


1199SEIU Benefit and Pension Funds

# 2020

Year in Review



1199SEIU Funds  
Benefit and Pension

ADP

2020 was a year unlike any other, posing unprecedented challenges to our members, our employers and our Funds.



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## Letter from the Executive Director & CEO



Dear Trustees:

On behalf of our seven 1199SEIU Benefit and Pension Funds, I am pleased to present this report on our Funds' work in 2020, delivering health, pension and quality-of-life benefits for almost 450,000 covered lives—the working and retired members of 1199SEIU United Healthcare Workers East and their families.

Of course, 2020 was a year unlike any other, posing unprecedented challenges to our members, our employers and our Funds. Under the leadership of then-Executive Director Mitra Behroozi and myself, we rose to meet those challenges while continuing to provide members with comprehensive benefits and carefully stewarding contribution dollars. In this report, we highlight key initiatives overseen by our Trustees' Care and Value Improvement Committee that have been critical to managing \$2.3 billion a year in healthcare costs, improving quality of care and using employer contribution dollars efficiently. This careful stewardship has also helped us stay focused on managing our three Pension Funds, with \$15.5 billion in assets amid a volatile market, to provide almost 120,000 pensioners and beneficiaries with a defined benefit pension payment every month.

In 2020, our nearly 1,300 Funds staff members pivoted to working remotely to continue to support your members and employees who work across the healthcare spectrum, in hospitals, nursing homes, home care agencies and other healthcare settings. More than ever, the ongoing support and guidance of the Trustees of all of our Funds enabled us to service our members. We hope you enjoy reading about what we have accomplished together in 2020.

Sincerely,

Donna Rey, EdD  
Executive Director and CEO

# Our Health Benefit Funds

In 2020, the 1199SEIU National Benefit Fund (NBF), the 1199SEIU Greater New York Benefit Fund (GNYBF) and the 1199SEIU Home Care Benefit Fund (HCBF) together paid \$2.3 billion in health claims for our 383,714 members, retirees and their families. Our members paid virtually no premiums, no deductibles and no point-of-service costs for their healthcare benefits.

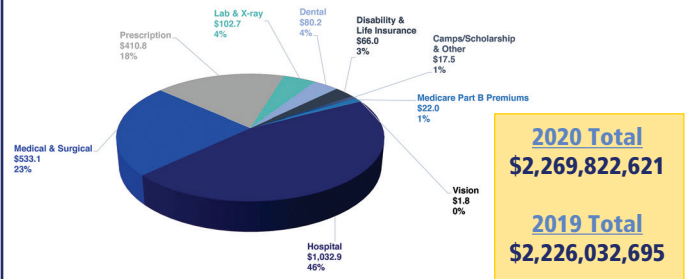
Unlike commercial health insurers, our Benefit Funds exist solely to ensure 1199SEIU members have access to comprehensive medical benefits and services—not to turn a profit. We carefully steward our contribution dollars to provide robust hospital, medical, prescription, vision and dental coverage, including a telehealth benefit. The Funds also offer members nutrition, stress management and prenatal workshops as well as worksite health fairs, lunch-break health education sessions and innovative programs addressing chronic conditions such as diabetes, through our Wellness Member Assistance Program.



Members' behavioral health benefits are enhanced by access to support from Funds social workers and our therapeutic telehealth benefit. 1199SEIU members are also able to access a wide range of additional benefits, including help applying for U.S. citizenship; free tax preparation assistance; a legal clinic; and camp and scholarship opportunities for children. In addition, recognizing the broad impact of financial stress on our members, the Funds offer a Financial Wellness and Homebuyer Education Program, which provides workshops, an interactive online curriculum and opportunities for one-on-one counseling sessions for homebuyers.

