



## **OVERVIEW OF YOUR BENEFITS**

## **IMPORTANT PHONE NUMBERS**

### **Rochester Benefit Fund Office**

(585) 244-0830

For questions about eligibility, Coordination of Benefits, your 1199SEIU Health Benefits ID card, prescription benefits and Life Insurance.

### **MVP Health Care**

(585) 325-3113 or (800) 767-1678

For questions about your 1199SEIU National Benefit Fund/MVP Health Care ID card, medical and other health benefits.

You can also visit the MVP website at **[www.MVPselectcare.com](http://www.MVPselectcare.com)**

### **Excellus BlueCross BlueShield**

(800) 724-1675

For questions about your dental benefits.

### **1199SEIU National Benefit Fund**

(877) 557-1199

For questions about your Member Assistance Program, and camp and scholarship information.

You can also visit our Benefit Fund's website at **[www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org)** for forms and other information.

From our website, you can also click on "My Account" and create your own account to check your eligibility, change your address or update other information.

The Benefit Fund has no pre-existing conditions exclusions.

The Fund believes it is a "grandfathered health plan" under the Patient Protection and Affordable Care Act.

# OVERVIEW OF YOUR BENEFITS

BENEFITS	WAGE CLASS		
	I	II	III
<p><b>MVP Health Care Coverage and Co-Pays* for Participating Providers.</b></p> <p><b>If you use a Non-Participating Provider, the Fund will pay 50% of the Allowed Amount and you may be responsible for the difference between this amount and the amount charged by your provider.</b></p>			
<b>PHYSICIAN SERVICES</b>	Family	Family	Member Only
<ul style="list-style-type: none"> <li>• <b>Primary Care Physician Office Visit (includes in-office injections, immunizations, tests)</b> <ul style="list-style-type: none"> <li>» Member pays \$10 per visit</li> </ul> </li> <li>• <b>Preventive Care Screenings</b> <ul style="list-style-type: none"> <li>» Member pays \$25 per screening</li> </ul> </li> <li>• <b>Well Child Visits for Dependent Children</b> <ul style="list-style-type: none"> <li>» Covered 100% for children ages 0-5</li> <li>» \$10 co-pay for children ages 6 and over</li> </ul> </li> <li>• <b>Specialist Office Visit (includes in-office injections, tests)</b> <ul style="list-style-type: none"> <li>» Member pays \$23.50 per visit</li> </ul> </li> <li>• <b>Diagnostic Testing (in-office, outpatient or Ambulatory Surgery Unit setting)</b> <ul style="list-style-type: none"> <li>» Member pays \$25 per test/X-ray</li> <li>» Member pays \$0 for lab/blood work</li> </ul> </li> <li>• <b>Inpatient Surgery (anesthesia included)</b> <ul style="list-style-type: none"> <li>» If approved by the Plan Administrator, member pays \$0</li> <li>» Transplants and bariatric surgery are covered in-network only</li> </ul> </li> </ul>			

**BENEFITS****WAGE CLASS**

**MVP Health Care Coverage and Co-Pays\* for Participating Providers.**

**I****II****III**

**If you use a Non-Participating Provider, the Fund will pay 50% of the Allowed Amount and you may be responsible for the difference between this amount and the amount charged by your provider.**

**PHYSICIAN SERVICES (Continued)**

Family

Family

Member  
Only

- **Care by Physician in a Hospital**
  - » Member pays \$0 as long as hospital stay is approved by the Plan Administrator

**HOSPITAL SERVICES**

Family

Family

Member  
Only

- **Inpatient (this benefit is for the hospital's charge for the use of the facility only)**
  - » Member pays \$0 for Medically Necessary acute care
  - » Wage Class III covered for Medically Necessary services up to 300 days per year. First 120 days paid at 100% of the Allowed Amount; days 121 - 180 paid at 50% of the Allowed Amount.
  - » Observation care and services
- **Emergency Room**
  - » Member pays \$50 if not admitted to the hospital. Member pays \$0 if admitted to the hospital.
  - » Use of the emergency room must be for an emergency and within 72 hours of an accident or sudden and serious illness
  - » If your condition is not an emergency, you will be responsible for all charges
- **Urgent Care Visit**
  - » Member pays \$25

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<b>HOSPICE CARE</b>	Family	Family	Member Only
<ul style="list-style-type: none"> <li>Services in a Medicare-approved hospice program in a hospice center, hospital or at home</li> </ul>			
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<b>MENTAL HEALTH</b>			
<b>Inpatient Treatment</b>	Family	Family	Member Only
<ul style="list-style-type: none"> <li><b>Wage Class I and II:</b> <ul style="list-style-type: none"> <li>Member pays \$0 for Medically Necessary acute inpatient services</li> </ul> </li> <li><b>Wage Class III:</b> <ul style="list-style-type: none"> <li>Covered for Medically Necessary services up to 300 days per year. First 120 days paid at 100% of the Allowed Amount; days 121 - 180 paid at 50% of the Allowed Amount.</li> </ul> </li> </ul>			
<b>Outpatient Treatment</b>	Family	Family	Member Only
<ul style="list-style-type: none"> <li>Member pays \$10 for all pre-approved visits. Member can call the MVP Health Care Behavioral Health Member Line at (800) 568-0458 for a list of Participating Providers.</li> </ul>			
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<b>MATERNITY CARE</b>	Family	Family	Member Only
<ul style="list-style-type: none"> <li><b>Prenatal Office Care</b> <ul style="list-style-type: none"> <li>Member pays \$10 per visit</li> </ul> </li> <li><b>Inpatient Hospital Care/Delivery</b> <ul style="list-style-type: none"> <li>Member pays \$0</li> </ul> </li> </ul>			

