An Overview of Retiree Health Benefits
FOR 1199SEIU NATIONAL BENEFIT FUND RETIREES
LIVING IN NEW YORK CITY’S FIVE BOROUGHS AND NASSAU AND SUFFOLK COUNTIES

Healthcare benefits are an important part of planning for your retirement. As a working 1199SEIU member, you received a comprehensive healthcare benefit package. When you retire, you may be eligible* to receive health benefits through the Benefit Fund to supplement your Medicare coverage.

MEDICARE AND YOUR 1199SEIU BENEFITS
Your Benefit Fund coordinates your health coverage with Medicare. If you are eligible for Medicare, you must enroll in Medicare Part B and the 1199SEIU EmblemHealth VIP Medicare Plan in order to receive your supplemental Fund benefits.

*See eligibility requirements on back

AGE 65 WITH 10 YEARS OF SERVICE

1199SEIU EmblemHealth VIP Medicare Plan

If you retire at or after age 65, you’ll receive your health coverage through the 1199SEIU EmblemHealth VIP Medicare Plan. To get these benefits, you must be enrolled in Medicare Part B.

The 1199SEIU EmblemHealth VIP Medicare Plan offers two choices for your care. With the Select Network, you can visit in-network doctors at any EmblemHealth center with few out-of-pocket costs. The Fee-for-Service network provides access to more doctors, but the co-payments are higher.

<table>
<thead>
<tr>
<th>YOUR BENEFITS</th>
<th>SELECT NETWORK</th>
<th>FEE-FOR-SERVICE NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITAL INPATIENT CARE</td>
<td>• Covered in full, no co-pay</td>
<td>• Day 1-7: $225 per day</td>
</tr>
<tr>
<td>MEDICAL SERVICES</td>
<td>• Primary care: no co-pay</td>
<td>• Primary care: $20 co-pay per visit</td>
</tr>
<tr>
<td></td>
<td>• Specialists: $10 co-pay per visit</td>
<td>• Specialists: $30 co-pay per visit</td>
</tr>
<tr>
<td></td>
<td>• Lab &amp; X-rays: covered in full</td>
<td>• Lab: $0</td>
</tr>
<tr>
<td></td>
<td>• Surgery and anesthesia: covered in full</td>
<td>• X-rays: $20 co-pay</td>
</tr>
<tr>
<td>EMERGENCY ROOM CARE</td>
<td>• $50 co-pay (waived if you are admitted)</td>
<td>• $50 co-pay (waived if you are admitted)</td>
</tr>
<tr>
<td>AMBULATORY (OUTPATIENT) SURGERY</td>
<td>• $50 facility co-pay</td>
<td>• $100 facility co-pay</td>
</tr>
<tr>
<td>PRESCRIPTION DRUGS</td>
<td>• No co-pay for generic or preferred brand drugs</td>
<td>• No co-pay for generic or preferred brand drugs</td>
</tr>
<tr>
<td></td>
<td>• You pay the difference for non-preferred brand drugs</td>
<td>• You pay the difference for non-preferred brand drugs</td>
</tr>
<tr>
<td></td>
<td>• Use EmblemHealth’s Mail Order program or designated EmblemHealth pharmacies for 90-day supplies of maintenance medications. Use EmblemHealth Participating Retail Pharmacies for short-term prescriptions.</td>
<td>• Use EmblemHealth’s Mail Order program or designated EmblemHealth pharmacies for 90-day supplies of maintenance medications. Use EmblemHealth Participating Retail Pharmacies for short-term prescriptions.</td>
</tr>
<tr>
<td>ROUTINE DENTAL CARE</td>
<td>• No co-pay for EmblemHealth Participating Dentists</td>
<td>• $5 - $10 co-pay per visit for EmblemHealth Participating Dentists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Additional services, including but not limited to, X-rays, fillings, crowns or dentures will be provided at a discounted rate subject to a fee schedule</td>
</tr>
<tr>
<td>ROUTINE FOOT CARE</td>
<td>• $10 co-pay/up to four visits per year</td>
<td>• $30 co-pay/up to four visits per year</td>
</tr>
<tr>
<td>CHIROPRACTIC CARE</td>
<td>• $10 co-pay per visit</td>
<td>• $30 co-pay per visit</td>
</tr>
<tr>
<td>VISION CARE</td>
<td>• One eye exam per calendar year by an EmblemHealth Participating Provider: $15 co-pay per visit.</td>
<td>• One eye exam per calendar year by an EmblemHealth Participating Provider: $30 co-pay per visit.</td>
</tr>
<tr>
<td></td>
<td>• One pair of eyeglasses every 12 months when chosen from a select group of frames at a Participating Optical Provider. Covered in full.</td>
<td>• One pair of eyeglasses every 12 months when chosen from a select group of frames at a Participating Optical Provider. $50 co-pay.</td>
</tr>
<tr>
<td></td>
<td>• Corrective lenses after cataract surgery.</td>
<td>• Corrective lenses after cataract surgery.</td>
</tr>
<tr>
<td></td>
<td>Covered in full.</td>
<td>Covered in full.</td>
</tr>
</tbody>
</table>

