

# 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, and the Plan Document.

BENEFITS	INDEMNITY PLAN															
<b>HOSPITAL BENEFITS</b>																
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>															
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% per diem rate Non-contracting - 60% of UCR															
3. Outpatient Surgery	Contracting hospital/facility 100% of allowable charges. Non-contracting hospital 60% of UCR. Non-Contracting surgical center \$1,000 maximum															
4. X-ray examinations; laboratory tests and physical therapy.	Included as part of #2 above.															
5. Drugs and medicines; injections, nursing when prescribed.	Included as part of #2 above.															
6. Ambulance Service.	Employees and Dependents – covered up to \$100.00 per disability to or from a hospital for emergency transport.															
<b>EXTENDED CARE</b>	Not provided.															
<b>SURGICAL BENEFITS</b>																
	<table border="0"> <tr> <td></td> <td>PPQ</td> <td>Non-PPQ</td> </tr> <tr> <td>Surgeon</td> <td>100% of allowance</td> <td>60% of U.C.R.</td> </tr> <tr> <td>Assistant Surgeon</td> <td>Up to 20% of surgeons allowance</td> <td></td> </tr> <tr> <td>Anesthetist</td> <td>100% of allowance</td> <td>60% of U.C.R.</td> </tr> <tr> <td></td> <td colspan="2">Maximum payment during any disability - \$13,350.</td> </tr> </table>		PPQ	Non-PPQ	Surgeon	100% of allowance	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.	
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<b>MATERNITY BENEFITS (For Actives Only)</b>	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.															
<b>DIAGNOSTIC X-RAY AND LABORATORY BENEFITS</b>																
1. Hospital Inpatient	Employees and Dependents – covered under the Hospital Extras above. Non-contracting x-ray and laboratory facilities paid at 60% of UCR.															
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															
<b>DOCTOR'S VISITS</b>																
1. In Hospital	Non-contracting physicians paid at 60% of UCR. <b>CONTRACTING PHYSICIAN:</b> Maximum payment per day of treatment for:															
2. In Office	<table border="0"> <tr> <td></td> <td>Employees</td> <td>Dependents</td> </tr> <tr> <td>Treatment received at the hospital</td> <td>\$ 5.00</td> <td>\$ 5.00</td> </tr> <tr> <td>Treatment received at the doctor's office</td> <td>5.00</td> <td>5.00</td> </tr> <tr> <td>Treatment received at home</td> <td>10.00</td> <td>10.00</td> </tr> </table>		Employees	Dependents	Treatment received at the hospital	\$ 5.00	\$ 5.00	Treatment received at the doctor's office	5.00	5.00	Treatment received at home	10.00	10.00			
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3. At Home	Maximum aggregate during any six months \$500.00 \$350.00 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															
<b>PODIATRY BENEFIT</b>	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.															
<b>MENTAL HEALTH AND CHEMICAL DEPENDENCY TREATMENT BENEFITS (For Actives and Non-Medicare Health Net enrollees only)</b>	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.															
<b>CHIROPRACTIC COVERAGE</b>	Limited to Indemnity Participants only with approval from the American Speciality Health Network (ASHN).															
<b>ADDITIONAL ACCIDENT PROTECTION</b>	Employees and Dependents – up to \$500.00 for expenses over and above other insured Plan benefits, within 90 days of accident.															
<b>MAJOR MEDICAL</b>	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.															
<b>DEATH BENEFIT (death from any cause) (For Actives Only)</b>	Active Employee only – \$10,000.00															
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT (24 hour coverage on or off the job) (For Actives Only)</b>	Active Employee only – \$10,000.00															
<b>CHOICE OF DOCTOR CHOICE OF HOSPITAL</b>	You may select any licensed physician or surgeon. Your benefits are provided in any licensed hospital, anywhere in the world.															
<b>EMERGENCY CARE</b>	Employees and Dependents – benefits provided anywhere, no area restrictions.															
<b>ELIGIBLE DEPENDENTS</b>	(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.															
<b>EXCLUSIONS AND LIMITATIONS</b> 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.															
<b>(NOTE ARBITRATION PROVISIONS IN HEALTH NET AND KAISER PROGRAMS)</b>  *Important Note:  New hires with a coverage effective date of January 1, 2006 or after, cannot enroll in Kaiser until 24 months following their coverage effective date. No exceptions.																