## Total Benefit Expenses in 2020, All Funds\*

\*Includes LPN Welfare Fund

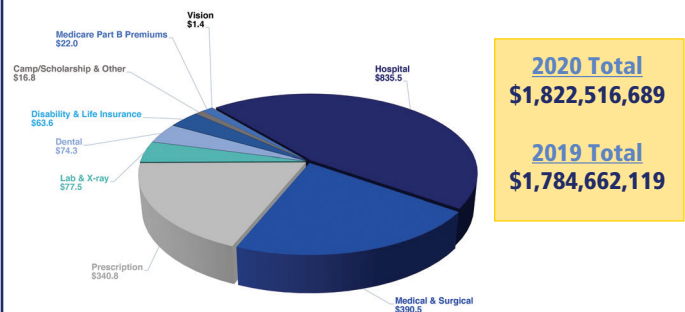


**2020 Total**  
\$2,269,822,621

**2019 Total**  
\$2,226,032,695

Values from Schedule of Benefits Reported and Approved for Payment. Totals include reserve changes. "Other" includes retiree services, wellness, citizenship, burial, EITC and the Patient-Centered Outcomes Research Institute fee.

## Total NBF Benefit Expenses in 2020

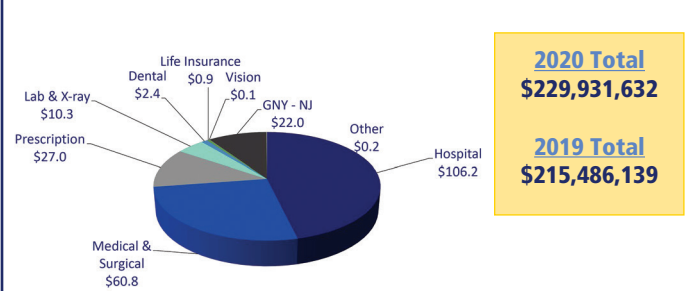


**2020 Total**  
\$1,822,516,689

**2019 Total**  
\$1,784,662,119

Values from Schedule of Benefits reported and approved for payment. Totals include reserves changes for 2020. "Other" includes retiree services, wellness, citizenship, burial, EITC and the Patient-Centered Outcomes Research Institute fee.

## Total GNYBF Benefit Expenses in 2020

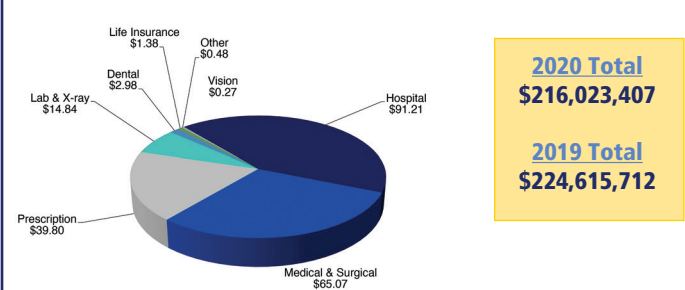


**2020 Total**  
\$229,931,632

**2019 Total**  
\$215,486,139

Values from Schedule of Benefits reported and approved for payment. Totals include reserves changes for 2020. "Other" includes the Patient Centered Outcomes Research fee, and Other Programs.

## Total HCBF Benefit Expenses in 2020



**2020 Total**  
\$216,023,407

**2019 Total**  
\$224,615,712

Values from Schedule of Benefits reported and approved for payment. Totals include reserves changes for 2020. "Other" includes the Patient Centered Outcomes Research fee, and Other Programs.

## Total Covered Lives in 2020

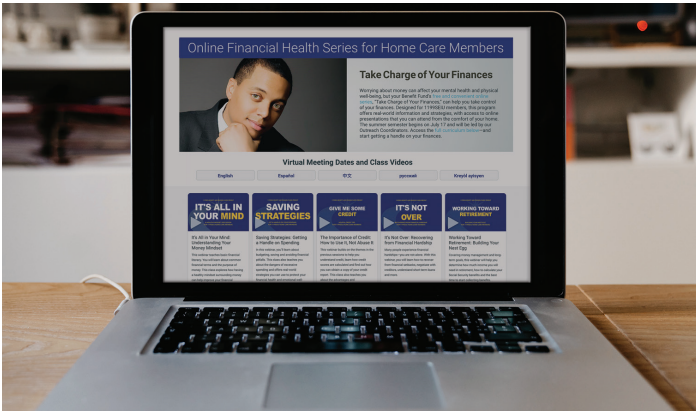
	NBF	GNYBF	HCBF	All Funds
Active Members	111,738*	18,265*	46,302	176,900**
Dependents	126,576	16,428	3,225	146,999**
Retirees	56,849	2,966	—	59,815
<b>Total Lives</b>	<b>295,163</b>	<b>37,659</b>	<b>49,527</b>	<b>383,714</b>

