

1199SEIU

LICENSED PRACTICAL NURSES WELFARE FUND



**Overview
of Your Benefits**

The coverage described in this Overview is for both full-time and part-time 1199SEIU Licensed Practical Nurses (LPNs) employed by NYC Health + Hospitals (formerly the New York City Health and Hospitals Corporation).

Prescription Benefits are provided through Express Scripts, the Benefit Fund's Pharmacy Benefit Manager. Dental Benefits are provided through Healthplex. Vision Benefits are provided through General Vision Services (GVS). Hearing Benefits are provided through General Hearing Services (GHS). These benefits are described in more detail in the Summary Plan Description (SPD) and in information provided to you by Express Scripts, Healthplex, GVS and GHS.

Hospital and Medical Benefits are provided through the City of New York and are not described in this Overview or in the SPD.

BENEFIT COVERAGE**FULL-TIME LPN****PART-TIME LPN**

VISION CARE

- One eye exam every two years
- A selection of eyeglass frames in the Benefit Fund's program and any prescription plastic lenses
- In lieu of eyeglasses, one order of contact lenses every two years
- Some frames, lenses, contact lenses and related services require a co-payment

Family

If you receive an eye exam or purchase eyeglass lenses, eyeglass frames or contact lenses from a non-Participating Store, the maximum reimbursement is \$175.

Please refer to "What Is Not Covered" in Section II.A of the SPD.

Member Only

HEARING AIDS

- Hearing Benefits up to \$500 for each ear in a 48-month period
- Reimbursement includes purchase of the hearing aid, repair and cost of batteries

Family

If you receive hearing services or purchase hearing aids from a non-Participating Store, the maximum reimbursement is \$500 per ear.

Not Covered

DENTAL CARE**Family****Member Only****Full-time LPNs:**

- Full-time employees and their eligible dependents will each be eligible for a maximum benefit of \$3,000 per person (excluding essential oral pediatric services) per calendar year for preventive, basic and major services
- Orthodontics: \$3,000 in-network lifetime maximum for individuals 19 years of age or younger
- No out-of-pocket costs using Healthplex Liberty Preferred Provider Organization (PPO) dentists

If you use a non-Participating Dentist outside of the Healthplex Liberty Preferred Provider Organization (PPO) network, you or your dentist will be reimbursed up to the Benefit Fund's Schedule of Allowances for non-Participating Providers.

Part-time LPNs:

- Part-time employees will each be eligible for a maximum benefit of \$3,000 per calendar year for preventive, basic and major services
- No out-of-pocket costs using Healthplex Liberty Preferred Provider Organization (PPO) dentists

Please refer to "What Is Not Covered" in Section II.C of the SPD.

PRESCRIPTION DRUGS**Family****Family**

- Covers FDA-approved prescription medications
- No co-payments when you use generic and preferred drugs where available
- Use Participating Pharmacies
- Use *The 1199SEIU 90-Day Rx Solution* (Mandatory Maintenance Drug Access Program) for chronic conditions
- Prior Authorization needed for certain medications

Certain injectable and chemotherapy drugs will be covered through the PICA program of prescription drug benefits provided through the City of New York, and will not be covered through the Benefit Fund's Prescription Drug Benefit.

Please refer to "What Is Not Covered" in Section II.D of the SPD.

SHORT-TERM DISABILITY**Member Only****Not Covered**

- For accidents/injuries or illnesses that are not work-related
- Amount is based on your Average Weekly Earnings up to a maximum weekly benefit of \$300
- Coverage up to a maximum of 26 weeks within a 52-week period

Please refer to "What Is Not Covered" in Section III.A of the SPD.

For information on Long-term Disability Benefits, see Section III.B of the SPD.

LIFE INSURANCE**Family****Family****Full-time LPNs:**

- \$25,000 for Member
- \$8,000 for Spouse
- \$4,000 for Dependent Children

Part-time LPNs:

- \$12,500 for Member
- \$4,000 for Spouse
- \$2,000 for Dependent Children

SOCIAL SERVICES**Member Only****Member Only**

- Wellness Member Assistance Program
- Citizenship Program
- Weekly Legal Clinic

LPN WELFARE FUND SCHOLARSHIP PROGRAM**Children Only****Not Covered**

- \$750 scholarship per year for each dependent child who is an eligible student
- Additional \$750 scholarship per year for a student pursuing a healthcare degree

LEGEND

Member	You, the member
Spouse	Your spouse or registered domestic partner, if eligible
Children	Your children, if eligible
Family	You, your spouse or registered domestic partner, and your children, if eligible
Schedule of Allowances	List of fees for each service allowed or paid by the Plan
SPD	Summary Plan Description

IMPORTANT PHONE NUMBERS

General Member Services

(646) 473-9200

Outside New York City: (800) 575-7771

Dental Care (Healthplex)

(800) 468-0600

Prescription Drugs (Express Scripts)

(800) 818-6720

Hearing Aids (General Hearing Services - GHS)

(888) 899-1447

Vision Care (General Vision Services - GVS)

(800) VISION-1 (847-4661)

Wellness Member Assistance Program

(646) 473-6900

LPN Welfare Fund Scholarship Program

(646) 473-8999

DISCLAIMER

*This document is **NOT** the official Summary Plan Description (SPD) of the 1199SEIU Licensed Practical Nurses Welfare 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 Fund believes it is a “grandfathered health plan” 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. 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.

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(646) 473-9200

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www.1199SEIUBenefits.org