



# 1199SEIU

Greater New York Benefit Fund

OVERVIEW  
OF YOUR BENEFITS

**BENEFIT COVERAGE****ELIGIBILITY  
CLASS I****ELIGIBILITY  
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 (100% of the Benefit Fund's allowance)
- Semi-private room and board
- Acute care for Medically Necessary services
- Inpatient admissions
- Outpatient or ambulatory facilities
- Observation care and services
- 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

*Call 1199SEIU CareReview at (800) 227-9360 for Prior Approval of inpatient hospice care. Call the Prior Authorization Department at (646) 473-9200 for Prior Approval of outpatient hospice care.*

**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 the onset of a sudden and serious illness
- Observation care and services (see Section II.C of the SPD)
- Benefit Fund pays negotiated or reasonable rates

*There is a \$75 co-payment if you are not admitted to the hospital.*

\* For spousal coverage, members must pay a weekly premium. There is no premium for members and children.

**PLEASE NOTE: Members who have an Eligibility Class III level of benefits receive a different package of benefits. Please consult your Summary Plan Description (SPD) or contact the Benefit Fund's Member Services Department at (646) 473-9200 for information on your benefits.**

**BENEFIT COVERAGE****ELIGIBILITY  
CLASS I****ELIGIBILITY  
CLASS II****PROGRAM FOR BEHAVIORAL HEALTH****Family\*****Family\*****Mental Health:**

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

*There is a \$5 co-payment per visit for outpatient mental health treatment and outpatient alcohol/substance abuse treatment.*

**Alcohol/Substance Abuse:**

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

*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.*

**SURGERY****Family\*****Family\***

- Inpatient or outpatient (ambulatory surgery)
- Benefits based on the 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 Fund's Schedule of Allowances
- No out-of-pocket costs with Participating Providers

**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
- Lactation consulting by a certified provider
- Breast pumps
- Disability Benefits through your Employer for you if you are the mother

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

*Call the Benefit Fund at (646) 473-9200 for information about breast pump options.*

\* For spousal coverage, members must pay a weekly premium. There is no premium for members and children.

**PLEASE NOTE: Members who have an Eligibility Class III level of benefits receive a different package of benefits. Please consult your Summary Plan Description (SPD) or contact the Benefit Fund's Member Services Department at (646) 473-9200 for information on your benefits.**

**BENEFIT COVERAGE****ELIGIBILITY  
CLASS I****ELIGIBILITY  
CLASS II****MEDICAL SERVICES**

- Treatment in a doctor's office, clinic, hospital, Emergency Department or your home
- Well-child care for dependent children
- Immunizations
- X-rays and laboratory tests
- 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
- Durable medical equipment and appliances
- Ambulance services
- Participating Providers bill the Benefit Fund directly and accept the Fund's payment as payment in full

**Family\***

*There is a \$5 co-payment for primary care visits and a \$10 co-payment for specialist visits.*

**Family\***

*There is a \$15 co-payment for certain high-end imaging tests, including MRI, MRA, PET and CAT scans and certain nuclear cardiology tests.*

**MEDICAL SERVICES REQUIRING  
PRIOR AUTHORIZATION**

- Home health care
- Non-Emergency ambulance services
- Durable medical equipment and appliances
- Medical supplies
- Specific medications, including specialty drugs **(Eligibility Class II not covered)**
- Certain home infusion drugs administered on an outpatient basis
- MRI, MRA, PET and CAT scans and certain nuclear cardiology tests
- Molecular and genomic testing
- Radiation therapy
- Medical oncology services
- Hospice care

**Family\***

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

**Family\***

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

*Call eviCore healthcare at (888) 910-1199 for Prior Approval of radiological tests, molecular and genomic testing, radiation therapy and medical oncology services.*

*Call 1199SEIU CareReview at (800) 227-9360 for Prior Approval of inpatient hospice care. Call the Prior Authorization Department at (646) 473-9200 for Prior Approval of outpatient hospice care.*

\* For spousal coverage, members must pay a weekly premium. There is no premium for members and children.

