Section VI – Retiree Health Benefits

A. Retiree Health Benefits

B. Using Your Benefits Wisely

C. If You Retire at or after Age 65 and Live in New York City, Nassau, Suffolk or Westchester Counties, or Designated Counties in Florida (with at Least 10 Years of Pension Fund Credited Service)

D. If You Retire at or after Age 65 and Live Outside New York City, Nassau, Suffolk or Westchester Counties, or Designated Counties in Florida (with at Least 10 Years of Pension Fund Credited Service)

E. If You Retire between Ages 62 through 64 (with at Least 20 Years of Pension Fund Credited Service)

F. If You Retire between Ages 55 through 64 (with at Least 10 Years of Pension Fund Credited Service)

G. If You Retire with a Disability Pension at Any Age (with at Least 10 Years of Pension Fund Credited Service)

H. Retired Members Programs
WHERE TO CALL

Retiree Services Department
(646) 473-8666

Call Retiree Services:
• For general questions about your Retiree Health Benefits;
• If you need claim forms;
• For more information on continuing the coverage you had as a working member after you retire through COBRA;
• For a list of Participating Pharmacies;
• For prior approval for private-duty skilled nursing care; or
• For prior approval for other Medical Benefits.

1199SEIU CareReview
(800) 227-9360

If you or your spouse are not covered by Medicare:
• Call to pre-certify your hospital stay before going to the hospital for non-Emergency care; or
• Call within two business days of an Emergency admission.

Retired Members Division
(646) 473-8666

• Call the Retired Members Department for information on retiree programs.

REMINDERS

• Retiree Health Benefits differ by Wage Class.
• Your benefits as a retired member can’t exceed the coverage you had just before you retired. Your benefits must be coordinated with Medicare.
• You and your spouse must register for Medicare at a local Social Security office at least 90 days before you retire if you are age 65 or older.
• If you or your spouse are not covered by Medicare and are covered for full Hospital Benefits through the Benefit Fund, you must call the 1199SEIU CareReview Program before going to the hospital for non-Emergency care or within two business days of an Emergency admission.
• You must comply with the Benefit Fund’s prescription programs, including the Benefit Fund’s Medicare Part D Prescription Drug Program.
• You must get prior approval from the Benefit Fund on all benefits requiring prior authorization, except Emergency ambulance.
• You must file a claim form once every quarter to get the Medicare Part B premium reimbursement.

Please refer to Section II – Health Benefits for detailed information on each Health Benefit and the procedures that need to be followed.

You can also visit our website at www.1199SEIUBenefits.org.
SECTION VI. A
RETIREE HEALTH BENEFITS

The Benefit Fund offers several Health Benefit packages for 1199SEIU retirees, each with specific rules for eligibility, which are explained in greater detail on the following pages.

The benefits for which you are eligible depend on your age and Years of Pension Fund Credited Service. These benefits will be different from the benefits you were eligible for as a working member.

To determine what package of Retiree Health Benefits you are eligible for, refer to the appropriate section:

- If you retire at or after age 65 with at least 10 Years of Pension Fund Credited Service (Sections VI.C and VI.D)
- If you retire between ages 62 through 64, on or after July 1, 1998, with at least 20 Years of Pension Fund Credited Service (or at least 25 Years of Pension Fund Credited Service if you retired on or after June 15, 1995, but before July 1, 1998) (Section VI.E)
- If you retire between ages 55 through 64 with at least 10 Years of Pension Fund Credited Service (Section VI.F)
- If you retire with a Disability Pension at any age with at least 10 Years of Pension Fund Credited Service (Section VI.G)

SPECIAL RULES

Retiree Health Benefits are available for you and your eligible spouse only. Dependent children are not covered for these benefits regardless of their age.

If you retired as a Wage Class II or Wage Class III member and were not eligible for the Benefit Fund’s Prescription Drug Benefit, you are not eligible to participate in the Fund’s Medicare Program (a Medicare Advantage Plan) or Medicare Part D Prescription Drug Program (an Employer Group Waiver Program through the Benefit Fund’s Pharmacy Benefit Manager) as described in Sections VI.C and VI.D.

Members who have at least 15 years of consecutive coverage by the Benefit Fund immediately prior to retirement, who are age 65 or older and who are not participants in the Pension Fund, may be eligible for a Life Insurance Benefit.

In most cases, Retiree Health Benefits start 30 days after you retire and stop for you and your spouse if you go back to work. If you retired before October 1, 1998, your spouse’s benefits will stop 30 days after your death. If you retired on or after October 1, 1998, your spouse will continue to be eligible after your death for Retiree Health Benefits for the remainder of his or her life. Your benefits must be coordinated with any other health
insurance that you or your spouse may have, including Medicare (see Section I.F).

Except as indicated above, in order to be eligible for Retiree Health Benefits, you must be retired, which means receiving a pension from the 1199SEIU Health Care Employees Pension Fund. If your Pension Benefit is suspended or stops for any reason (including your return to work or your loss of entitlement to a Social Security Disability Award), you will no longer be eligible for Retiree Health Benefits.

Your benefits as a retired member can’t exceed the coverage you had just before you retired.

For example:

- If you did not have prescription drug coverage right before you retired, you are not covered for Prescription Drug Benefits after you retire; or
- If your spouse was not covered while you were a working member, you cannot enroll your spouse after you retire.

The Board of Trustees reserves the right, within its sole and absolute discretion, to amend, modify or terminate, in whole or in part, any or all of the provisions of this Plan (including any related documents and underlying policies), at any time and for any reason, in such manner as may be duly authorized by the Board of Trustees.

