

## OVERVIEW OF YOUR BENEFITS

### IMPORTANT PHONE NUMBERS

**Member Services Department**  
**(646) 473-9200**

For answers to your questions  
about your eligibility and benefits.

**Dental**  
**The Dental Shop**  
**(888) 683-3682**

**Vision Care**  
**General Vision Services (GVS)**  
**(800) VISION-1**

**Hearing Aid**  
**General Hearing Services**  
**(GHS)**  
**(800) 432-1449**

**Prescription Drugs**  
**Express Scripts**  
**(800) 233-8065**

**Short-Term Disability and  
Life Insurance**  
**(646) 473-9200**

**Long-Term Disability**  
**(646) 473-6710**

## OVERVIEW OF YOUR BENEFITS

Benefit	Coverage	Full-Time LPN	Part-Time LPN
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>One eye exam every two years through General Vision Service (GVS) stores</li> <li>One pair of glasses every two years through General Vision Service (GVS) stores</li> </ul>	Family	Member Only
		<i>General Vision Services (GVS) (800) VISION-1</i>	

<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li><b>For FT LPN</b> <ul style="list-style-type: none"> <li><b>Family:</b> Up to \$4,000 per calendar year for basic and preventive services and major restorative services</li> <li><b>Individual:</b> Up to \$2,000 per calendar year for basic and preventive services and major restorative services</li> </ul> </li> <li><b>For PT LPN:</b> Up to \$3,000 per calendar year for basic and preventive services and major restorative services</li> <li>No out-of-pocket costs if enrolled with the Dental Shop and using Preferred Panel Dentist</li> </ul>	Family	Member Only
		<i>Call (646) 473-9200 for prior approval on coverage for dental work over \$200.</i>	
		<i>American Medical and Life Insurance (AMLI) (800) 422-2002</i>	

Benefit	Coverage	Full-Time LPN	Part-Time LPN
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>No co-pay or deductibles for FDA-approved prescription medications prescribed by doctor</li> <li>Use Participating Express Scripts pharmacies</li> </ul>	Family up to \$3,000 per year	Family up to \$1,500 per year
		<i>Express Scripts: (800) 233-8065</i>	

<b>Maintenance Prescription Drug Benefit</b>	<ul style="list-style-type: none"> <li>No co-pay or deductibles for FDA-approved prescription drugs for chronic conditions</li> </ul>	Family	Family
		<i>Express Scripts: (800) 233-8065</i>	

<b>Disability Benefits</b>	<ul style="list-style-type: none"> <li>For accidents or illnesses that are not work related</li> <li>\$225 weekly up to a maximum of 26 weeks</li> <li>For long-term disability, see page 47</li> </ul>	Members	Not Eligible
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<b>Life Insurance</b>	<ul style="list-style-type: none"> <li><b>For FT LPN:</b> <ul style="list-style-type: none"> <li>\$25,000 for Member</li> <li>\$8,000 for Spouse</li> <li>\$2,000 for Dependent Children</li> </ul> </li> <li><b>For PT LPN:</b> <ul style="list-style-type: none"> <li>\$12,500 for Member</li> <li>\$4,000 for Spouse</li> <li>\$2,000 for Dependent Children</li> </ul> </li> </ul>	Family	Family
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Benefit	Coverage	Full-Time LPN	Part-Time LPN
Social Services	<ul style="list-style-type: none"> <li>• <b>Member Assistance Program</b> helps resolve personal and family problems with referrals to community resources.</li> <li>• <b>Citizenship Program:</b> <ul style="list-style-type: none"> <li>◦ Free application preparation and preparatory classes</li> </ul> </li> <li>• <b>1199SEIU Legal Clinic:</b> One free consultation per year.</li> <li>• Workers' Compensation Clinic</li> </ul>	Member	Member

## SECTION I – ELIGIBILITY

- A. Who Is Eligible
- B. When Your Coverage Begins
- C. Enrolling In the Fund
- D. Coordinating Your Benefits
- E. When Your Benefits Stop
- F. Your COBRA Rights