This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the Fund's Summary Plan Description (SPD) at www.1199seiubenefits.org or by calling (646) 473-8666.

The 1199SEIU National Benefit Fund retiree supplemental coverage plan provides certain limited benefits to supplement Medicare for retirees living outside of the Fund's Medicare Advantage Plan area. **Medicare-eligible retirees with at least 10 years of service who retire with Wage Class I benefits** continue to receive the benefits listed below for themselves and their Medicare-eligible spouses to the extent they had such benefits just before they retired. Benefits as a retired member cannot exceed coverage before retirement. Dependent children are not covered. Spouses not covered by Medicare can elect the Early Retiree Dental Plus Plan (dental, vision and hospital indemnity benefits) or the Early Retiree Prescription Plan (prescription, vision and hearing benefits), as indicated in the Limitations & Exceptions column. This document does not describe the retiree's primary coverage through Medicare. Go to www.medicare.gov for information on covered services through Medicare.

Important Questions	Answers	Why This Matters
What is the overall deductible?	**$0**	See the chart starting on page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	No	There's no limit on how much you could pay during a coverage period for your share of the cost of covered services.
What is not included in the out-of-pocket limit?	This plan has no **out-of-pocket limit.**	Not applicable because there's no **out-of-pocket limit** on your expenses.
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of participating providers, call (646) 473-8666 or visit www.1199seiubenefits.org.	If you use a participating doctor or other healthcare **provider** (also called "preferred" or "in-network" providers), this plan will pay all or most of the costs of covered services. Be aware that your participating doctor or hospital may use a non-participating **provider** for some services. See the chart on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	N/A	Coverage limited to the use of an anesthesiologist in coordination with Medicare, if required.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 6. See your Summary Plan Description (SPD) for additional information about **excluded services.**

Questions: Call (646) 473-8666 or visit us at www.1199seiubenefits.org. If you aren't clear about any of the underlined terms used in this form, see the Glossary at www.1199seiubenefits.org or call (646) 473-8666 to request a copy.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered healthcare, usually when you receive the service.
- **Co-insurance** is **your** share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 20% would be $200. This may change if you haven't met your **deductible.**
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **participating providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a healthcare provider's office or clinic	Primary care visit to treat an injury or illness	Not covered	Not covered	Excluded service
	Specialist visit	Not covered	Not covered	Excluded service
	Other practitioner office visit	Not covered	Not covered	Excluded service
	Preventive care/ screening/ immunization	Not covered	Not covered	Excluded service
If you have a test	Diagnostic test (X-ray, blood work)	Not covered	Not covered	Excluded service
	Imaging (CT/PET scans, MRIs, MRAs)	Not covered	Not covered	Excluded service

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition **More information about prescription drug coverage is available at** www.1199seiubenefits.org.	Generic drugs	No charge	You may be charged the amount the pharmacy bills above the Fund's payment.	**Non-Medicare Dental Plus Plan participants not covered.** This is a pharmacy benefit only and excludes drugs administered in a physician or outpatient setting. Participating providers are pharmacies that accept Express Scripts. Prescriptions for chronic conditions must be filled through *The 90-Day Rx Solution*. Prior approval required for certain medications. Certain medications are subject to clinical program management. For non-preferred drugs, you must also pay the difference between the preferred and non-preferred drug price.
	Preferred brand drugs	No charge	You may be charged the amount the pharmacy bills above the Fund's payment.	
	Non-preferred brand drugs	You will be charged a differential.	You may be charged the amount the pharmacy bills above the Fund's preferred drug price.	
	Specialty drugs	You will be charged a differential for non-preferred brand drugs.	You may be charged the amount the pharmacy bills above the Fund's preferred drug price.	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Limited coverage	Limited coverage	After Medicare pays first, the Fund pays the difference up to its Schedule of Allowances. Non-Medicare spouses not covered.
	Physician/Surgeon fees	Limited coverage	Limited coverage	Coverage limited to anesthesiologist's fees only. After Medicare pays first, the Fund covers any difference between the Medicare payment and the Fund's Schedule of Allowances. Non-Medicare spouses not covered.
If you need immediate medical attention	Emergency room services	Not covered	Not covered	Excluded service
	Emergency medical transportation	Limited coverage	Limited coverage	After Medicare pays first, the Fund covers any difference between the Medicare payment and the Fund's Schedule of Allowances. Non-Medicare spouses not covered.
	Urgent care	Not covered	Not covered	Excluded service