You, your beneficiaries or any person do not have or will not have a vested or nonforfeitable right to receive benefits under the Plan.

SPECIAL RULE FOR MEMBERS WHO RETIRED WITH WAGE CLASS III BENEFITS

If you meet the eligibility criteria as set forth in Section VI.C, VI.D, VI.E, VI.F or VI.G, retire after October 1, 2014, and were eligible for Wage Class III Benefits as a working member, you are eligible for Vision Benefits only.

SPECIAL RULE FOR NEW YORK CITY EMPLOYEE RETIREEs

If you retire from employment by the City of New York or an agent or authority of New York City, certain benefits are provided to you by the City. If the City makes contributions to the Benefit Fund on your behalf, effective July 1, 2001, you are covered by the Fund only for the following supplemental Retiree Health Benefits:

- Vision care;
- Prescription drugs; and
- Life insurance.

After the death of a member, benefits for a surviving spouse are extended for a period of one year.

See the description of these benefits for retirees on the following pages.

You may be eligible for other benefits not provided by the Benefit Fund through your employment with the City. Contact your Employer for an explanation of your full retiree benefit coverage.
SECTION VI. B
USING YOUR BENEFITS WISELY

REGISTER FOR MEDICARE

Your Retiree Health Benefits are coordinated with Medicare Part A (hospital) and Medicare Part B (medical) if:

• You and/or your spouse are age 65 or over; or
• You are eligible for Medicare as a result of receiving a Disability Pension through Social Security (which normally occurs when you reach age 65 or two years from the effective date of your Disability Award from Social Security, whichever comes first).

Medicare is the primary insurer for your care. The Benefit Fund's benefits supplement some of the coverage provided by Medicare, which you are eligible to receive.

You and your spouse must register for Medicare Part A and Part B at a local Social Security office at least 90 days before you retire if you are Medicare-eligible or when you become Medicare-eligible (normally when you reach age 65) after you retire.

A delay in registering may:

• Delay your Medicare coverage;
• Result in a financial penalty charged by Medicare; or
• Result in out-of-pocket costs to you for care, which Medicare does not pay.

You and your spouse must also enroll in either the Benefit Fund’s Medicare Program, as described in Section VI.C, or the Benefit Fund’s Medicare Part D Prescription Drug Program, as described in Section VI.D.

WHEN YOU NEED TO SEE A DOCTOR

Participating Providers Accept the Fund’s and/or Medicare’s Allowances

If you are eligible for the benefits described in Section VI.E or VI.G of this SPD, the Benefit Fund has doctors, hospitals and other healthcare professionals who accept the Benefit Fund’s allowances as payment in full for non-Medicare eligible members and their dependents.

If you are eligible for Medicare, many Participating Providers will accept Medicare’s allowance as payment in full.

This means you can continue to use many of the same doctors you had as an active member.
IF YOU NEED HOSPITAL CARE OR INPATIENT SURGERY AND ARE NOT COVERED BY MEDICARE

If you are not covered by Medicare and are covered for full Hospital Benefits through the Benefit Fund, you must call the 1199SEIU CareReview Program at (800) 227-9360:

- **Before** going to the hospital for non-Emergency care; or
- **Within two business days** of an Emergency admission.

IF YOU NEED AMBULATORY/OUTPATIENT SURGERY AND ARE NOT COVERED BY MEDICARE

If you are not covered by Medicare, you must call the Benefit Fund’s Ambulatory/Outpatient Surgery Pre-Certification Program at (646) 473-9200 if your surgery is going to be performed in the outpatient department of a hospital or in a doctor’s office.

IF YOU NEED PRESCRIPTION DRUGS

For Participants in the Benefit Fund’s Medicare Program or Medicare Part D Prescription Drug Program:

If you are enrolled in either of these programs, you will receive your medication, including mail order prescriptions for chronic or maintenance medications, through these programs.

For Participants Who Enroll in a Medicare Part D Prescription Drug Plan:

If you enroll in a Medicare Part D Prescription Drug Plan, that plan will be your primary coverage and will pay your prescription claims first. When you exhaust your Medicare Part D Prescription Drug Plan, the Benefit Fund will provide prescription benefit coverage as your secondary insurer.

FOR ALL OTHER RETIREES

For Short-Term Illnesses:

If you need medication for a short period of time, such as an antibiotic, go to your local Participating Pharmacy to have your prescription filled.

For Chronic Conditions:

The Benefit Fund’s Mandatory Maintenance Drug Access Program — The 90-Day Rx Solution

If you have a chronic condition and are required to take the same medication on a long-term basis, you must fill your prescription through the Benefit Fund’s Mandatory Maintenance Drug Access Program, The 90-Day Rx Solution.

This program requires that you order medications you take on an ongoing basis in 90-day supplies. For your convenience, your medication will be delivered directly to you at your choice of address, or you may choose to order and pick up your 90-day supply at a designated Participating Pharmacy.
If you are currently taking a maintenance medication, ask your doctor for a 90-day prescription (with three refills) and fill it either by:

- Mailing the prescription to the Benefit Fund’s mail order pharmacy, where it will normally be delivered within eight days; or
- Taking it to one of the designated Participating Pharmacies.

For new maintenance medications, ask your doctor for two prescriptions:

One for a 30-day supply (with one refill) and another for a 90-day supply (with three refills) that can be filled through the Mandatory Maintenance Drug Access Program once you know that the medication works for you.

