

1199SEIU

Greater New York Benefit Fund



Our Benefits

Summary Plan Description
of Your Health and Welfare Benefits

The Plan is administered by the Board of Trustees (the “Trustees”) of the 1199SEIU Greater New York Benefit Fund (the “Fund”). No individual or entity, other than the Trustees (including any duly authorized designee thereof), has any authority to interpret the provisions of this Plan Document or to make any promises to you about the Plan.

The Trustees reserve the right to amend, modify, discontinue or terminate all or part of this Plan for any reason and at any time when, in their judgment, it is appropriate to do so. These changes may be made by formal amendments to the Plan, resolutions of the Board of Trustees, actions by the Trustees when not in session by telephone or in writing, and/or any other methods allowed for Trustee actions.

If the Plan is amended or terminated, you and other active and retired employees may not receive benefits as described in this Plan Document. This may happen at any time, even after you retire, if the Trustees decide to terminate the Plan or your coverage under the Plan. In no event will any active employee or retiree become entitled to any vested or otherwise nonforfeitable rights under the Plan.

The Trustees (including any duly authorized designee of the Trustees) reserve the complete authority and discretion to construe the terms of the Plan (and any related Plan documents) including, without limitation, the authority to determine the eligibility for, and the amount of, benefits payable under the Plan. These decisions shall be final and binding upon all parties affected by such decisions. This booklet and the Benefit Fund staff are your sources of information on the Plan. You cannot rely on information from co-workers, Union or Employer representatives. If you have any questions about the Plan and how its coverage works, the Benefit Fund staff will be glad to help you. Since telephone conversations and other oral statements can easily be misunderstood, they cannot be relied upon if they are in conflict with what is stated in this Plan Document.



¿NECESITA AYUDA CON EL SUMARIO DE DESCRIPCION DEL PLAN?

Este Folleto es un sumario en Ingles de sus derechos y beneficios bajo El Fondo de Beneficios de la 1199SEIU.

Si usted no Entiende este Sumario y Necesita ayuda escriba al Fondo:

330 W. 42nd Street
New York, NY 10036
o llame: (646) 473-9200

Las horas de oficina del Fondo son de 8:00 AM a 6:00 PM de Lunes a Viernes.

Dear 1199SEIU Member:

The Benefit Fund cares about you and your family.

Your Benefit Fund provides a wide range of benefits for both full-time and part-time workers while allowing you to choose your doctor, hospital or other health care professional.

This booklet is designed to make it easier for you to find the information you need and to understand your rights and responsibilities under the Plan.

It is important that you read the entire booklet so that you know:

- What benefits you are eligible to receive;
- What policies and procedures need to be followed to get your benefits; and
- How to use your benefits wisely.

As you know, health care costs have been rising every year. As costs have risen, your Benefit Fund has been looking in new directions and developing programs to provide you with coverage for primary and preventive care.

By using one of the Benefit Fund's participating providers, you and your family can receive comprehensive care at little or no cost. Many providers are affiliated with institutions where 1199ers work or near where you live. And if you sign up for the Benefit Fund's **Member Choice** program, your care for Covered Services is covered in full when you use the providers at your **Member Choice** network hospital.

If you have any questions or concerns about any of your benefits or coverage for a specific medical problem, call the Member Services Department at (646) 473-9200. The Benefit Fund staff can answer your questions, refer you to another department, or take the information and get back to you later with an answer.

With your help, your Benefit Fund can continue to provide a comprehensive package of health benefits in the years ahead for you and your family and other 1199ers and their families.

The Board of Trustees

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NEED TO KNOW WHAT “FAMILY” MEANS IN THIS BOOKLET?

Refer to the Definitions Section

The Definitions section (Section IX) lists the terms used in this booklet and explains how they are defined by the Benefit Fund.

Refer to this section if you have any questions about the meaning of specific words or phrases, such as spouse, family, Contributing Employer, etc. For example, “family” as used in this booklet refers only to your spouse or your children who are eligible for benefits from this Benefit Fund.

If you have any further questions, please call our Benefit Fund’s Member Services Department at (646) 473-9200.

Your Benefit Fund

The 1199SEIU Greater New York Benefit Fund is a self-administered, labor-management, Taft-Hartley Trust Fund. Your coverage is provided as a result of a collective bargaining agreement between your employer and your union—1199SEIU United Healthcare Workers East.

