Effective January 1, 2016, your dependent children are eligible for the same benefits that you receive, other than life insurance and accidental death & dismemberment.

As an eligible 1199SEIU Home Care member, you can choose to receive benefits through **ONE** of two plans:

**Member Choice Home Care Select Plan (Plan A):** A coordinated care plan in which you choose one Health Center for all of your primary care and medical needs. If you enroll your children, they will use the same Health Center that you use. You will have no co-payments for primary care, specialty care, hospital visits or prescription drugs. However, if you receive primary care services from a provider other than one from your selected Health Center, you will be responsible for an office visit co-payment.

**OR**

**Panel Provider Plan (Plan B):** A plan that provides access to more than 40,000 Participating Providers and 70 hospitals in the New York metropolitan area. Participating Providers agree to accept the Benefit Fund’s schedule of payment for services and cannot bill you for additional charges. You are only responsible to make a co-payment. If you receive services from a provider who is not in the Fund’s network, you will be responsible for any additional costs the provider may charge you in addition to your co-payment.

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**BENEFIT COVERAGE**

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Plan A Co-payment</th>
<th>Plan B Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL CARE</strong></td>
<td>$0</td>
<td>$25 co-pay/admission</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 365 days per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semi-private room and board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care for Medically Necessary services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient or ambulatory facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation and care services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 30 days per year for inpatient physical rehabilitation in an acute care facility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOSPICE CARE**

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Plan A Co-payment</th>
<th>Plan B Co-payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 210 days of Medicare-certified hospice care per lifetime in a hospice center, hospital, skilled nursing facility or at home</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
### BENEFIT COVERAGE

<table>
<thead>
<tr>
<th></th>
<th>PLAN A</th>
<th>PLAN B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMERGENCY DEPARTMENT VISITS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0</td>
<td>$3 co-pay if not admitted to the hospital</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of the Emergency Department must be for an Emergency within 72 hours of an accident/injury or sudden and serious illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observation care and services (see Section II.C of the SPD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Fund pays negotiated or reasonable rate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PROGRAM FOR BEHAVIORAL HEALTH</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health:</strong></td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td>Outpatient treatment</td>
</tr>
<tr>
<td>Intensive Outpatient Programs (IOP)</td>
</tr>
<tr>
<td>Inpatient care</td>
</tr>
<tr>
<td>Partial Hospitalization Programs (PHP)</td>
</tr>
<tr>
<td><strong>Alcohol/Substance Abuse:</strong></td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td>Inpatient detoxification and rehabilitation</td>
</tr>
<tr>
<td>Intensive Outpatient Programs (IOP)</td>
</tr>
<tr>
<td>Outpatient treatment</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th><strong>SURGERY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td>Inpatient or outpatient (ambulatory) surgery</td>
</tr>
<tr>
<td>Benefits based on the Fund’s allowance for the surgical procedure</td>
</tr>
<tr>
<td>Participating Surgeons bill the Benefit Fund directly and accept the Fund’s payment as payment in full</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>ANESTHESIA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
</tr>
<tr>
<td>$0</td>
</tr>
<tr>
<td>Benefits based on the Fund’s Schedule of Allowances</td>
</tr>
</tbody>
</table>

**EFFECTIVE JANUARY 1, 2016, YOUR DEPENDENT CHILDREN ARE ELIGIBLE FOR THE SAME BENEFITS THAT YOU RECEIVE, OTHER THAN LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT.**
### MEDICAL SERVICES