Call the Benefit Fund at (646) 473-9200 or visit our website at www.1199SEIUBenefits.org for the locations of pharmacies that participate in the Mandatory Maintenance Drug Access Program, for a Mail Order Form or to determine if the drug you are taking is a maintenance medication.
SECTION VI. C
IF YOU RETIRE AT OR AFTER AGE 65 AND LIVE IN NEW YORK CITY, NASSAU, SUFFOLK OR WESTCHESTER COUNTIES, OR DESIGNATED COUNTIES IN FLORIDA (WITH AT LEAST 10 YEARS OF PENSION FUND CREDITED SERVICE)

You are eligible for the benefits described in this section when you retire at or after age 65 with Wage Class I Benefits and at least 10 Years of Pension Fund Credited Service. If you live in New York City, Nassau, Suffolk or Westchester Counties, or designated counties in Florida, you must enroll in Medicare Part A, Medicare Part B and the Benefit Fund Medicare Program in order to receive Retiree Health Benefits through the Benefit Fund.

If you are eligible for Medicare and live in New York City, Nassau, Suffolk or Westchester Counties, or designated counties in Florida, you will only be able to receive Retiree Health Benefits from the Benefit Fund through the Medicare Advantage Plan with which the Benefit Fund has negotiated a special package of benefits for Benefit Fund retirees (“Benefit Fund Medicare Program”) after you have enrolled in Medicare Part A and Part B. When your spouse becomes eligible for Medicare, he or she must enroll in Medicare Part A, Medicare Part B and the Benefit Fund Medicare Program in order to receive benefits through the Benefit Fund.

If you retire with Wage Class II or Wage Class III Benefits, you are not eligible to enroll in the Benefit Fund Medicare Program. Please see Section VI.D for a description of your benefits.

This Benefit Fund Medicare Program will provide retirees and their spouses living in New York with a full Prescription Drug Benefit similar to the benefit described in Section II.L of this SPD as well as Hospital, Medical, Dental, Podiatry, Chiropractic, Vision and Hearing Aid Benefits. Retirees and spouses living in Florida will receive the above benefits except for Dental Benefits. The Benefit Fund will supplement the Benefit Fund Medicare Program by continuing to provide you with Retiree Health Benefits described in the following pages, such as reimbursement for a part of the standard Medicare Part B premium, Life Insurance, Burial Benefits, and Prescription Drug Benefits beyond those provided by the Benefit Fund Medicare Program.
If you are required to enroll in the Benefit Fund Medicare Program and choose to “opt out” for any reason, you and your spouse will no longer be eligible to receive Retiree Health Benefits from the Benefit Fund as described in the following sections of this SPD.

You may request a waiver of this requirement by calling the Benefit Fund at (646) 473-8666, only if you meet the following criteria as determined by the Plan Administrator:

• You are currently under treatment for a serious and/or chronic condition; and

• Your doctor does not participate in the Benefit Fund Medicare Program; and

• A change in physician would put your health in serious jeopardy.

Members who receive a waiver or members in Florida who have enrolled in another Medicare Prescription Drug Plan or Medicare Advantage Plan will be eligible for the benefits described in Section VI.D.

If your spouse is covered by Medicare, he or she is covered for the benefits described in this section, except for life insurance.

When your spouse reaches age 65 or is covered by Medicare, he or she will receive the benefits described in this section, except for life insurance.

ELIGIBILITY

To receive the benefits described in this section from the Benefit Fund, you must have left covered service with Benefit Fund coverage and either (I) meet the eligibility conditions listed below within one year of the date (a) your Employer was no longer obligated to make contributions on your behalf; or (b) your Employer was terminated as a Contributing Employer to the Benefit Fund; or (II) be receiving Benefit Fund disability or an award of permanent partial disability or permanent total disability from Workers’ Compensation from a disabling condition or event that commenced or occurred while you were actively employed by a Contributing Employer to the Benefit Fund. In addition, if you do not meet any of the above conditions, but you meet all of the conditions listed below and left covered service in or after 2013, between the ages of 62 through 64, with 20 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund, then you are eligible to receive benefits under this section.

Members and spouses who retire with Wage Class I Benefits and live in New York City, Nassau or Suffolk Counties, designated counties in Florida, or
effective January 1, 2016, Westchester County, will receive coverage as described in this section.

Members and spouses who retire with Wage Class II Benefits will receive coverage for the member and spouse as described in Section VI.D, except for Prescription Drug Benefits.

Members who retire with Wage Class III Benefits receive vision-only coverage for the member only.

In addition, you must meet all of the following conditions:

- Retire at or after age 65; and
- Have at least 10 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund; and
- Be receiving a pension from the 1199SEIU Health Care Employees Pension Fund or have your application in process.

**YOUR BENEFITS**

**Benefit Fund Medicare Program**

When you and your eligible spouse enroll in the Benefit Fund Medicare Program, your Health Benefits, including a basic Prescription Drug Benefit, will be provided through the Benefit Fund Medicare Program.

Your basic Health Benefits are provided through the Benefit Fund Medicare Program, including:

- Hospital;
- Medical;
- Prescription drugs;
- Dental care (not eligible for members and spouses living in Florida);
- Home health care;
- Podiatry;
- Chiropractic;
- Vision care (provided as a supplemental benefit by the Benefit Fund for members and spouses living in Florida; see “Supplemental Benefits” to the right); and
- Hearing aids (provided as a supplemental benefit by the Benefit Fund for members and spouses living in Florida; see “Supplemental Benefits” below).

Remember to use physicians that participate in the Benefit Fund Medicare Program to avoid out-of-pocket costs.

For detailed information on these benefits, call the Benefit Fund’s Retiree Health Benefits office at (646) 473-8666.

