

**Teamsters and Food Employers  
Security Trust Fund**

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(626) 284-4792

**COMPARISON OF MEDICARE RISK PROGRAMS**

<b>Benefits</b>	<b>Kaiser (Senior Advantage)</b>	<b>Health Net Seniority Plus</b>
In Hospital Services	No charge.	No charge.
Physician Services	\$10 per visit.	\$10 co-payment.
Physicals	\$10 per visit.	\$10 co-payment.
Home Visits	Covered in conjunction with Home Health Care.	\$10 co-payment.
Immunizations	\$0 per visit. No charge.	No charge. (foreign travel interjections 20% co-insurance)
Skilled Nursing Facility	No charge for up to 100 days per benefit period or Medicare benefit period.	Paid in full (up to 100 days per benefit period.)
Home Health Care	No charge.	No charge.
Hospice Care	No charge.	Through Medicare only.
Outpatient DXL	No charge.	No charge.
Short-Term Therapy	\$10 per visit.	No charge.
Outpatient Surgery	\$10 per procedure.	No charge.
Chiropractic Care	Not covered.	\$10 per visit. 12 visits per year maximum.
Podiatry	\$10 per visit.	\$10 per visit. 12 visits per year maximum.
DME	No charge.	No charge.
Emergency Care	\$35 co-payment, waived if admitted to the Hospital.	Covered worldwide. \$20 co-payment.
<u>Substance Abuse</u> Outpatient	Individual therapy visits - \$10 visit. Group therapy visits - \$5 visit. Transitional residential recovery services (up to 60 days per calendar year, not to exceed 120 days in any 5 year period) \$100 per admission.	\$10 co-payment, unlimited visits.
Inpatient	Detoxification - no charge.	Detoxification-No charge.
<u>Psychiatric</u> Outpatient	\$10 per individual or group visit. Unlimited visits per calendar year when based on clinician's plan of care for non-AB88 diagnoses. Unlimited visits for all AB88 diagnoses.	\$10 co payment, unlimited visits.
Inpatient	190 days per lifetime as covered by MediCare. Thereafter, up to 45 days per calendar year.	Paid in full. (190 day Lifetime Limit, combined with Substance Abuse)
Vision	\$10 charge for exam. \$150 eyewear allowance for one pair of frames and lenses once each 24 months.	\$10 for exam. \$100 frame allowance once every 24 months.
Hearing Exam	\$10 per visit	\$10 / Hearing Aids not covered.
Blood, Blood Products	No charge.	No charge.
Outpatient Prescription Drugs	\$10 per 100 day supply.	Not Covered.