



An
OVERVIEW
of Retiree Health Benefits

FOR 1199SEIU NATIONAL BENEFIT FUND RETIREES
LIVING IN NEW YORK CITY'S FIVE BOROUGH, WESTCHESTER, NASSAU OR SUFFOLK COUNTY

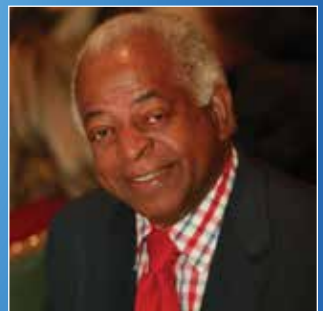


Healthcare benefits are an important part of planning for your retirement. As a working 1199SEIU member, you received a comprehensive healthcare benefit package. When you retire, you may be eligible* to receive health benefits through the Benefit Fund to supplement your Medicare coverage.



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 the 1199SEIU EmblemHealth VIP Medicare Plan in order to receive your supplemental Fund benefits.



The coverage described in this Overview is for members who retire with a Wage Class I level of benefits. Members who retire with a Wage Class II or a Wage 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 11*

AGE 65 WITH 10 YEARS OF SERVICE

1199SEIU EmblemHealth VIP Medicare Plan

If you retire at or after age 65 with Wage Class I benefits and at least 10 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.

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-paySpecialists: \$10 co-pay per visitLab & X-rays: Covered in fullSurgery and anesthesia: Covered in full	Fee-for-Service Network <ul style="list-style-type: none">Primary care: \$20 co-pay per visitSpecialists: \$30 co-pay per visitLab: Covered in fullX-rays: \$20 co-payAnesthesia 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

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 & dismemberment. Your spouse is **not** eligible for this benefit.

BURIAL

If available, you are covered for a free burial plot.

SPOUSE COVERAGE

If your spouse is not eligible for Medicare, he or she is eligible for the Early Retiree Dental Plus Plan or the Early Retiree Prescription Plan (see “Age 55 Through 64 with 10 Years of Service” on page 8). When your spouse becomes eligible for Medicare, or if your spouse is already eligible for Medicare 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 the standard Medicare Part B premium. To get this benefit, you must file a claim form with the Benefit Fund once each quarter but no later than two years after the premium payment.

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.

AGE 62 THROUGH 64 WITH 20 YEARS OF SERVICE

HOSPITAL INPATIENT CARE

Your coverage includes:

- Up to 365 days per year
- Semi-private room and board
- Medically Necessary services
- Up to 365 days per year for inpatient mental health
- Up to 30 days per year for inpatient physical rehabilitation when provided in an acute care facility

You must call 1199SEIU CareReview at (800) 227-9360 before going into the hospital or within 48 hours of an Emergency Department admission.

MEDICAL SERVICES

Based on the Benefit Fund's Schedule of Allowances, the benefit covers:

- Doctor visits
- Lab and X-rays
- Surgery and anesthesia
- Other medical benefits requiring prior authorization

EMERGENCY DEPARTMENT

Must be within 72 hours of an accident or the onset of a sudden and serious illness.

AMBULATORY (OUTPATIENT) SURGERY

You must call 1199SEIU CareReview 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 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

FOOT CARE

- Up to 15 treatments per year for routine foot care

CHIROPRACTIC CARE

- Up to 12 treatments per year

VISION CARE

You are covered once every two years for:

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

HEARING AIDS

You are covered once every three years for one pair of hearing aids.

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 & dismemberment. Your spouse is **not** eligible for this benefit.

BURIAL

If available, you are covered for a free burial plot.

SPOUSE COVERAGE

Your spouse has the same coverage you have, except life insurance, until you become eligible for Medicare. At that time, if your spouse is still not eligible for Medicare, he or she will be eligible for the Early Retiree Dental Plus Plan or the Early Retiree Prescription Plan (see “Age 55 Through 64 with 10 Years of Service” on page 8). When your spouse becomes eligible for Medicare, or if your spouse is already eligible for Medicare 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 (see “Age 65 with 10 Years of Service” on page 2).

