



An

OVERVIEW

of Retiree Health Benefits

FOR 1199SEIU GREATER NEW YORK BENEFIT FUND RETIREES



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 A, Medicare Part B and either the 1199SEIU EmblemHealth VIP Medicare Plan **or** the 1199SEIU Benefit Fund's Medicare Part D Prescription Drug Program in order to receive your supplemental Fund benefits.

The coverage described in this Overview is for members who retire with an Eligibility Class I level of benefits. Members who retire with an Eligibility Class II or an Eligibility Class III level of benefits should call the Benefit Fund at (646) 473-8666 or (800) 575-7771 for information on their benefits.

**See eligibility requirements on page 9*



AGE 65 WITH 25 YEARS OF SERVICE FOR RETIREES LIVING IN NEW YORK CITY'S FIVE BOROUGHES, WESTCHESTER, NASSAU OR SUFFOLK COUNTY

1199SEIU EmblemHealth VIP Medicare Plan

If you retire at or after age 65 with Eligibility Class I benefits and at least 25 years of service, you'll receive your health coverage through the 1199SEIU EmblemHealth VIP Medicare Plan. To get these benefits, you must be enrolled in both Medicare Part A (hospital) and Medicare Part B (medical).

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.

Remember to use EmblemHealth Participating Physicians and Pharmacies!

For information, call EmblemHealth at (877) 447-1199. For information on supplemental benefits provided by the Benefit Fund, call (646) 473-8666 or (800) 575-7771.

YOUR BENEFITS

HOSPITAL INPATIENT CARE	
Select Network <ul style="list-style-type: none"> Covered in full 	Fee-for-Service Network <ul style="list-style-type: none"> Days 1-7: \$225 per day
MEDICAL SERVICES	
Select Network <ul style="list-style-type: none"> Primary care: No co-pay Specialists: \$10 co-pay per visit Lab & X-rays: Covered in full Surgery and anesthesia: Covered in full 	Fee-for-Service Network <ul style="list-style-type: none"> Primary care: \$20 co-pay per visit Specialists: \$30 co-pay per visit Lab: Covered in full X-rays: \$20 co-pay Anesthesia included in hospital admission co-pay
EMERGENCY DEPARTMENT	
Select Network <ul style="list-style-type: none"> \$75 co-pay (waived if you are admitted) 	Fee-for-Service Network <ul style="list-style-type: none"> \$75 co-pay (waived if you are admitted)
AMBULATORY (OUTPATIENT) SURGERY	
Select Network <ul style="list-style-type: none"> \$50 facility co-pay 	Fee-for-Service Network <ul style="list-style-type: none"> \$250 facility co-pay

PRESCRIPTION DRUGS

Select Network and Fee-for-Service Network

Preferred Pharmacy/Non-preferred Pharmacy:

- Preferred generic drugs: \$0 co-pay/\$5 co-pay
- Non-preferred generic drugs: \$0 co-pay/\$20 co-pay
- Preferred brand drugs: \$0 co-pay/\$45 co-pay
- Non-preferred brand drugs: 18% co-insurance with caps of \$75 for 30-day supply; \$150 for 60-day supply; \$225 for 90-day supply
- Specialty drugs:
 - » \$0 (**Select Network**)
 - » 25% co-insurance payment (**Fee-for-Service Network**)
- Use EmblemHealth's mail-order program or designated Participating Retail Pharmacies for maintenance medications (90-day supply)
- Use Participating Retail Pharmacies for short-term prescriptions
- Drugs administered in an office-based setting have a 20% co-insurance payment (may require prior authorization)

ROUTINE DENTAL CARE

Select Network

Dental Maintenance Organization
Comprehensive Dental Program:

- Diagnostic, preventive, minor restorative and minor oral surgery have no co-pays. All other services have co-pays according to set fee schedules.
- **Must use DentaQuest providers**

Fee-for-Service Network

- One exam (comprehensive or periodic) every six months. \$5 co-pay per visit.
- One cleaning every six months. \$10 co-pay per visit.
- Additional services (X-rays, fillings, crowns, dentures, etc.) provided at discounted rates subject to fee schedules
- **Must use DentaQuest providers**