**SUPPLEMENTAL BENEFITS**

Eligible members also receive supplemental benefits, including the full Prescription Drug Benefit beyond that provided by the Benefit Fund Medicare Program, reimbursement for 50% of the standard Medicare Part B premium, Life Insurance and Burial Benefits through the Benefit Fund.
Prescription Drugs
You are covered for a full Prescription Drug Benefit, similar to the benefit described in Section II.L of this SPD, beyond the basic benefit provided by the Benefit Fund Medicare Program.

Medicare Part B Premium
You will be reimbursed for 50% of the standard Medicare Part B premium.
You may file a claim form once each quarter to get this benefit.

Medicare Part D Premium — Income Related Adjustment
As a result of their enrollment in the Benefit Fund Medicare Program, some members whose incomes are above certain levels established by Medicare may incur an additional Medicare premium, which is known as an Income Related Medicare Adjustment Amount (IRMAA).
If your monthly Social Security check is reduced by an IRMAA, you may file a quarterly claim to obtain a reimbursement.

Life Insurance
Your life insurance amount as a working member is immediately reduced by 20% when you retire.
Then every year thereafter, your Life Insurance Benefit is further reduced by 20% of the Life Insurance Benefit you had as a working member until you reach the minimum life insurance amount based on your date of retirement:

<table>
<thead>
<tr>
<th>Date of Retirement</th>
<th>Life Insurance Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1, 1961 – June 30, 1973</td>
<td>$500</td>
</tr>
<tr>
<td>July 1, 1973 – June 30, 1983</td>
<td>$1,000</td>
</tr>
<tr>
<td>After July 1, 1983</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

This benefit does not include the Accidental Death and Dismemberment Benefits described in Section IV.C.
Your spouse is not eligible for this benefit.

Burial
You are covered for a free burial plot.

VISION CARE AND HEARING AIDS
(FOR MEMBERS AND SPOUSES LIVING IN FLORIDA)

Vision Care
You are covered for the following services once every two years when performed by an optometrist or optician:
- An eye exam; and
- A pair of glasses or contact lenses.
The Vision Benefit does not include services rendered by an ophthalmologist.
Benefits are paid according to the Benefit Fund’s Schedule of Allowances. There are no out-of-pocket costs when you use Participating Optometrists and Opticians, unless you order glasses or other services which are not included in the Benefit Fund’s program.
Hearing Aids

Hearing aids are covered once every three years. Call the Member Services Department at (646) 473-9200 for a referral to a Participating Provider.

If you use a Non-Participating Provider, you can be billed the difference between the Benefit Fund’s allowance and whatever the provider normally charges. You may have to pay any cost over the Benefit Fund’s allowance.

The Benefit Fund is your primary insurer for hearing aids.
SECTION VI. D
IF YOU RETIRE AT OR AFTER AGE 65 AND LIVE OUTSIDE NEW YORK CITY, NASSAU, SUFFOLK OR WESTCHESTER COUNTIES, OR DESIGNATED COUNTIES IN FLORIDA (WITH AT LEAST 10 YEARS OF PENSION FUND CREDITED SERVICE)

You are eligible for the benefits described in this section when you retire at or after age 65 with Wage Class I Benefits and at least 10 Years of Pension Fund Credited Service.

Members who are eligible for Medicare and live outside New York City, Nassau, Suffolk or Westchester Counties, or designated counties in Florida, will only be able to receive Retiree Health Benefits from the Benefit Fund if they are enrolled in the Benefit Fund’s Medicare Part D Prescription Drug Program, which is an Employer Group Waiver Program (EGWP) sponsored by the Fund and its Pharmacy Benefit Manager. When your spouse becomes eligible for Medicare, he or she must enroll in the Benefit Fund’s Medicare Part D Prescription Drug Program in order to receive benefits through the Benefit Fund.

This Benefit Fund Medicare Part D Prescription Drug Program will provide you with a full Prescription Drug Benefit similar to the benefit described in Section II.L of this SPD. The Benefit Fund will supplement this Program by continuing to provide you with the Retiree Health Benefits described in this section.

The Benefit Fund may not require that you or your spouse enroll in the Medicare Part D Prescription Drug Program if you or your spouse have already enrolled in another Medicare Part D Plan. Please note that you and your spouse will be responsible for the full cost of your Medicare Part D premium, if any.

If your spouse is covered by Medicare, he or she is covered for the benefits described in this section, except for life insurance.

If your spouse is not covered by Medicare, he or she will be eligible for the Early Retiree Dental Plus Plan as described in Section VI.F of this SPD unless he or she selects, on a one-time only basis, coverage for the Early Retiree Prescription Plan consisting of Prescription Drug, Vision Care and Hearing Aid Benefits only, as described in Section VI.F of this SPD.

When your spouse reaches age 65 or is covered by Medicare, he or she will receive the benefits described in this section, except for life insurance.
ELIGIBILITY

To receive the benefits described in this section from the Benefit Fund, you must have left covered service with Benefit Fund coverage and either (I) meet the eligibility conditions listed below within one year of the date (a) your Employer was no longer obligated to make contributions on your behalf; or (b) your Employer was terminated as a Contributing Employer to the Benefit Fund; or (II) be receiving Benefit Fund disability or an award of permanent partial disability or permanent total disability from Workers’ Compensation from a disabling condition or event that commenced or occurred while you were actively employed by a Contributing Employer to the Benefit Fund. In addition, if you do not meet any of the above conditions, but you meet all of the conditions listed below and left covered service in or after 2013, between the ages of 62 through 64, with 20 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund, then you are eligible to receive benefits under this section.