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment in a doctor’s office $0</td>
<td>$5 co-pay/office visit</td>
</tr>
<tr>
<td>Certain screenings and immunizations $0</td>
<td>$5 co-pay/office visit</td>
</tr>
<tr>
<td>X-rays and laboratory tests $0</td>
<td>$0</td>
</tr>
<tr>
<td>Dermatology: up to 20 treatments per year $0</td>
<td>$5 co-pay/office visit</td>
</tr>
<tr>
<td>Chiropractic: up to 12 treatments per year $0</td>
<td>$5 co-pay/office visit</td>
</tr>
<tr>
<td>Podiatry: up to 15 treatments per year for routine care $0</td>
<td>$5 co-pay/office visit</td>
</tr>
<tr>
<td>Allergy: up to 20 treatments per year, including diagnostic testing $0</td>
<td>$5 co-pay/office visit</td>
</tr>
<tr>
<td>Physical/Occupational/Speech therapy: up to 25 visits per discipline per year $0</td>
<td>$5 co-pay/office visit</td>
</tr>
<tr>
<td>Durable medical equipment and appliances $0</td>
<td>$0</td>
</tr>
<tr>
<td>Ambulance services $0</td>
<td>$0</td>
</tr>
<tr>
<td>Hospice care $0</td>
<td>$0</td>
</tr>
<tr>
<td>Participating Providers bill the Benefit Fund directly and accept the Fund’s payment as payment in full $0</td>
<td>$5 co-pay/office visit</td>
</tr>
</tbody>
</table>

Members enrolled in Plan A will have no co-payments as long as they use their Health Center for all of their primary care needs.

### Maternity Care:

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>An allowance which includes all prenatal and postnatal visits and delivery charges $0</td>
<td>$25 co-pay/admission (for delivery and all inpatient services)</td>
</tr>
<tr>
<td>Hospital Benefit for the mother</td>
<td></td>
</tr>
<tr>
<td>Hospital Benefit for the newborn, if the mother is you</td>
<td></td>
</tr>
</tbody>
</table>

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

### MEDICAL SERVICES REQUIRING PRIOR AUTHORIZATION

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health care $0</td>
<td>$0</td>
</tr>
<tr>
<td>Non-Emergency ambulance services Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Durable medical equipment and appliances $0</td>
<td>$0</td>
</tr>
<tr>
<td>Medical supplies $0</td>
<td>$0</td>
</tr>
<tr>
<td>Specific medications, including specialty drugs $0</td>
<td>Generic and preferred brand co-pays apply</td>
</tr>
<tr>
<td>Certain home infusion drugs administered on an outpatient basis $0</td>
<td>Generic and preferred brand co-pays apply</td>
</tr>
<tr>
<td>Ambulatory surgery or inpatient admissions $0</td>
<td>$25 co-pay/admission</td>
</tr>
</tbody>
</table>

EFFECTIVE JANUARY 1, 2016, YOUR DEPENDENT CHILDREN ARE ELIGIBLE FOR THE SAME BENEFITS THAT YOU RECEIVE, OTHER THAN LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT.
### MEDICAL SERVICES REQUIRING PRIOR AUTHORIZATION (CONTINUED)

- MRI, MRA, PET and CAT scans and certain nuclear cardiology tests: **$0**
- Molecular and genomic testing: **$0**
- Partial Hospitalization Programs (PHP) for mental health: **$0**
- Intensive Outpatient Programs (IOP) for mental health and alcohol/substance abuse: **$0**

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

Call eviCore healthcare at (888) 910-1199 for prior approval of radiological tests.

Call eviCore healthcare at (888) 910-1199 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 Benefit 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.

### BASIC DENTAL CARE

- Basic and preventive services through Participating Provider network: **$0**
- Initial/periodic oral exams once every six months: **$0**
- Bitewing X-rays once every six months: **$0**
- Prophylaxis (cleaning), scaling and fluoride once every six months: **$0**
- Dental Emergencies: **$0**
- Minor restorative services: **$0**
- Denture adjustments, repairs and relines: **$0**

If you do not use a Participating DentCare Provider, you will be responsible for all charges. Call DentCare at (800) 468-0600 to find a provider near you.