ROUTINE FOOT CARE

Select Network

- \$10 co-pay per visit/up to four visits per calendar year

Fee-for-Service Network

- \$30 co-pay per visit/up to four visits per calendar year

CHIROPRACTIC CARE

Select Network

- \$10 co-pay per visit

Fee-for-Service Network

- \$30 co-pay per visit

VISION CARE

Select Network

- One eye exam per calendar year by a Participating EyeMed Vision Care/CPS Optical Provider. \$15 co-pay.
- One pair of glasses or contact lenses every 12 months when chosen from a select group of frames at a Participating EyeMed Vision Care/CPS Optical Provider. Covered in full.
- Corrective lenses after cataract surgery. Covered in full.

Fee-for-Service Network

- One eye exam per calendar year by a Participating EyeMed Vision Care/CPS Optical Provider. \$30 co-pay.
- One pair of glasses or contact lenses every 12 months when chosen from a select group of frames at a Participating EyeMed Vision Care/CPS Optical Provider. \$50 co-pay.
- Corrective lenses after cataract surgery. \$50 co-pay.

HEARING EXAM AND HEARING AIDS

Select Network

- One routine hearing exam per calendar year by an EmblemHealth Participating Hearing Aid Provider. \$15 co-pay.
- 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

Fee-for-Service Network

- One routine hearing exam per calendar year by an EmblemHealth Participating Hearing Aid Provider. \$30 co-pay.
- Hearing aid not covered

HOME HEALTH CARE (NON-CUSTODIAL)

Select Network

- Covered in full

Fee-for-Service Network

- Covered in full

AGE 65 WITH 25 YEARS OF SERVICE FOR RETIREES LIVING OUTSIDE NEW YORK CITY'S FIVE BOROUGHES, WESTCHESTER, NASSAU OR SUFFOLK COUNTY

1199SEIU Benefit Fund's Medicare Part D Prescription Drug Program

You are eligible for the benefits described below when you retire at or after age 65 with Eligibility Class I benefits and at least 25 years of service. To get these benefits, you must be enrolled in both Medicare Part A (hospital) and Medicare Part B (medical). **Members who are eligible for Medicare and live outside New York City's five boroughs, Westchester, Nassau or Suffolk County, will only be able to receive supplemental retiree health benefits through the Benefit Fund if they are enrolled in the Fund's Medicare Part D Prescription Drug Program.**

You may not be required to enroll in the Fund's Medicare Part D Prescription Drug Program if you are already enrolled in another Medicare Part D Prescription Drug Plan or Medicare Advantage Plan. However, you will be responsible for the full cost of your Medicare Part D premium, if any.

HOSPITAL INPATIENT CARE

Medicare is your **primary** insurer and must pay for your care first. If Medically Necessary, the Benefit Fund covers:

- Your Medicare Part A first-day deductible
- Your Medicare Part A co-insurance and reserve days

PRESCRIPTION DRUGS

There is no out-of-pocket cost to you if you comply with the Benefit Fund's Prescription Program:

- Mandatory use of generic drugs, whenever possible
- Order 90-day supplies of maintenance medications using *The 1199SEIU 90-Day Rx Solution*
- Use Participating Retail Pharmacies for short-term prescriptions
- Prior authorization required for specific medications
- Ask your doctor to prescribe only medications on the Fund's Preferred Drug List

VISION CARE

You are covered once every two years for:

- One eye exam
- One pair of glasses or one order of contact lenses

There are no out-of-pocket costs for lenses and frames included in the Fund's Vision Program when using Participating Providers.

Please consult the Summary Plan Description (SPD) for a full description of these benefits or call the Benefit Fund at (646) 473-8666 or (800) 575-7771 for more information.

AGE 62 THROUGH 64 WITH 25 YEARS OF SERVICE

You are eligible for coverage for the Early Retiree Dental Plus Plan unless you select, **on a one-time only basis**, coverage for the Early Retiree Prescription Plan.

OPTION #1: EARLY RETIREE DENTAL PLUS PLAN

- A dental benefit of up to \$1,200 per year
- A hospital indemnity plan, which pays \$200 per day, up to 10 days per hospital stay
- A vision benefit, which includes one eye exam and one pair of glasses or one order of contact lenses every two years

OPTION #2: EARLY RETIREE PRESCRIPTION PLAN

- Prescription drugs
- A vision benefit, which includes one eye exam and one pair of glasses or one order of contact lenses every two years

Please consult the Summary Plan Description (SPD) for a full description of these benefits or call the Benefit Fund at (646) 473-8666 or (800) 575-7771 for more information.

