

1199SEIU

National Benefit Fund

DISCLAIMER

This document is **NOT** the official Summary Plan Description (SPD) of the 1199SEIU National Benefit Fund. Please consult the SPD for a full description of your Fund benefits, including limitations and exclusions. In case of any conflict between this document and the SPD, the terms of the SPD shall govern. Members can request a Summary Plan Description (SPD) by calling the Member Services Department at (646) 473-9200. Outside New York City area codes, call (800) 575-7771. Westchester & Upstate Counties, call (877) 557-1199.



1199SEIU NATIONAL BENEFIT FUND

**330 West 42nd Street
New York, NY 10036-6977**

(646) 473-9200

Outside New York City area codes: (800) 575-7771

Westchester & Upstate Counties: (877) 557-1199

www.1199SEIUBenefits.org



JUNE 2015

Overview of Your Benefits



BENEFIT COVERAGE**WAGE CLASS I****WAGE CLASS II****HOSPITAL CARE****Family****Family**

- This benefit is for the hospital's charge for the use of its facility only. Coverage for services rendered by doctors, labs, radiologists or other services that are billed separately by these providers may be covered, as described in Section II.H of the SPD.
- Up to 365 days per year
- Semi-private room and board
- Acute care for Medically Necessary services
- Inpatient admissions
- Outpatient or ambulatory facilities
- Observation care and services (see Section II.C of the SPD)
- Up to 30 days per year for inpatient physical rehabilitation in an acute care facility. Benefits are not provided for care in a nursing home or skilled nursing facility.

Call 1199SEIU CareReview at (800) 227-9360 before going to the hospital or within 48 hours of an Emergency admission.

HOSPICE CARE**Family****Family**

- Up to 210 days of Medicare-certified hospice care per lifetime in a hospice center, hospital, skilled nursing facility or at home

EMERGENCY DEPARTMENT VISITS**Family****Family**

- This benefit is for the hospital's charge for the use of its facility only. Coverage for services rendered by doctors, labs, radiologists or other services that are billed separately by these providers may be covered as described in Section II.H of the SPD.
- Use of the Emergency Department must be for an Emergency within 72 hours of an accident/injury or sudden and serious illness
- Observation care and services (see Section II.C of the SPD)
- Benefit Fund pays negotiated or reasonable rate

BENEFIT COVERAGE**WAGE CLASS I****WAGE CLASS II****PROGRAM FOR BEHAVIORAL HEALTH****Family****Family****Mental Health**

- Outpatient treatment
- Intensive Outpatient Programs (IOP)
- Inpatient care
- Partial Hospitalization Programs (PHP)

Call 1199SEIU CareReview at (800) 227-9360 to pre-certify inpatient treatment.

Alcohol/Substance Abuse

- Inpatient detoxification and rehabilitation
- Outpatient treatment
- Intensive Outpatient Programs (IOP)

To pre-certify PHP and IOP services, call the Fund at (646) 473-6868.

SURGERY**Family****Family**

- 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 Fund's payment as payment in full

Call 1199SEIU CareReview at (800) 227-9360 before having non-Emergency surgery.

ANESTHESIA**Family****Family**

- Benefits based on the Benefit Fund's Schedule of Allowances

MATERNITY CARE**Family****Family**

- An allowance which includes all prenatal and postnatal visits and delivery charges
- Hospital Benefit for the mother
- Hospital Benefit for the newborn, if the mother is you or your spouse
- Disability Benefits for you if you are the mother

Call the Wellness Department at (646) 473-8962 to register for the Prenatal Program.

BENEFIT COVERAGE**WAGE CLASS I****WAGE CLASS II****MEDICAL SERVICES****Family****Family**

- Treatment in a doctor's office
- Well child care for dependent children
- Immunizations
- 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/Occupational/Speech therapy: up to 25 visits per discipline per year
- X-rays and laboratory tests
- Durable medical equipment and appliances
- Hospice care
- Ambulance services
- Participating Providers bill the Benefit Fund directly and accept the Fund's payment as payment in full

MEDICAL SERVICES REQUIRING PRIOR AUTHORIZATION**Family****Family**

- Home health care
- Non-Emergency ambulance services
- Durable medical equipment and appliances
- Medical supplies
- Specific medications, including specialty drugs
- MRI, MRA, PET and CAT scans and certain nuclear cardiology tests
- Molecular and genomic testing
- Ambulatory surgery or inpatient admissions
- Partial Hospitalization Programs (PHP) for mental health
- Intensive Outpatient Programs (IOP) for mental health and alcohol/substance abuse
- Certain home infusion drugs administered on an outpatient basis

Call the Prior Authorization Department at (646) 473-9200 for prior approval of services, except Emergency ambulance and the services listed below.