HEARING AIDS
• One routine hearing exam per calendar year by an EmblemHealth Participating Hearing Aid Provider. $15 co-pay per visit.
• One hearing aid or a $500 credit toward the purchase of a hearing aid every 36 months when prescribed by an EmblemHealth Participating Provider and chosen from a select group of hearing aids at a Participating Hearing Aid Provider.
• One routine hearing exam per calendar year by an EmblemHealth Participating Hearing Aid Provider. $30 co-pay per visit.
• Hearing aids not covered.

HOME HEALTH CARE (NON-CUSTODIAL)
• Covered in full

Remember to use EmblemHealth Participating Physicians and Pharmacies! For information, call EmblemHealth at (877) 447-1199.

OTHER BENEFITS
LIFE INSURANCE
When you retire, the Life Insurance benefit you had as a working member is reduced by 20 percent. Each year after that, it is reduced by another 20 percent of the original amount, to a minimum benefit of $1,250. This benefit does not include coverage for accidental death or dismemberment.

BURIAL
You are covered for a free burial plot.

SPOUSE COVERAGE
If your spouse is younger than 65, he or she is eligible for vision care, prescription drugs and burial benefits. When your spouse becomes 65, or is already 65 when you retire, he or she is eligible for the same benefits as you, except Life Insurance, when he or she enrolls in the 1199SEIU EmblemHealth VIP Medicare Plan.

MEDICARE PREMIUM
You will be reimbursed for 50 percent of your basic Medicare Part B Premium. You may file a claim form with the Benefit Fund once each quarter to get this benefit.

AGE 62 THROUGH 64 WITH 20 YEARS OF SERVICE
HOSPITAL INPATIENT CARE
You are covered in full, including:
• Up to 365 days per year
• Semi-private room and board
• Medically Necessary services
• Up to 30 days per year for inpatient mental health or physical rehabilitation

You must call 1199SEIU Care Review at (800) 227-9360, before going into the hospital or within two days (48 hours) of an Emergency Room admission.

MEDICAL SERVICES
Based on the Benefit Fund’s Schedule of Allowances, the benefit covers:
• Doctor visits
• Lab and X-rays
• Surgery and anesthesia
• Home health care (requires prior authorization)
• Other medical benefits (Durable Medical Equipment, Nursing Care and Emergency Ambulance Service)

AMBULATORY SURGERY
You must call 1199SEIU CareReview at (800) 227-9360 before surgery.