Members and spouses who retire with Wage Class I Benefits and live in New York City, Nassau or Suffolk Counties, designated counties in Florida, or effective January 1, 2016, Westchester County, will receive all of the benefits described in this section except for Prescription Drug Benefits.

Members who retire with Wage Class III Benefits receive vision-only coverage for the member only.

In addition, you must meet all of the following conditions:

- Retire at or after age 65; and
- Have at least 10 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund; and
- Be receiving a pension from the 1199SEIU Health Care Employees Pension Fund or have your application in process.

YOUR BENEFITS

When you and your eligible spouse are enrolled in the Benefit Fund Medicare Part D Prescription Drug Program or if you or your eligible spouse is not required to enroll in the Benefit Fund Medicare Program, for instance, if you have received a waiver, then you are entitled to receive the following benefits.

Hospital — Inpatient

Medicare is your primary insurer and must pay for your care first.

The Benefit Fund covers reasonable payments for the following inpatient hospital care customarily provided to patients with your medical condition, if Medically Necessary:

- Your Medicare Part A first-day deductible;
• Your Medicare Part A co-insurance and reserve days; and
• Additional coverage up to a total of 365 days per calendar year after you have exhausted your Medicare Part A coverage.

**NOTE:** The Fund does not provide benefits for services rendered in a nursing home or skilled nursing facility.

### Anesthesia

Medicare is your primary insurer and must pay for your care first.

The Benefit Fund pays the difference between what Medicare pays and the Benefit Fund’s Schedule of Allowances.

The Benefit Fund pays **only if** the amount paid by Medicare is less than what the Benefit Fund would have paid for anesthesia if you had not been covered by Medicare.

### Vision Care

You are covered for the following services once every two years when performed by an optometrist or optician:

• An eye exam; and
• A pair of glasses or contact lenses.

The Vision Benefit does not include services rendered by an ophthalmologist.

Benefits are paid according to the Benefit Fund’s Schedule of Allowances. There are no out-of-pocket costs when you use Participating Optometrists and Opticians, unless you order glasses or other services that are not included in the Benefit Fund’s program.

### Hearing Aids

Hearing aids are covered once every three years. Call the Member Services Department at (646) 473-9200 for a referral to a Participating Provider.

If you use a Non-Participating Provider, you can be billed the difference between the Benefit Fund’s allowance and whatever the provider normally charges. You may have to pay any cost over the Benefit Fund’s allowance.

The Benefit Fund is your primary insurer for hearing aids.

### Prescription Drugs

You are covered for a full Prescription Drug Benefit similar to the benefit described in Section II.L of this SPD.

### Private-Duty Skilled Nursing at Home

Private-duty skilled nursing care at home will be covered by the Benefit Fund if it is authorized in advance, Medically Necessary and in compliance with the Benefit Fund’s nursing protocol. 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.
OTHER BENEFITS

Medicare is your primary insurer and must make the first payment toward the following outpatient (Medicare Part B) services:

- Durable medical equipment;
- Medical supplies;
- Physical, occupational or speech therapy;
- Facility charges related to ambulatory/outpatient surgery;
- Emergency ambulance service; and
- Hemodialysis/Chemotherapy drugs.

The Benefit Fund covers any difference between what Medicare pays and the Benefit Fund’s Schedule of Allowances for the services in the bulleted list above. You pay any remaining charges.

The Benefit Fund is your primary insurer for hearing aids.

Call the Prior Authorization Department at (646) 473-9200 for prior approval on all benefits, except Emergency ambulance.

Medicare Part B Premium

You will be reimbursed for 50% of the standard Medicare Part B premium. You may file a claim form once each quarter to get this benefit.

Medicare Part D Premium — Income Related Adjustment

As a result of their enrollment in the Fund’s Medicare Prescription Employer Group Waiver Program (EGWP), some members whose incomes are above certain levels established by Medicare may incur an additional Medicare premium, which is known as an Income Related Medicare Adjustment Amount (IRMAA).

If your monthly Social Security check is reduced by an IRMAA, you may file a quarterly claim to obtain a reimbursement.

Life Insurance

Your life insurance amount as a working member is immediately reduced by 20% when you retire.

Then every year thereafter, your Life Insurance Benefit is further reduced by 20% of the Life Insurance Benefit you had as a working member until you reach the minimum life insurance amount based on your date of retirement:

<table>
<thead>
<tr>
<th>Date of Retirement</th>
<th>Life Insurance Amount</th>
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<td>April 1, 1961 – June 30, 1973</td>
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<td>$1,000</td>
</tr>
<tr>
<td>After July 1, 1983</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

This benefit does **not** include the Accidental Death and Dismemberment Benefits described in Section IV.C.

Your spouse is **not** eligible for this benefit.
Burial

If available, you are covered for a free burial plot.

SPECIAL CONDITION

If you or your eligible spouse are not required to enroll in the Benefit Fund Medicare Part D Prescription Drug Program because you are already enrolled in another Medicare Part D Prescription Drug Program or Medicare has denied your enrollment into the Medicare Part D Prescription Drug Program, the Plan Administrator may approve your eligibility for the benefits described in this section.
SECTION VI. E
IF YOU RETIRE BETWEEN AGES 62 THROUGH 64
(WITH AT LEAST 20 YEARS OF PENSION FUND CREDITED SERVICE)

You and your spouse are eligible for the benefits described in this section when you retire at or after age 62 and before age 65 with Wage Class I Benefits and at least 20 Years of Pension Fund Credited Service if you retire on or after July 1, 1998 (or at least 25 Years of Pension Fund Credited Service if you retired on or after June 15, 1995, but before July 1, 1998).