Self-administered means that the Benefit Fund staff is responsible for the day-to-day administration of the Benefit Fund, including processing your claims, answering your questions, and performing other administrative operations.

All of the money your employer pays to the Benefit Fund on your behalf goes directly to providing your benefits. The Benefit Fund does not exist to make profits, like an insurance company. It exists only to provide you, other members, and your family with quality health care benefits.

Labor-management means that the Benefit Fund is run by an equal number of trustees appointed by **1199SEIU** and by **employers** who make payments to the Fund on behalf of their workers.

Taft-Hartley is the name of the federal law that allows these labor-management trust funds to be established.

Your Employer Pays for Your Benefits

Your union contract—the collective bargaining agreement between your employer and 1199SEIU—requires that your employer make payments to the Benefit Fund on your behalf for health benefits.

The cost of your benefits is paid through “contributions” to the Benefit Fund by your employer. These payments are called contributions because they go into a large pool of money used to pay for all the benefits for all 1199SEIU members and their families covered by the Plan.

Your union dues are paid to 1199SEIU to cover the cost of running the union—*not* to the Benefit Fund to cover the cost of providing health benefits.

This Benefit Fund is Jointly Administered together with other Benefit Funds serving people in 1199SEIU bargaining units. All these funds are housed together and share staff, services, and equipment. This allows your benefits to be administered efficiently.



OVERVIEW OF YOUR BENEFITS

IMPORTANT PHONE NUMBERS

Member Services Department
(646) 473-9200

For answers to questions about your benefits or to be referred to another Benefit Fund Department.

Managed Care Program for Behavioral Health

For Mental Health

For Alcohol/Substance Abuse

1199SEIU CareReview

For prior approval of hospital stays

(800) 227-9360

You can also visit our website at www.1199SEIUBenefits.org for forms, directories and other information.

ELIGIBILITY CLASSES

- I – Full-time members.
- II – Part-time members who work on average more than 60%, but less than 100%, of a full-time schedule (generally 3 to 4 days per week).
- III – Part-time members who work more than 20%, but less than 60%, of a full-time schedule (generally more than 1, but less than 3 days per week).

Benefit	Coverage	Eligibility Classes		
		I	II	III
Hospital Care	<ul style="list-style-type: none"> • Up to 365 days per year (100% of the Benefit Fund's allowance) • Semi-private room and board • Medically necessary services • Inpatient admissions • Outpatient or ambulatory facilities • Up to 30 days for inpatient acute physical rehabilitation 	Family	Family	Member only
		<i>Call 1199SEIU CareReview, (800) 227-9360, before going to the hospital or within 48 hours of an emergency admission.</i>		
Emergency Room Care	<ul style="list-style-type: none"> • Care needed for an Emergency and within 72 hours of an accident or sudden and serious illness • Benefit Fund pays negotiated or reasonable rates 	Family	Family	Member only

Benefit	Coverage	Eligibility Classes		
		I	II	III
Managed Care Program for Behavioral Health	<p>Mental Health:</p> <ul style="list-style-type: none"> • Outpatient treatment plans created and approved by Managed Care Program • Up to 30 inpatient days per year <p>Alcohol/Substance Abuse:</p> <ul style="list-style-type: none"> • Up to 7 days within a 12-month period for inpatient detoxification, maximum twice per lifetime • Up to 30 days within a 12-month period for inpatient rehabilitation, maximum twice per lifetime • Outpatient treatment through Participating Providers 	Family	Family	Member only
		<i>Call (646) 473-9200 before getting outpatient treatment for mental health, or alcohol or substance abuse.</i>		
		<i>Call 1199SEIU CareReview at (800) 227-9360 for pre-certification for inpatient treatment.</i>		
Surgery	<ul style="list-style-type: none"> • Inpatient or outpatient (ambulatory surgery) • Benefits based on the Benefit Fund's allowance for the surgical procedure • Participating surgeons bill the Benefit Fund directly and accept the Benefit Fund's payment as payment-in-full 	Family	Family	Member only
		<i>Call 1199SEIU CareReview at (800) 227-9360 before having non-emergency surgery.</i>		
Anesthesia	<ul style="list-style-type: none"> • Benefits based on the Benefit Fund's Schedule of Allowances • No out-of-pocket costs with Participating Providers 	Family	Family	Member only
Maternity Care	<ul style="list-style-type: none"> • An allowance which includes all prenatal and postnatal visits and delivery charges • Hospital benefit for the mother and newborn, if the mother is you or your spouse • Disability benefits through your employer for you if you are the mother 	Family	Family	Member only
		<i>Call the Prenatal Program at (646) 473-9200 to register for the Prenatal Care Program during the first three months of your pregnancy.</i>		