**BENEFITS****WAGE CLASS**

**MVP Health Care Coverage and Co-Pays\* for Participating Providers.**

**I****II****III**

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**MATERNITY CARE (Continued)**

Family

Family

Member Only

- Nursery Care
  - » Member pays \$0

**ALCOHOL AND SUBSTANCE ABUSE****Inpatient Detoxification**

Family

Family

Member Only

- Wage Class I and II:
  - » Member pays \$0 for Medically Necessary services
- Wage Class III:
  - » Covered for Medically Necessary services up to 300 days per year. First 120 days paid at 100% of the Allowed Amount; days 121 - 180 paid at 50% of the Allowed Amount.

**Outpatient Treatment**

Family

Family

Member Only

- Member pays \$10 for all pre-approved visits. Member can call the MVP Health Care Behavioral Health Member Line at (800) 568-0458 for a list of Participating Providers.

**MEDICAL SERVICES**

Family

Family

Member Only

- Laboratory (in hospital or freestanding lab)
  - » Member pays \$0 per visit

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**MEDICAL SERVICES (Continued)**

Family

Family

Member  
Only

- **Podiatry**

- » Member pays \$23.50 per visit

- **Chiropractic**

- » Member pays 20% of the Allowed Amount, up to 24 visits per calendar year

Not  
Covered

- **Chemotherapy**

- » Covered in full

- **Radiology (in hospital or freestanding unit)**

- » Member pays \$25 per test

- **Speech, Physical and Occupational Therapy**

- » Member pays \$23.50 per visit, coverage is limited to a combined 25 visits per calendar year

- **Ambulance**

- » Member pays 20% of the Allowed Amount for Medically Necessary transport

Not  
Covered

- **Durable Medical Equipment**

- » Member pays 20% of the Allowed Amount

Not  
Covered

- **Diabetic Supplies**

- » When accessed through a Participating MVP Provider, member pays 20% of the Allowed Amount

- » When accessed through a Participating Pharmacy, member pays \$4 co-pay

**BENEFITS****WAGE CLASS**

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**MEDICAL SERVICES (Continued)**

Family

Family

Member  
Only

- **Hearing Aids**
  - » Member pays 20% of the Allowed Amount
  - » Two hearing aids every 36 months
- **Home Health Care**
  - » Member pays 20% of the Allowed Amount when care is pre-approved by MVP Health Care
- **Internal Prosthetic Devices**
  - » Member pays 20% of the Allowed Amount

Not  
CoveredNot  
Covered**VISION CARE**

Family

Family

Member  
Only

- **Eye Exam for Disease or Injury**
  - » Member pays \$23.50 per visit
- **Eye Exam with Refraction, Once per Member Every Two Years (no referral necessary)**
  - » Member pays \$23.50 per visit
- **Allowance Toward One Pair of Glasses or Contact Lenses Every Two Years**
  - » \$60 allowance every two years



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DENTAL CARE	Family	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>You or your dentist will be reimbursed according to the Excellus BlueCross BlueShield Schedule of Allowances up to a maximum benefit of \$1,000 per person per year (excluding preventive care and essential oral pediatric services). Additional lifetime maximum of \$1,500 for orthodontic services.</li> </ul>			

DISABILITY	Member Only	Member Only	Member Only
<ul style="list-style-type: none"> <li>This benefit is administered by your employer under the Benefit Fund's definition of Disability</li> <li>Member must notify the Rochester Office to maintain health coverage for up to 26 weeks. Follow the same procedure if you are receiving Workers' Compensation.</li> </ul>			

PRESCRIPTION DRUGS	Family	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>FDA-approved prescription medications</li> <li>Use generic and preferred drugs if available               <ul style="list-style-type: none"> <li>» Member pays \$4 co-pay</li> </ul> </li> <li>Differential if your doctor prescribes a drug that is not on the Preferred Drug List (PDL)</li> <li>Use Participating Pharmacies</li> <li>Mandatory maintenance drug access program</li> </ul>			

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<b>PRESCRIPTION DRUGS (Continued)</b>	Family	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Prior Authorization needed for certain medications</li> <li>• Please refer to “What Is Not Covered” in Section II.I</li> </ul>			
<b>LIFE INSURANCE</b>	Member Only	Member Only	Member Only
<ul style="list-style-type: none"> <li>• First year maximum \$1,250</li> <li>• After first year, based on your Wage Class and annual rate of pay up to \$15,000</li> </ul>			
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	Member Only	Member Only	Member Only
<ul style="list-style-type: none"> <li>• For accidental death or injury</li> <li>• Equal to, or one-half of, your Life Insurance, depending on the loss suffered</li> </ul>			
<b>CAMP</b>	Children Only	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• For children 9 to 15 years old</li> <li>• Summer Camp Program provided at no cost to you, except application fee</li> </ul>			
<b>SCHOLARSHIP</b>	Children Only	Not Covered	Not Covered
<ul style="list-style-type: none"> <li>• Provided to eligible children of members</li> <li>• Scholarships provided to attend accredited schools after high school</li> </ul>			
* These are current co-payments. Co-payments subject to change.			