PRESCRIPTION DRUGS
There is no out-of-pocket cost if you comply with the Benefit Fund’s Prescription Program:
• Mandatory generic drugs
• Preferred Drug List
• Order 90-day supplies of maintenance medications using The 90-Day Rx Solution
• Use Participating Pharmacies for short-term prescriptions
• Pre-authorization for specific medications
• Ask your doctor to prescribe only covered medications

FOOT CARE
Up to 15 treatments per year for routine care

CHIROPRACTIC CARE
Up to 12 treatments per year

VISION CARE
You are covered once every two years for:
• An eye exam
• A pair of glasses or contact lenses

HOSPITAL OUTPATIENT CARE
EMERGENCY ROOM
Must be within 72 hours of an accident or onset of sudden and serious illness.
HEARING AIDS
You are covered once every three years for a pair of hearing aids. You must use a Participating Provider, or you may be billed what the provider normally charges. Call the Retiree Services Department at (646) 473-8666 for a referral to a Participating Provider.

LIFE INSURANCE
When you retire, the Life Insurance benefit you had as a working member is reduced by 20 percent. Each year after that, it is reduced by another 20 percent of the original amount, to a minimum benefit of $1,250. This benefit does not include coverage for accidental death or dismemberment.

BURIAL
You are covered for a free burial plot.

SPOUSE COVERAGE
Your spouse has the same coverage as you, the member, until you reach age 65. At that time, if your spouse is still younger than 65, he or she will be eligible for vision care, prescription drugs and burial benefits only. When your spouse becomes 65, or is already 65 when you retire, he or she is eligible for the same benefits as you, except Life Insurance, when he or she enrolls in the 1199SEIU EmblemHealth VIP Medicare Plan.

NOTE: This package of benefits is available to you until you become eligible for Medicare at age 65. Then, you will be eligible for the same health benefit package as members who retire at age 65 (page 1), and you must enroll in Medicare Part B and the 1199SEIU EmblemHealth VIP Medicare Plan to receive those benefits. Your spouse will need to do the same when he or she becomes eligible for Medicare.

AGE 55 THROUGH 64 WITH 10 YEARS OF SERVICE*

PRESCRIPTION DRUGS
There is no out-of-pocket cost to you if you comply with the Benefit Fund’s Prescription Program:
- Mandatory generic drug use
- Preferred Drug List
- Order 90-day supplies of maintenance medications using The 90-Day Rx Solution
- Use Participating Pharmacies for short-term prescriptions
- Pre-authorization for specific medications
- Ask your doctor to prescribe only covered medications

NOTE: If you retire at age 60-64 with 10 or more years of service, this package of benefits is available to you until you become eligible for Medicare at age 65. Then, you will be eligible for the same health benefit package as members who retire at age 65 (page 1), and you must enroll in Medicare Part B and the 1199SEIU EmblemHealth VIP Medicare Plan to receive those benefits. Your spouse will need to do the same when he or she becomes eligible for Medicare. If you retire at 55-59, you and your spouse will only remain eligible for prescription drug and vision care, even after you become eligible for Medicare.

* Effective January 1, 2015, this benefit changes to the Dental Plus Plan, unless you choose to remain in the Prescription Plan and submit an Early Retiree Benefit Change Form to the Fund. The Dental Plus Plan provides:
- A dental benefit of up to $3,000 a year;
- A hospital indemnity plan, $200 per day, up to 10 days per hospital stay; and
- Vision care: one eye exam and a pair of glasses or contact lenses every two years.

VISION CARE
You are covered once every two years for:
- An eye exam
- A pair of glasses or contact lenses

SPOUSE COVERAGE
Your spouse has the same coverage as you, the member.

ANY AGE – DUE TO PERMANENT DISABILITY WITH 10 YEARS OF SERVICE

HOSPITAL INPATIENT CARE
You are covered in full for:
- Up to 365 days per year
- Semi-private room and board
- Medically Necessary services
- Up to 30 days per year for inpatient mental health or physical rehabilitation

You must call 1199SEIU Care Review at (800) 227-9360, before going into the hospital or within two days (48 hours) of an Emergency Room admission.