When you become eligible for Medicare, you will receive the benefit package given to members who retired at or after age 65 with at least 10 Years of Pension Fund Credited Service as described in Section VI.C or VI.D. At that time, if your spouse is not eligible for Medicare, he or she will be eligible for the Early Retiree Dental Plus Plan as described in Section VI.F of this SPD unless he or she selects, on a one-time only basis, coverage for the Early Retiree Prescription Plan consisting of Prescription Drug, Vision Care and Hearing Aid Benefits only, as described in Section VI.F of this SPD.

When your spouse is eligible for Medicare, he or she will receive the same benefits that members who retired at or after age 65 with at least 10 Years of Pension Fund Credited Service receive as described in Section VI.C or VI.D, except for life insurance.

ELIGIBILITY
To receive the benefits described in this section from the Benefit Fund, you must have left covered service with Benefit Fund coverage and either (I) meet the eligibility conditions listed below within one year of the date (a) your Employer was no longer obligated to make contributions on your behalf; or (b) your Employer was terminated as a Contributing Employer to the Benefit Fund; or (II) be receiving Benefit Fund disability or an award of permanent partial disability or permanent total disability from Workers’ Compensation from a disabling condition or event that commenced or occurred while you were actively employed by a Contributing Employer to the Benefit Fund.

Members and spouses who retire with Wage Class I Benefits will receive all of the benefits described in this section. Members and spouses who retire with Wage Class II Benefits will receive all of the benefits described in this section except for Prescription Drug Benefits.
Members who retire with Wage Class III Benefits receive vision-only coverage for the member only. In addition, you must meet all of the following conditions:

- Retire between the ages of 62 through 64; and
- Be receiving a pension from the 1199SEIU Health Care Employees Pension Fund or have your application in process; and
- Retire on or after July 1, 1998, with at least 20 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund; or
- Have retired on or after June 15, 1995, but before July 1, 1998, with at least 25 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund.

YOUR BENEFITS

Hospital
Your coverage is the same as the coverage you had as a working member:

- Up to 365 days per year;
- Semi-private room and board;
- Medically Necessary services;
- Up to 30 days per year for inpatient mental health; and
- Up to 30 days per year for inpatient physical rehabilitation when provided in an acute care facility. The Fund does not provide benefits for services rendered in a nursing home or skilled nursing facility.

Medical
You have the same coverage you had as a working member for:

- Doctor visits;
- Lab and X-ray;
- Surgery and anesthesia; and
- Other Medical Benefits requiring prior authorization.

Benefits are based upon the Benefit Fund’s Schedule of Allowances.

Vision Care
You are covered for the following services once every two years when performed by an optometrist or optician:

- An eye exam; and
- A pair of glasses or contact lenses.

The Vision Benefit does not include services rendered by an ophthalmologist.

Benefits are paid according to the Benefit Fund’s Schedule of Allowances. There are no out-of-pocket costs when you use Participating Optometrists and Opticians, unless you order glasses or other services that are not included in the Benefit Fund’s program.
**Hearing Aids**

Hearing aids are covered once every three years. Call the Member Services Department at (646) 473-9200 for a referral to a Participating Provider.

If you use a Non-Participating Provider, you can be billed the difference between the Benefit Fund’s allowance and whatever the provider normally charges. You may have to pay any cost over the Benefit Fund’s allowance.

**Prescription Drugs**

To get your prescription:

- Ask your doctor to prescribe only covered medications as per the Benefit Fund’s prescription programs;
- Use Participating Pharmacies for short-term medications; and
- Show your Health Benefits ID card to the pharmacist when you give him or her your prescription.

There is no out-of-pocket cost for your prescriptions if you comply with the Benefit Fund’s prescription programs:

- Mandatory Generic Drug Program;
- Preferred Drug List;
- Mandatory Maintenance Drug Access Program;
- Prior authorization for specified medications;
- Quantity and day supply limitations;
- Step therapy; and

- Use the Specialty Care Pharmacy for injectables and other drugs that require special handling.

Please refer to the Prescription Drug provision (Section II.L) for other procedures you need to follow to assure reimbursement for covered prescription drugs.

**Life Insurance**

Your life insurance amount as a working member is immediately reduced by 20% when you retire.

Then every year thereafter, your Life Insurance Benefit is further reduced by 20% of the Life Insurance Benefit you had as a working member until you reach the minimum life insurance amount of $1,250.

This benefit does **not** include the Accidental Death and Dismemberment Benefits described in Section IV.C.

Your spouse is **not** eligible for this benefit.

**Burial**

If available, you are covered for a free burial plot.
SECTION VI. F
IF YOU RETIRE BETWEEN AGES 55 THROUGH 64
(WITH AT LEAST 10 YEARS OF PENSION FUND
CREDITED SERVICE)

Effective October 1, 2014, if you retire at or after age 55 and before age 65 with Wage Class I Benefits and at least 10 Years of Pension Fund Credited Service, you and your spouse will be eligible for the Early Retiree Dental Plus Plan, as described in this section, unless you and your spouse select, on a one-time only basis, coverage for the Early Retiree Prescription Plan, as described in this section, consisting of Prescription Drug, Vision Care and Hearing Aid Benefits only.

Depending on the year that you retire, you and your spouse may age into full Retiree Health Benefits when you become eligible for Medicare. If you retired between ages 55 through 64 before October 1, 1998, or retire between ages 55 through 59 on or after October 1, 1998, you and your spouse continue to be eligible for the benefits described in this section even after you and your spouse are eligible and apply for Medicare. You and your spouse will not be eligible for the Retiree Health Benefits as described in Section VI.C or VI.D, even after you or your spouse become eligible for Medicare.