**PLEASE NOTE: Members who have an Eligibility Class III level of benefits receive a different package of benefits. Please consult your Summary Plan Description (SPD) or contact the Benefit Fund's Member Services Department at (646) 473-9200 for information on your benefits.**

**BENEFIT COVERAGE****ELIGIBILITY  
CLASS I****ELIGIBILITY  
CLASS II****MEDICAL SERVICES REQUIRING  
PRIOR AUTHORIZATION (CONTINUED)****Family\*****Family\***

- Ambulatory surgery or inpatient admissions
- Certain mental health and alcohol/substance abuse services

*Call 1199SEIU CareReview at (800) 227-9360 for Prior Approval of ambulatory surgery or inpatient admissions.*

**VISION CARE****Family\*****Family\***

- One eye exam every two years
- One pair of glasses or one order of contact lenses every two years
- No out-of-pocket cost when using a Participating Provider for lenses and frames included in the Benefit Fund's vision program

*Co-payment required for most contact lenses and progressive lenses. Lens coatings are not covered.*

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

- Once every three years
- Call for referrals to a Participating Provider

*Co-payments may apply.*

**DENTAL CARE****Family\*****Not Covered****Preferred Panel of DDS Dentists:**

- Use a dentist on the preferred panel
- Coverage in full for preventive and basic services
- Set co-payment for major restorative and orthodontic services for dependent children
- Maximum benefit of \$1,200 per eligible person per calendar year (excluding essential oral pediatric services)

**Non-Participating Dentists:**

- Coverage includes preventive, basic, major restorative and orthodontic services for dependent children
- Maximum benefit of \$1,200 per eligible person per calendar year (excluding essential oral pediatric services)
- Claims are paid according to the Benefit Fund's Schedule of Allowances and member is responsible for the balance

*Prior Authorization is required for dental services of \$300 or more and for all orthodontic services.*

\* For spousal coverage, members must pay a weekly premium. There is no premium for members and children.

**PLEASE NOTE: Members who have an Eligibility Class III level of benefits receive a different package of benefits. Please consult your Summary Plan Description (SPD) or contact the Benefit Fund's Member Services Department at (646) 473-9200 for information on your benefits.**

**BENEFIT COVERAGE****ELIGIBILITY CLASS I****ELIGIBILITY CLASS II****PRESCRIPTION DRUGS****Family\*****Limited Coverage\***

- FDA-approved prescription medications
- 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 1199SEIU 90-Day Rx Solution*
- Prior Authorization needed for certain medications
- Please refer to “What Is Not Covered” in Section II.L of the SPD

*Eligibility Class II coverage is limited to contraceptive medication, Medically Necessary aspirin, certain vaccines, certain smoking cessation products and for the following preventive supplements when Medically Necessary and prescribed by a licensed prescriber: iron, folic acid, oral fluoride and prenatal vitamins.*

**DISABILITY****Member Only****Member Only**

- The Benefit Fund does not provide Disability Benefits. This benefit may be provided by your Employer.
- Member must submit proof to the Benefit Fund that Disability Benefits have been received to maintain health coverage for up to 26 weeks within a 52-week period
- Follow the same procedure if you are receiving Workers’ Compensation Benefits

**LIFE INSURANCE****Member Only****Member Only**

- Eligibility Class I: During your first year of service, benefit is \$2,000. After your first year, benefit is based on your years of service and annual earnings up to a maximum of \$25,000.
- Eligibility Class II: During your first year of service, benefit is \$1,250. Maximum benefit amount is \$2,500.

**ACCIDENTAL DEATH AND DISMEMBERMENT****Member Only****Member Only**

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

**BURIAL****Member & Spouse\*****Member & Spouse\***

- If available, a free burial plot with permanent care

\* For spousal coverage, members must pay a weekly premium. There is no premium for members and children.

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**SOCIAL SERVICES****Family\*****Family\***

- Member Assistance Program
- Citizenship Program
- Earned Income Tax Credit Assistance Program
- Home Mortgage and Financial Wellness Program
- Weekly Legal Clinics

\* For spousal coverage, members must pay a weekly premium. There is no premium for members and children.

**LEGEND**

<b>Member</b>	You, the member
<b>Spouse</b>	Your spouse, if eligible
<b>Children</b>	Your children, if eligible
<b>Family</b>	You, your spouse and your children, if eligible
<b>Schedule of Allowances</b>	Fee schedules used to determine the amount allowed or paid by the Plan for a service. Schedules are subject to change.
<b>SPD</b>	Summary Plan Description
<b>Eligibility Class I</b>	Full-time members
<b>Eligibility Class II</b>	Part-time members who work, on average, more than 60%, but less than 100%, of a full-time schedule

## 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 (DDS)

(800) 255-5681

### Radiology (eviCore healthcare)

(888) 910-1199

### Member Assistance Program

(646) 473-6900

## DISCLAIMER

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

The 1199SEIU Benefit Funds comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

## 1199SEIU GREATER NEW YORK BENEFIT FUND

330 West 42nd Street

New York, NY 10036-6977

(646) 473-9200

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

[www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org)

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