MEDICAL SERVICES
Based on the Benefit Fund’s Schedule of Allowances, the benefit covers:
- Doctor’s visits
- Lab and X-rays
- Surgery and anesthesia
- Home health care (requires prior authorization)
- Other medical benefits (Durable Medical Equipment, Nursing Care and Emergency Ambulance Service)

HOSPITAL OUTPATIENT CARE

EMERGENCY ROOM
Must be within 72 hours of an accident or onset of sudden and serious illness.

AMBULATORY SURGERY
You must call 1199SEIU Care Review at (800) 227-9360 before surgery.
PRESCRIPTION DRUGS
There is no out-of-pocket cost to you if you comply with the Benefit Fund's Prescription Program:
• Mandatory generic drug use
• Preferred Drug List
• Order 90-day supplies of maintenance medications using The 90-Day Rx Solution
• Use Participating Pharmacies for short-term prescriptions
• Pre-authorization for specific medications
• Ask your doctor to prescribe only covered medications

HEARING AIDS
You are covered every three years for a pair of hearing aids. You must use a Participating Provider, or you may be billed what the provider normally charges. Call the Retiree Services Department at (646) 473-8666 for a referral to a Participating Provider.

FOOT CARE
Up to 15 treatments per year for routine care

CHIROPRACTIC CARE
Up to 12 treatments per year

VISION CARE
You are covered once every two years for:
• An eye exam
• A pair of glasses or contact lenses

LIFE INSURANCE
When you retire, the Life Insurance benefit you had as a working member is reduced by 20 percent. Each year after that, it is reduced by another 20 percent of the original amount, to a minimum benefit of $1,250. This benefit does not include coverage for accidental death or dismemberment.

B kinal
You are covered for a free burial plot.

SPOUSE COVERAGE
Your spouse has the same coverage as you, the member.

NOTE: This package of benefits is available to you until you become eligible for Medicare. Then, you will be eligible for the same health benefit package as members who retire at age 65 (page 1), and you must enroll in Medicare Part B and the 1199SEIU EmblemHealth VIP Medicare Plan to receive those benefits. Your spouse will need to do the same when he or she becomes eligible for Medicare.

PLAN AHEAD FOR RETIREMENT
Retirement is a major change in your life. It is important to know and understand all the factors that will affect your pension and healthcare benefits. For instance, even though you may be vested in the 1199SEIU Health Care Employees Pension Fund after five years, you need at least 10 years of Pension Fund Credited Service to be eligible for any retiree healthcare benefits.

YOUR FUND IS HERE TO HELP

TALK TO A PENSION FUND COUNSELOR
At least three to six months before you plan to retire, you should make an appointment with a Pension Fund Counselor. For more information, call the Pension Fund at (646) 473-8666, or visit our website at www.1199SEIUBenefits.org.

ELIGIBILITY
The Benefit Fund offers retirees several health benefit packages. To be eligible, you must be an active member covered by the Fund immediately before you retire. The benefit package for which you are eligible is based on your age and your number of years of service upon retirement. Your benefits as a retired member cannot exceed the coverage you had before you retired. For example, if you did not have prescription coverage before you retired, you are not covered for prescription benefits after you retire. 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 for retiree health benefits after your death.

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. In case of conflict between this document and the SPD, the terms of the SPD shall govern.

1199SEIU NATIONAL BENEFIT FUND
Retired Members Department
330 West 42nd Street, New York, NY 10036-6977
(646) 473-8666
www.1199SEIUBenefits.org

The National Benefit Fund believes it is a “grandfathered health plan” under the Patient Protection and Affordable Care Act, which means that this plan can preserve certain basic health coverage that was already in effect when that law was enacted, and may not include certain new consumer protections that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Act, for example, the elimination of lifetime limits on benefits. Questions regarding the Fund’s status as a grandfathered health plan and which protections apply can be directed to the Fund at (646) 473-9200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.