If you retire between ages 60 through 64 on or after October 1, 1998, you or your spouse will be eligible for the Retiree Health Benefits as described in Section VI.C or VI.D when you or your spouse become eligible for Medicare and enroll in the Benefit Fund Medicare Program to receive your full Prescription Drug Benefit.

See Section VI.A to determine if you are eligible for other Retiree Health Benefit packages for members who retire after age 60 and meet other criteria.

ELIGIBILITY
To receive the benefits described in this section from the Benefit Fund, you must have left covered service with Benefit Fund coverage and either (I) meet the eligibility conditions listed below within one year of the date (a) your Employer was no longer obligated to make contributions on your behalf; or (b) your Employer was terminated as a Contributing Employer to the Benefit Fund; or (II) be receiving Benefit Fund disability or an award of permanent partial disability or permanent total disability from Workers’ Compensation from a disabling condition or event that commenced or occurred while you were actively employed by a Contributing Employer to the Benefit Fund.
Members and spouses who retire with Wage Class I Benefits will receive all of the benefits described in this section.

Members and spouses who retire with Wage Class II Benefits will receive Vision and Hearing Aid Benefits only.

Members who retire with Wage Class III Benefits receive vision-only coverage for the member only.

In addition, you must meet all of the following conditions:

• Retired at or after age 55 and before age 65 before October 1, 1998, or retire at or after age 55 and before age 60 on or after October 1, 1998; and

• Not be eligible for the ages 62 through 64 Retiree Health Benefits package (see Section VI.E) or the Retiree Health Benefits package for retirees who retired on or after October 1, 1998, between ages 60 through 64 as described in Section VI.F; and

• Have at least 10 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund; and

• Be receiving a pension from the 1199SEIU Health Care Employees Pension Fund or have your application in process.

YOUR BENEFITS

Early Retiree Dental Plus Plan

If you meet the above eligibility requirements, you will be eligible for the benefits described here unless you select, on a one-time only basis, coverage for the Early Retiree Prescription Plan described later on in this section.

• Member Choice Dental Benefit
  » Maximum benefit of $3,000 per year
  » 100% of the Benefit Fund’s Comprehensive Schedule of Allowances for basic and preventive services and for major restorative services when using Participating Dentists
  » Payments based upon Non-Participating Schedule of Allowances if you use a Non-Participating Dentist

Call the Benefit Fund’s Dental Department at (646) 473-9200 or visit our website at www.1199SEIUBenefits.org.

See Section II.K for a summary of what is covered and a listing of additional limitations and what is not covered.

• Vision Care

You are covered for the following services once every two years when performed by an optometrist or optician:
  » An eye exam; and
  » A pair of glasses or contact lenses.

The Vision Benefit does not include services rendered by an ophthalmologist.

Benefits are paid according to the Benefit Fund’s Schedule of Allowances. There are no out-of-pocket costs when
you use Participating Optometrists and Opticians, unless you order glasses or other services that are not included in the Benefit Fund’s program.

• **Hospital Indemnity Payments**
  » The Fund will pay you up to $200 (less applicable taxes) for each day you are an inpatient in a hospital as defined in Section IX of this SPD
  » Up to a maximum of 10 days per hospital stay
  » You must be billed for a room and board charge on your hospital bill

This benefit is payable to you upon receipt by the Fund of a completed claim form with a copy of a hospital bill showing the number of days that you were hospitalized.

Hospital indemnity payments are considered taxable earnings. They will be included in a W-2 tax form that you will receive at the end of the year.

**Early Retiree Prescription Plan**

If you select to be covered for the Early Retiree Prescription Plan, your coverage will include:

• **Vision Care**
  You are covered for the following services once every two years when performed by an optometrist or optician:
    » An eye exam; and
    » A pair of glasses or contact lenses.

The Vision Benefit does not include services rendered by an ophthalmologist.

Benefits are paid according to the Benefit Fund’s Schedule of Allowances. There are no out-of-pocket costs when you use Participating Optometrists and Opticians, unless you order glasses or other services that are not included in the Benefit Fund’s program.

• **Hearing Aids**
  Hearing aids are covered once every three years. Call the Member Services Department at (646) 473-9200 for a referral to a Participating Provider.

If you use a Non-Participating Provider, you can be billed the difference between the Benefit Fund’s allowance and whatever the provider normally charges. You may have to pay any cost over the Benefit Fund’s allowance.

• **Prescription Drugs**
  To get your prescription:
    » Ask your doctor to prescribe only covered medications as per the Benefit Fund’s prescription programs;
    » Use Participating Pharmacies for short-term medications; and
    » Show your Health Benefits ID card to the pharmacist when you give him or her your prescription.
There is no out-of-pocket cost for your prescriptions if you comply with the Benefit Fund’s prescription programs:

» Mandatory Generic Drug Program;

» Preferred Drug List;

» Mandatory Maintenance Drug Access Program;

» Prior authorization for specified medications;

» Quantity and day supply limitations;

» Step therapy; and

» Use the Specialty Care Pharmacy for injectables and other drugs that require special handling.

Please refer to the Prescription Drug provision (Section II.L) for other procedures you need to follow to ensure reimbursement for covered prescription drugs.
SECTION VI. G
IF YOU RETIRE WITH A DISABILITY PENSION AT ANY AGE (WITH AT LEAST 10 YEARS OF PENSION FUND CREDITED SERVICE)

You and your spouse are covered for the benefits described in this section from the Benefit Fund when you receive a Disability Pension at any age from the 1199SEIU Health Care Employees Pension Fund with Wage Class I Benefits and at least 10 Years of Pension Fund Credited Service.