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	Limited coverage	Limited coverage	After Medicare pays first, and if applicable, the Fund pays the first day deductible, your co-insurance and reserve days, and additional medically necessary services as needed, after your Medicare Part A coverage is exhausted. Non-Medicare spouses not covered.
	Physician/Surgeon fees	Limited coverage	Limited coverage	Coverage limited to anesthesiologist's fees only. After Medicare pays first, the Fund covers any difference between the Medicare payment and the Fund's Schedule of Allowances. Non-Medicare spouses not covered.
If you have mental health, behavioral health or substance abuse needs	Mental/Behavioral health outpatient services	Not covered	Not covered	Excluded service
	Mental/Behavioral health inpatient services	Limited coverage	Limited coverage	After Medicare pays first, and if applicable, the Fund pays the first day deductible, your co-insurance and reserve days, and additional medically necessary services as needed, after your Medicare Part A coverage is exhausted. Non-Medicare spouses not covered.
	Substance use disorder outpatient services	Not covered	Not covered	Excluded service
	Substance use disorder inpatient services	Limited coverage	Limited coverage	After Medicare pays first, and if applicable, the Fund pays the first day deductible, your co-insurance and reserve days, and additional medically necessary services as needed, after your Medicare Part A coverage is exhausted. Non-Medicare spouses not covered.
If you are pregnant	Prenatal and postnatal care	Not covered	Not covered	Excluded service
	Delivery and all inpatient services	Limited coverage	Limited coverage	After Medicare pays first, and if applicable, the Fund pays the first day deductible, your co-insurance and reserve days, and additional medically necessary services as needed, after your Medicare Part A coverage is exhausted. Non-Medicare spouses not covered.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	Limited coverage	Limited coverage	Prior approval required. Benefits are payable in accordance with the Benefit Fund's Schedule of Allowances up to the maximum benefits available and will be coordinated with Medicare. Non-Medicare spouses not covered.
	Rehabilitation services	Limited coverage	Limited coverage	Outpatient Physical/Speech/Occupational Therapy services limited to 25 visits per year. After Medicare pays first, the Fund pays the difference up to its Schedule of Allowances. Non-Medicare spouses not covered.
	Habilitation services	Limited coverage	Limited coverage	Coverage for outpatient only. Physical/Speech/ Occupational Therapy services limited to 25 visits per discipline per year. After Medicare pays first, the Fund pays the difference up to its Schedule of Allowances. Non-Medicare spouses not covered.
	Skilled nursing care	Supplemental coverage	Supplemental coverage	Prior approval required. Benefits are payable in accordance with the Benefit Fund's Schedule of Allowances up to the maximum benefits available and will be coordinated with Medicare. Services rendered in a nursing home or skilled nursing facility not covered. Non-Medicare spouses not covered.
	Durable medical equipment	Supplemental coverage	Supplemental coverage	After Medicare pays first, the Fund pays up to its Schedule of Allowances when using in-network providers. Non-Medicare spouses not covered.
	Hospice service	Not covered	Not covered	Excluded service
If your child needs dental or eye care	Eye exam	Not covered	Not covered	Excluded service
	Glasses	Not covered	Not covered	Excluded service
	Dental check-up	Not covered	Not covered	Excluded service

Excluded Services and Other Covered Services:

Services Your Plan Does NOT Cover (This is not a complete list. Check your SPD for other <u>excluded services</u>.)

- Acupuncture
- Bariatric surgery
- Care provided in a skilled nursing facility or nursing home
- Chiropractic care
- Cosmetic surgery
- Dental care (Non-Medicare Prescription Plan not covered)
- Diagnostic tests
- Emergency room services
- Hospice service
- Imaging
- Infertility treatment
- Lactation services
- Long-term care
- Mental/Behavioral health outpatient services
- Non-emergency care when traveling outside the U.S.
- Physician/Surgeon fees for inpatient stays or outpatient surgery – other than anesthesia
- Prenatal and postnatal care
- Preventive care/screening/immunization
- Primary, specialist and other practitioner office visits
- Routine foot care
- Substance use disorder outpatient services
- Urgent care
- Weight-loss programs

Other Covered Services (This is not a complete list. Check your SPD for other covered services and your costs for these services.)

- Hearing aids: once every three years (For Medicare recipients and non-Medicare Prescription Plan only)
- Dental care (Adult): Non-Medicare Dental Plus Plan only. Maximum benefit of $3,000 per person per year.
- Routine eye care (Adult): one eye exam every two years; one pair of glasses or contact lenses every two years
- Private-duty nursing: covered in the home if authorized in advance – co-ordinated with Medicare (Medicare recipients only)

Your Rights to Continue Coverage: If you lose coverage under the plan, then, depending upon the circumstances, federal and state laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **<u>premium</u>**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at (646) 473-8666. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at (866) 444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at (877) 267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights: If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **<u>appeal</u>** or file a **<u>grievance</u>**. For questions about your rights, this notice or assistance, you can contact the Benefit Fund's Appeals Department at (646) 473-8951. You may also contact the Department of Labor's Employee Benefits Security Administration at (866) 444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Language Access Services: Para obtener asistencia en Español, llame al (646) 473-8666.

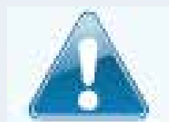
Does this coverage provide minimum essential coverage? The Affordable Care Act requires most people to have healthcare coverage that qualifies as "minimum essential coverage." **This plan does provide minimum essential coverage.**

Does this coverage meet the minimum value standard? The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About These Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers:** $7,540
- **Plan pays:** $3,840*
- **Patient pays:** $3,700

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

Patient pays:

Deductibles	$0
Co-pays	$0
Co-insurance	$0
Limits or exclusions	$3,700
Total	**$3,700**

*__Note:__ These numbers include the Medicare payment for anesthesia and hospital charges for the mother.

Managing Type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers:** $5,400
- **Plan pays:** $4,100
- **Patient pays:** $1,300

Sample care costs:

Prescriptions	$2,900
Medical equipment and supplies	$1,300
Office visits and procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**

Patient pays:

Deductibles	$0
Co-pays	$0
Co-insurance	$0
Limits or exclusions	$1,300
Total	**$1,300**

Questions and Answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **co-payments** and **co-insurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **co-payments**, **deductibles** and **co-insurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.