NOTE: If you retire between the ages of 62 and 64 with Eligibility Class I benefits and at least 25 years of service, the Early Retiree plan that you choose 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 (see “Age 65 with 25 Years of Service” on pages 2 and 5), and you must enroll in Medicare Part A, Medicare Part B and either the 1199SEIU EmblemHealth VIP Medicare Plan **or** the 1199SEIU Benefit Fund’s Medicare Part D Prescription Drug Program (depending on where you live), to receive those benefits.

ANY AGE – DUE TO PERMANENT DISABILITY WITH 25 YEARS OF SERVICE

You are eligible for coverage for the Early Retiree Dental Plus Plan unless you select, **on a one-time only basis**, coverage for the Early Retiree Prescription Plan.

OPTION #1: EARLY RETIREE DENTAL PLUS PLAN

- A dental benefit of up to \$1,200 per year
- A hospital indemnity plan, which pays \$200 per day, up to 10 days per hospital stay
- A vision benefit, which includes one eye exam and one pair of glasses or one order of contact lenses every two years

OPTION #2: EARLY RETIREE PRESCRIPTION PLAN

- Prescription drugs
- A vision benefit, which includes one eye exam and one pair of glasses or one order of contact lenses every two years

Please consult the Summary Plan Description (SPD) for a full description of these benefits or call the Benefit Fund at (646) 473-8666 or (800) 575-7771 for more information.

NOTE: If you receive a disability pension at any age from the 1199SEIU Greater New York Pension Fund with Eligibility Class I benefits and at least 25 years of service, the Early Retiree plan that you choose 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 (see “Age 65 with 25 Years of Service” on pages 2 and 5), and you must enroll in Medicare Part A, Medicare Part B and either the 1199SEIU EmblemHealth VIP Medicare Plan **or** the 1199SEIU Benefit Fund’s Medicare Part D Prescription Drug Program (depending on where you live), to receive those benefits.

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. Even though you may be vested in the 1199SEIU Greater New York Pension Fund after five years, you need to retire with Eligibility Class I benefits and at least 25 years of Pension Fund Credited Service to be eligible for any retiree health benefits.

TALK TO A PENSION COUNSELOR

At least three to six months before you plan to retire, you should make an appointment with a Pension Counselor, who will help you review your options. For more information, call the Pension Fund at (646) 473-8666 or (800) 575-7771, or visit our website at www.1199SEIUBenefits.org. You can also visit one of our walk-in Member Services Centers, located in all five boroughs of New York City, Hicksville (Long Island) and White Plains.

ELIGIBILITY – MEMBER-ONLY COVERAGE

The Benefit Fund offers retirees several health benefit packages. To be eligible for the packages listed in this Overview, you must be an Eligibility Class I active member covered by the Fund immediately before you retire, and you must be receiving a pension from the 1199SEIU Greater New York Pension Fund.

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 just before you retired.

For example, if you did not have prescription coverage right before you retired, you are not covered for prescription benefits after you retire.

Supplemental retiree health benefits are available for retired members only. There is no coverage for spouses or dependent children.

If your pension benefit is suspended or stops for any reason (including your return to work or your loss of entitlement to a Social Security Disability Award), you will no longer be eligible for retiree health benefits.

LEGEND

Member	You, the member
Fee Schedule	A listing of fees used to determine the amount allowed or paid by the Plan for a service. Fee schedules are subject to change.
SPD	Summary Plan Description

IMPORTANT PHONE NUMBERS

General Member Services

(646) 473-8666 or (800) 575-7771

EmblemHealth

(877) 447-1199

EyeMed Vision Care/ CPS Optical

(844) 790-3878

DentaQuest

(844) 776-8749

Medicare

(800) 633-4227

(800) 486-2048 (TTY)

Social Security

(800) 772-1213

(800) 325-0778 (TTY)

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, 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

(646) 473-8666

Outside New York City: (800) 575-7771

www.1199SEIUBenefits.org

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