Call (888) 910-1199 for prior approval of radiology tests.

Call eviCore at (844) 840-1199 for prior approval of molecular and genomic testing.

Call 1199SEIU CareReview at (800) 227-9360 for prior approval of ambulatory surgery or inpatient admissions.

To pre-certify PHP and IOP services, call the Fund at (646) 473-6868.

Call Care Continuum at (877) 273-2122 for prior approval of certain home infusion drugs administered on an outpatient basis.

BENEFIT COVERAGE**WAGE CLASS I****WAGE CLASS II****VISION CARE****Family****Family**

- One eye exam every two years
- One pair of glasses or contact lenses every two years

HEARING AIDS**Family****Family**

- Once every three years

MEMBER CHOICE DENTAL BENEFIT**Family****Not Covered**

- Member or eligible dependent
- 100% of the Benefit Fund's Comprehensive Schedule of Allowances for basic and preventive services
- Maximum benefit of \$3,000 per person per year (excluding essential oral pediatric services)

Call (646) 473-9200 for prior approval of treatment over \$200.

DENTAL CARE (NON-MEMBER CHOICE)**Family****Not Covered**

- 100% of the Benefit Fund's allowance for basic and preventive services
- Participating Providers bill the Benefit Fund directly and accept the Fund's Schedule of Allowances as payment in full. For major restorative work, co-payment may apply.
- Maximum benefit of \$1,200 per person per year (excluding essential oral pediatric services)

Call (646) 473-9200 for prior approval of treatment over \$200.

PRESCRIPTION DRUGS**Family****Not Covered**

- FDA-approved prescription medication
- No co-payments, no deductible when you use generic and preferred drugs if available
- Use Participating Pharmacies
- Mandatory Maintenance Drug Access Program for chronic conditions – *The 90-Day Rx Solution*
- Prior authorization needed for certain medications
- Please refer to "What Is Not Covered" in Section II.L of the SPD



BENEFIT COVERAGE

LIFE INSURANCE

- First year maximum of \$1,250
- After first year, based on your Wage Class and annual rate of pay up to a maximum of \$50,000

DISABILITY

- For accidents/injuries or illnesses that are not work-related
- Amount is based on your Average Weekly Earnings to a maximum weekly benefit of \$385
- How long you can receive benefits is based on your medical condition
- Coverage up to a maximum of 26 weeks within a 52-week period

ACCIDENTAL DEATH & DISMEMBERMENT

- For accidental death or injury
- Equal to, or one half of, your life insurance

BURIAL

- If available, a free burial plot with permanent care, or
- A \$75 payment to your beneficiary

ANNE SHORE CAMP PROGRAM

- For children 9 to 15 years old
- Summer sleep-away camp program provided at no cost to you, except registration fee

WAGE CLASS I

WAGE CLASS II

Member Only

Member Only

Member Only

Member Only

Member Only

Member Only

Member & Spouse Member & Spouse

Children Only

Not Covered

BENEFIT COVERAGE

JOSEPH TAUBER SCHOLARSHIP PROGRAM

- Provided to eligible children of members
- Scholarships provided to attend accredited schools after high school

WAGE CLASS I

WAGE CLASS II

Children Only

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
Schedule of Allowances:	Fee schedules used to determine the amount allowed or paid by the Plan for a service. Schedules are subject to change.
SPD:	Summary Plan Description

IMPORTANT PHONE NUMBERS

General Member Services

(646) 473-9200
 Outside New York City area codes: (800) 575-7771
 Westchester & Upstate Counties: (877) 557-1199

1199SEIU CareReview

(800) 227-9360

Prescriptions (Express Scripts)

(800) 818-6720

Your 24-Hour Health Helpline

(866) 935-1199

Radiology (Care to Care)

(888) 910-1199

Member Assistance Program

(646) 473-6900