NOTE: If you retire between the ages of 62 and 64 with Wage Class I benefits and at least 20 years of service, this health benefit package 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 10 Years of Service” on page 2), and you must enroll in Medicare Part A, 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

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 \$3,000 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
- One pair of hearing aids every three years
- A vision benefit, which includes one eye exam and one pair of glasses or one order of contact lenses every two years

SPOUSE COVERAGE

Your spouse has the same coverage you have, until or unless he or she is eligible for Medicare.

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 60 and 64 with Wage Class I benefits and at least 10 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 10 Years of Service” on page 2), and you must enroll in Medicare Part A, 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 between the ages of 55 and 59 with Wage Class I benefits and at least 10 years of service, you and your spouse will only remain eligible for the Early Retiree plan that you choose, even after you or your spouse become eligible for Medicare.

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

HOSPITAL INPATIENT CARE

Your coverage includes:

- Up to 365 days per year
- Semi-private room and board
- Medically Necessary services
- Up to 365 days per year for inpatient mental health
- Up to 30 days per year for inpatient physical rehabilitation when provided in an acute care facility

You must call 1199SEIU CareReview at (800) 227-9360 before going into the hospital or within 48 hours of an Emergency Department admission.

MEDICAL SERVICES

If you receive a disability pension on or after October 1, 1998, based on the Benefit Fund's Schedule of Allowances, the benefit covers:

- Doctor visits
- Lab and X-rays
- Surgery and anesthesia
- Medical benefits

EMERGENCY DEPARTMENT

Must be within 72 hours of an accident or the onset of a sudden and serious illness.

AMBULATORY (OUTPATIENT) SURGERY

You must call 1199SEIU CareReview 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 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

FOOT CARE

- Up to 15 treatments per year for routine foot care

CHIROPRACTIC CARE

- Up to 12 treatments per year

VISION CARE

You are covered once every two years for:

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

HEARING AIDS

You are covered once every three years for one pair of hearing aids.

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 & dismemberment. Your spouse is **not** eligible for this benefit.

BURIAL

If available, you are covered for a free burial plot.

SPOUSE COVERAGE

Your spouse has the same coverage you have, except life insurance, until or unless he or she is eligible for Medicare.

NOTE: If you receive a disability pension at any age from the 1199SEIU Health Care Employees Pension Fund with Wage Class I benefits and at least 10 years of service, this health benefit package 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 10 Years of Service” on page 2), and you must enroll in Medicare Part A, 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. Even though you may be vested in the 1199SEIU Health Care Employees Pension Fund after five years, you need to retire with Wage Class I benefits and at least 10 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

The Benefit Fund offers retirees several health benefit packages. To be eligible for the packages listed in this Overview, you must be a Wage Class I active member covered by the Fund immediately before you retire, and you must be receiving a pension from the 1199SEIU Health Care Employees 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; or, if your spouse was not covered while you were a working member, you cannot enroll your spouse 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.

Supplemental retiree health benefits are available for you and your eligible spouse only. Dependent children are not covered for these benefits regardless of their age.

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
Spouse	Your spouse, 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) 473-8666 or (800) 575-7771

1199SEIU CareReview
(800) 227-9360

EmblemHealth
(877) 447-1199

**EyeMed Vision Care/
CPS Optical**
(844) 790-3878

Medicare
(800) 633-4227
(800) 486-2048 (TTY)

Social Security
(800) 772-1213
(800) 325-0778 (TTY)

DentaQuest
(844) 776-8749

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 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.

The 1199SEIU National Benefit Fund believes its health plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted in 2010. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for an external review process for claims appeals. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. The Wage Class III plan is not a grandfathered health plan. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan can be directed to the Plan Administrator 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.

1199SEIU NATIONAL BENEFIT FUND

(646) 473-8666

Outside New York City: (800) 575-7771

www.1199SEIUBenefits.org

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