

NORTHERN CALIFORNIA GENERAL TEAMSTERS SECURITY FUND

CHOICE PLUS PLAN

RATE \$470 (Effective 08/01/01)

INDEMNITY MEDICAL PLAN	
<i>Deductible</i>	No Deductible
<i>Lifetime Maximum</i>	\$1,000,000 inclusive
Hospital Benefits	
<i>Contract Hospitals</i>	100%
<i>Non-Contract Hospitals</i>	50% when Contract Hospital is available
<i>Emergency Room</i>	\$75 Co-pay (waived if admitted)
<i>Pre-Admission Review Required</i>	20% reduction if not obtained (up to a max of \$1,000)
<i>Skilled Nursing Facility</i>	100% to a maximum of 120 days per disability period
Medical Benefits	
	80% of the first \$5,000 then 100% per person per calendar year (100% benefit level applies to PPO Providers Only)
<i>Doctor Visits</i>	Payable as Medical*
<i>Well Child Care to Age 6</i>	Payable as Medical*
<i>X-Ray and Lab</i>	Payable as Medical*
<i>Ambulance</i>	Payable as Medical*
<i>Surgeon & Related Services</i>	Payable as Medical*
<i>All Other Covered Medical Services</i>	Payable as Medical*
<i>Chiropractic & Physical Therapy</i>	Payable as Medical* with \$1,500 calendar year maximum
<i>Hearing Aid / Testing</i>	Paid at 80% up to a \$1,000 maximum in 3 year period
Mental Health Benefits	
<i>Inpatient</i>	30 day maximum per lifetime
<i> Inpatient / Residential</i>	100% at Contract Facility, 80% non-contract facility
<i> Alcohol & Substance Abuse</i>	90% at TARP Contract Facility, limit 2 treatments per lifetime
<i>Outpatient</i>	50 visits per calendar year
<i> Day Care Programs</i>	80% at Contract Provider, 50% non-contracted
<i> Office Visits</i>	80% at Contract Provider, 50% non-contracted
PRESCRIPTION DRUGS	
<i>PCN Pharmacy Program</i>	No Deductible / Generics mandatory when available
<i> PCN Mail Order Program</i>	\$5 Generic Co-pay, 70% Brand Name
	\$3 Generic Co-pay, 80% Brand Name
DENTAL PLAN	
<i>Deductible</i>	No Deductible
<i>Percentage Payable</i>	80% of Scheduled Benefit for all services**
<i>Maximum</i>	\$1,000 per person per calendar year
<i>Orthodontia</i>	70% up to a lifetime maximum of \$1,000
VISION	
<i>Deductible</i>	\$10 per office visit
<i>VSP Benefit Schedule</i>	Exams - Every 12 months
	Frames - Every 24 months
	Lenses - Every 24 months
	Contacts - Every 24 months
Optional HMO Medical, Rx, Optical Plan	Kaiser (see Plan description for benefits)
Optional Dental Plan***	
<i>Deductible</i>	Golden West
<i>Percentage Payable</i>	None
<i>Maximum</i>	100% of all services
<i>Orthodontics</i>	None
	20%-50% discounted fees
Benefits Below Apply for Each Participant (including both Indemnity & Kaiser)	
EMPLOYEE LIFE	\$10,000 Basic plus \$10,000 AD&D

***Medical benefits are subject to usual, customary and reasonable allowances**
****Dental benefits are based on reduced fee allowances**
*****Must use Bright Now! providers only**
Administered by Delta Health Systems. This is a brief summary of benefits for illustration purposes only.
For complete benefit information, please contact Delta Health Systems.