident or for all sickness during any 6-month period - \$200.00 Non-contracting - 60% of UCR	Employees and Dependents - \$10 co-payment.
DOCTOR'S VISITS 1. In Hospital	Non-contracting physicians paid at 60% of UCR. CONTRACTING PHYSICIAN: Maximum payment per day of treatment for Treatment received at the hospital Employees \$ 5.00 Dependents \$ 5.00 Treatment received at the doctor's office 5.00 5.00 Treatment received at home 10.00 10.00 Maximum aggregate during any six months \$500.00 \$350.00	Employees and Dependents - Provided without charge.
2. In Office	Payment for treatment shall commence: With respect to any one accident 1st day 1st day With respect to any one sickness 1st day 1st day	Employees and Dependents - Provided at \$10 co-payment. Eye examinations for glass co-payment. (Specified immunizations and injections are provided at \$10 co-payment 50% co-payment. Actives only. Does not apply to retirees.
3. At Home		Employees and Dependents - \$20 co-payment per visit.
PODIATRY BENEFIT	Employees and Dependents - Services must be provided by a member of the Podiatry Plan Organization of California. Most charges will be covered in full. Charges incurred for services rendered by a non-member podiatrist will not be covered.	Employees and Dependents - Services of a podiatrist will be provided if determined n primary care physician. \$10 co-payment per visit.
MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT BENEFITS (For Actives and Non-Medicare Health Net enrollees only)	Benefits for the treatment of chemical dependency and mental health shall be covered as follows through the E-MAP program managed by HMC (contact HMC at (800) 431-5036). IN-PATIENT TREATMENT: Plan will pay 90% of E-MAP approved covered services. There is a lifetime maximum of two in-patient treatments which applies to both chemical detoxification and alcohol and drug abuse treatment. OUT-PATIENT TREATMENT: Plan will pay 90% for treatment authorized by and coordinated through the E-MAP program. Care received outside the E-MAP program is not covered.	Mental Health coverage is excluded except for detox treatment only. Active participants (HMC) at (800) 431-5036. Actives & non-Medicare Health Net enrollees - for benefit Dependency Treatment Benefit under the Indemnity Plan.
CHIROPRACTIC COVERAGE	Limited to Indemnity Participants only with approval from the American Specialty Health Network (ASHN)	Not covered.
ADDITIONAL ACCIDENT PROTECTION	Employees and Dependents - up to \$500.00 for expenses over and above other insured Plan benefits, within 90 days of accident	Covered within benefits as outlined.
MAJOR MEDICAL	Employees and Dependents - covered charges in excess of above benefits. Contracting providers: \$100 deductible per calendar year (max. ded. \$300 per family), then 80% of first \$1,000 (UCR) of covered expenses plus 100% (based on most current MDR) of covered expenses, not to exceed \$1,000,000 lifetime maximum. Non-contracting providers: \$100 deductible per calendar year (max. ded. \$300 per family), then 60% of UCR (based on most current MDR) not to exceed \$1,000,000 lifetime maximum.	Not applicable.
DEATH BENEFIT (death from any cause) (For Actives Only)	Active Employee only - \$10,000.00	\$10,000.00 - Provided by the Fund.
ACCIDENTAL DEATH & DISMEMBERMENT (24 hour coverage on or off the job) (For Actives Only)	Active Employee only - \$10,000.00	\$10,000.00 - Provided by the Fund.
CHOICE OF DOCTOR CHOICE OF HOSPITAL	You may select any licensed physician or surgeon. Your benefits are provided in any licensed hospital, anywhere in the world.	Services must be provided at Health Net Medical facilities by assigned doctors associa Hospitals throughout the area are used.
EMERGENCY CARE	Employees and Dependents - benefits provided anywhere, no area restrictions.	Employees and Dependents - If you are ill or become injured and require emergency associated with Health Net, Health Plan will pay reasonable charges for such care under WITHIN SERVICE AREA: Reasonable charges will be covered after a \$50 co-payment vided that Health Net is contacted within 48 hours after care is sought and authorized waived if emergency results in hospitalization. OUTSIDE SERVICE AREA: Emergency room and urgent care visits will be covered with led. Unexpected premature delivery is covered but normal delivery is not.
ELIGIBLE DEPENDENTS	(a) Employee's wife or husband. (b) Employee's unmarried children, (including any step-children and legally adopted children) under age 19. Unmarried children age 19 but under age 26, who are financially dependent upon you and are full-time students (taking a minimum of twelve (12) units) regularly attending an accredited educational institution. Unmarried children over 19 years of age who are wholly dependent on you, reside with you and are incapable of self-support because of mental or physical incapacity that existed prior to reaching the age of nineteen.	(a) Employee's wife or husband (b) Employee's unmarried children (including any step-children or legally adopted children) under 25 years of age attending an educational institution. (c) Unmarried children over 19 years of age who are wholly dependent upon you, res self-support due to mental retardation or physical handicap that existed prior to a
EXCLUSIONS AND LIMITATIONS Coordination of Benefits - Non-duplication of Benefits (Indemnity Plans only)	Disability or illness arising from or sustained in the course of any gainful occupation or employment, or covered by any Workers' Compensation or Occupational Disease Law, confinement or treatment not authorized by a Doctor, dental care, eye refractions or glasses, charges incurred in a U.S. Government Hospital or facility, premarital examination.	EXCLUSIONS: * Care not authorized by a member Physician * Cosmetic or transsexual surgery * Reversals of voluntary surgically induced infertility * Experimental or investigative procedures * Routine physical exams for licensing, insurance, employment, camp or other non- * Dental services (limited) * Long term physical occupational speech therapy * Private duty nursing * Private rooms * Outpatient prescription drugs * Contraceptive devices * Hearing aids * Contact lenses or corrective eye glasses * In vitro fertilization, gamete intrallopian transfer, zygote transfer * Services received before or after termination of your coverage, except as specified in Benefits' section of your Certificate * Hospitalization for mental conditions * Physician services for inpatient visits for mental conditions * Drug and alcohol rehabilitation * Organ transplants - experimental or investigative * Organ donor services * Nutritional supplements * Public facility care * Disabilities connected with military service * Chiropractic coverage
(NOTE ARBITRATION PROVISIONS IN HEALTH NET PROGRAMS) *Important Note: New hires with a coverage effective date of January 1, 2006 or after, cannot enroll in Kaiser until 24 months following their initial coverage effective date. No exceptions.		