Benefit	Coverage	Eligibility Classes		
		I	II	III
Medical Services	<ul style="list-style-type: none"> • Treatment in a doctor's office • Well child care up to age 19 • Immunizations • X-rays and laboratory tests • Dermatology: up to 20 treatments per year • Chiropractic: up to 12 treatments per year • Podiatry: up to 15 treatments per year for routine care • Allergy: up to 20 treatments per year, including diagnostic testing • Physical, speech and occupational therapy: up to 25 visits per discipline per year • Outpatient chemotherapy, radiation therapy and hemodialysis • Participating providers bill the Benefit Fund directly and accept the Benefit Fund's payment as payment in full 	Family	Family	Not covered
Medical Services Requiring Prior Authorization	<ul style="list-style-type: none"> • Home Health Care • Non-Emergency Ambulance Services • Durable Medical Equipment & Appliances • Rehabilitation Therapy • Medical Appliances and Hearing Aids • Hospice Care • Home Infusion Services and Supplies 	Family	Family	Not covered
		<i>Call the Prior Authorization Department at (646) 473-9200 for prior authorization for all services except emergency ambulance.</i>		
Vision Care	<ul style="list-style-type: none"> • One eye exam every two years • One pair of glasses every two years • No out-of-pocket cost when using a participating provider for lenses and frames included in the Benefit Fund's vision program. 	Family	Family	Member only

Benefit	Coverage	Eligibility Classes		
		I	II	III
Dental	<p>Preferred Panel of DDS Dentists:</p> <ul style="list-style-type: none"> • Use a dentist on the preferred panel • Coverage in full for diagnostic, preventive and basic services • Set co-pay for major restorative and orthodontic services for dependent children under age 19 • Maximum benefit of \$1,200 per eligible person per calendar year <p>Non-Participating Dentists:</p> <ul style="list-style-type: none"> • Coverage includes diagnostic, preventive, basic, major restorative and orthodontic services for dependent children under age 19 • Maximum benefit of \$1,200 per eligible person per calendar year • Claims are paid according to the Benefit Fund's Schedule of Allowances and member is responsible for the balance 	Family	Not covered	Not covered
		<i>Prior authorization is required for dental services of \$300 or more and all orthodontic services.</i>		
Prescription Drugs	<ul style="list-style-type: none"> • FDA-approved prescription medications • No co-payments, no deductible when you use generic and preferred drugs if available; \$3 co-pay for preferred brand-name drugs • Preferred drug list and formularies • No co-pay for diabetic equipment and supplies (blood glucose meter, test strips, lancets, and urine strips) • Use Participating Pharmacies • Maintenance drug access program—<i>The 90-Day Rx Solution</i>—for chronic conditions • Prior authorization needed for certain medications 	Family	Not covered	Not covered

Benefit	Coverage	Eligibility Classes		
		I	II	III
Disability	<ul style="list-style-type: none"> This benefit is provided by your employer. Member must submit proof to the Benefit Fund that disability benefits have been received to maintain health coverage for up to 26 weeks within a 52-week period. Follow the same procedure if you are receiving Workers' Compensation. 	Member only	Member only	Member only
Life Insurance	<ul style="list-style-type: none"> Eligibility Class I—During your first year of service, benefit is \$2,000. After your first year, based on your years of service and annual earnings up to a maximum of \$25,000. Eligibility Class II—During first year of service, benefit is \$1,250. Maximum benefit amount is \$2,500. Eligibility Class III—Maximum benefit amount is \$1,250. 	Member only	Member only	Member only
Accidental Death & Dismemberment	<ul style="list-style-type: none"> For accidental death or injury Equal to, or one-half of, your life insurance 	Member only	Member only	Member only
Burial Plot	<ul style="list-style-type: none"> Free burial plot with permanent care 	Member & Spouse	Member & Spouse	Not covered

Legend

Member — You, the member

Spouse — Your spouse, if eligible

Children — Your children, if eligible

Family — You, your spouse, and your children, if eligible

See Section I.A to determine if you, your spouse or your children are eligible for benefits.