When you become eligible for Medicare (which normally occurs when you reach age 65 or two years from the effective date of your Disability Award from Social Security, whichever comes first), you will receive the same benefits given to members who retired at or after age 65 with at least 10 Years of Pension Fund Credited Service as described in Section VI.C or VI.D.

If your spouse is not covered by Medicare, he or she will continue to be covered for the benefits described in this section, except for life insurance, until he or she reaches age 65 or becomes Medicare-eligible.

When your spouse becomes eligible for Medicare, he or she will receive the same benefits that members who retired at or after age 65 with at least 10 Years of Pension Fund Credited Service receive, except for life insurance.

ELIGIBILITY
To receive the benefits described in this section from the Benefit Fund, you must have left covered service with Benefit Fund coverage and either (I) meet the eligibility conditions listed below within one year of the date (a) your Employer was no longer obligated to make contributions on your behalf; or (b) your Employer was terminated as a Contributing Employer to the Benefit Fund; or (II) be receiving Benefit Fund disability or an award of permanent partial disability or permanent total disability from Workers’ Compensation from a disabling condition or event that commenced or occurred while you were actively employed by a Contributing Employer to the Benefit Fund.

Members and spouses who retire with Wage Class I Benefits will receive all of the benefits described in this section.

Members and spouses who retire with Wage Class II Benefits will receive all of the benefits described in this section except for Prescription Drug Benefits.

Members who retire with Wage Class III Benefits receive vision-only coverage for the member only.
In addition, you must meet all of the following conditions:

- Have at least 10 Years of Pension Fund Credited Service under the 1199SEIU Health Care Employees Pension Fund; and
- Be receiving a Disability Pension from the 1199SEIU Health Care Employees Pension Fund or have your application in process.

**YOUR BENEFITS**

**Hospital**

Your coverage is the same as the coverage you had as a working member:

- Up to 365 days per year;
- Semi-private room and board;
- Medically Necessary services;
- Up to 30 days per year for inpatient mental health; and
- Up to 30 days per year for inpatient physical rehabilitation when provided in an acute care facility. The Fund does not provide benefits for services rendered in a nursing home or skilled nursing facility.

**Surgery and Anesthesia**

Your coverage is the same as the coverage you had as a working member. Benefits are based upon the Benefit Fund’s Schedule of Allowances.

**Medical — Effective October 1, 1998**

If you receive a Disability Pension on or after October 1, 1998, you have the same coverage you had as a working member for:

- Doctor visits;
- Lab and X-ray; and
- Medical Benefits.

**Vision Care**

You are covered for the following services once every two years when performed by an optometrist or optician:

- An eye exam; and
- A pair of glasses or contact lenses.

The Vision Benefit does not include services rendered by an ophthalmologist.

Benefits are paid according to the Benefit Fund’s Schedule of Allowances. There are no out-of-pocket costs when you use Participating Optometrists and Opticians, unless you order glasses or other services that are not included in the Benefit Fund’s program.

**Hearing Aids**

Hearing aids are covered once every three years. Call the Member Services Department at (646) 473-9200 for a referral to a Participating Provider.

If you use a Non-Participating Provider, you can be billed the difference between the Benefit Fund’s allowance and whatever the provider normally charges. You may have to pay any cost over the Benefit Fund’s allowance.
**Prescription Drugs**

To get your prescription:

- Ask your doctor to prescribe only covered medications as per the Benefit Fund’s prescription programs;
- Use Participating Pharmacies for short-term medications; and
- Show your Health Benefits ID card to the pharmacist when you give him or her your prescription.

There is no out-of-pocket cost for your prescriptions if you comply with the Benefit Fund’s prescription programs:

- Mandatory Generic Drug Program;
- Preferred Drug List;
- Mandatory Maintenance Drug Access Program;
- Prior authorization for specified medications;
- Quantity and day supply limitations;
- Step therapy; and
- Use the Specialty Care Pharmacy for injectables and other drugs that require special handling.

Please refer to the Prescription Drug provision (Section II.L) for other procedures you need to follow to assure reimbursement for covered prescription drugs.

**Life Insurance**

Your life insurance is the same amount you were eligible for as a working member, until you reach age 65. At age 65, your life insurance amount will immediately be reduced by 20%. Then every year thereafter, your Life Insurance Benefit is further reduced by 20% of the Life Insurance Benefit you had as a working member until you reach the minimum life insurance amount based on your date of retirement:

<table>
<thead>
<tr>
<th>Date of Retirement</th>
<th>Life Insurance Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1, 1961 – June 30, 1973</td>
<td>$500</td>
</tr>
<tr>
<td>July 1, 1973 – June 30, 1983</td>
<td>$1,000</td>
</tr>
<tr>
<td>After July 1, 1983</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

This benefit does **not** include the Accidental Death and Dismemberment Benefits described in Section IV.C.

Your spouse is **not** eligible for this benefit.

**Burial**

If available, you are covered for a free burial plot.
SECTION VI. H
RETIRED MEMBERS PROGRAMS

A sum determined by the budget approved by the Board of Trustees is allocated each year for retiree programs, including:

• Social programs;
• Recreational programs;
• Educational programs; and
• Cultural programs.

For more information, call (646) 473-8666.

You are eligible to participate in these programs if you are receiving a pension from the 1199SEIU Health Care Employees Pension Fund, even if you are not eligible to receive the Benefit Fund’s retiree health coverage.