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**EFFECTIVE JANUARY 1, 2016, YOUR DEPENDENT CHILDREN ARE ELIGIBLE FOR THE SAME BENEFITS THAT YOU RECEIVE, OTHER THAN LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT.**
**MAJOR DENTAL CARE**
- Major restorative work through Participating Providers
- Oral surgery
- Crowns, bridges, dentures and periodontal care once every 60-month period

**PRESCRIPTION DRUGS**
- FDA-approved prescription medications
- No deductible when you use generic and preferred brand drugs where available
- Use Participating Pharmacies
- Mandatory Maintenance Drug Access Program for chronic conditions – *The 1199SEIU 90-Day Rx Solution*
- Prior authorization needed for certain medications

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

**HEARING AIDS**
- Once every three years

**LIFE INSURANCE**
- A benefit of $10,000

**ACCIDENTAL DEATH & DISMEMBERMENT**
- For accidental death or injury
- Equal to, or one half of, your life insurance (based upon your loss)

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**PLAN A**

<table>
<thead>
<tr>
<th>Benefit Coverage</th>
<th>Co-pays may apply</th>
<th>Co-pays may apply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MAJOR DENTAL CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUGS</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>Generic: $3 co-pay/retail</td>
<td>Preferred brand: $6 co-pay/retail</td>
</tr>
<tr>
<td></td>
<td>$6 co-pay/mail order</td>
<td>$12 co-pay/mail order</td>
</tr>
<tr>
<td><strong>VISION CARE</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>HEARING AIDS</strong></td>
<td>Co-pays may apply</td>
<td>Co-pays may apply</td>
</tr>
<tr>
<td></td>
<td>Call (646) 473-9200 for referrals to a Participating Provider. Outside NYC area codes, call (800) 575-7771.</td>
<td></td>
</tr>
</tbody>
</table>

**PLAN B**

<table>
<thead>
<tr>
<th>Benefit Coverage</th>
<th>Co-pays may apply</th>
<th>Co-pays may apply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MAJOR DENTAL CARE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PRESCRIPTION DRUGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>VISION CARE</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>HEARING AIDS</strong></td>
<td>Co-pays may apply</td>
<td>Co-pays may apply</td>
</tr>
<tr>
<td></td>
<td>Call DentCare at (800) 468-0600 for additional information.</td>
<td>Call DentCare at (800) 468-0600 for additional information.</td>
</tr>
</tbody>
</table>

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EFFECTIVE JANUARY 1, 2016, YOUR DEPENDENT CHILDREN ARE ELIGIBLE FOR THE SAME BENEFITS THAT YOU RECEIVE, OTHER THAN LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT.
SOCIAL SERVICES

- Member Assistance Program
- Citizenship Program
- Earned Income Tax Credit Assistance Program
- Financial Wellness Program
- Weekly Legal Clinic

The Member Assistance Program, Citizenship Program and Earned Income Tax Credit Assistance Program are available to all members regardless of whether the 100-hour rule is met and regardless of whether the required weekly premium is paid.

IMPORTANT PHONE NUMBERS

General Member Services
(646) 473-9200
Outside New York City area codes: (800) 575-7771

1199SEIU CareReview
(800) 227-9360

Prescriptions (Express Scripts)
(800) 818-6720

Dental Program (DentCare)
(800) 468-0600

Radiology (eviCore healthcare)
(888) 910-1199

Member Assistance Program
(646) 473-6900

TO BE ELIGIBLE FOR COVERAGE, YOU MUST:

- Work in a covered job title with a Contributing Employer;
- Have completed and submitted a Home Care Enrollment and Plan Election Form, authorizing your Employer to deduct the cost of the weekly premium from your paycheck. This amount will differ if coverage is for you alone, or for you and your dependent children, effective January 1, 2016; and
- Have worked 100 hours or more per month for two consecutive calendar months.
LEGEND

<table>
<thead>
<tr>
<th>Member</th>
<th>You, the member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Your children, if eligible</td>
</tr>
<tr>
<td>Schedule of Allowances</td>
<td>Fee schedules used to determine the amount allowed or paid by the Plan for a service. Schedules are subject to change.</td>
</tr>
<tr>
<td>SPD</td>
<td>Summary Plan Description</td>
</tr>
</tbody>
</table>

DISCLAIMER

This document is **NOT** the official Summary Plan Description (SPD) of the 1199SEIU National Benefit Fund for Home Care Employees. 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 an SPD by calling the Member Services Department at (646) 473-9200. Outside New York City area codes, call (800) 575-7771.