\* NBF includes Rochester members; GNYBF includes members employed in NJ

\*\*Includes 1,365 NYC employees and family members who receive limited supplemental benefits from the LPN Welfare Fund

### Supporting Our Members' Health: Wellness Member Assistance Program

Activity	All Funds
Health Fairs (Jan-March)	845
Onsite Worksite Workshops (Jan-March)	645
Virtual Worksite Workshops	8,327
Wellness MAP Assistance	21,936
Counseling and Referrals	4,387



### Supporting the Whole Member: Additional Programs

Program	Members Served in 2020
Financial Wellness and Homebuyer Education (in-person workshops and assistance)	808
Online Financial Wellness Classes	5,931
Citizenship	590 members 340 new citizens
Tax Preparation Assistance	945 members \$2.3 million in refunds
Legal Clinic	138 (77 in person; 61 by phone)
Youth Programs (camp and scholarship) NBF and GNY	554 children received stipends in lieu of camp programming; 40 children attended camp*  3,648 scholarships awarded

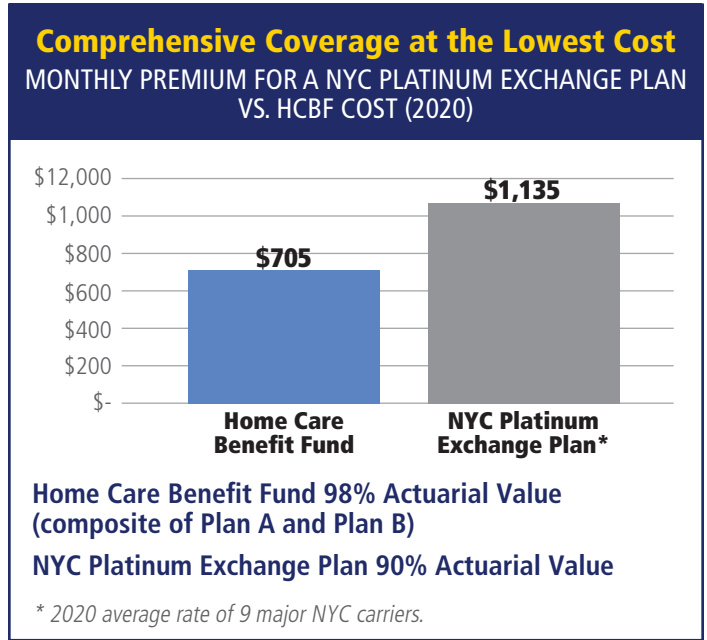
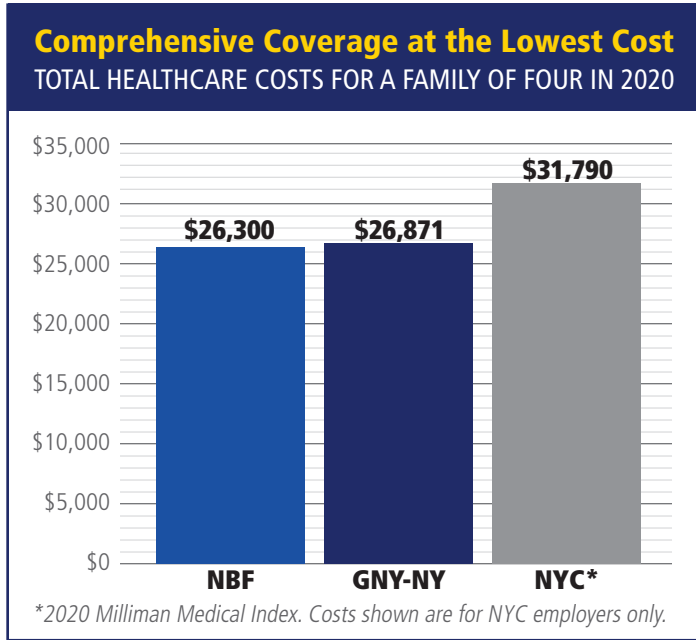
\*Lower-than-usual numbers reflect camp closures due to the COVID-19 pandemic in 2020





# Managing Our Benefit Funds in Today's Healthcare Marketplace

In 2020, the total cost of health coverage (medical, hospital and prescription) for a family of four in New York City was \$31,790.<sup>1</sup> By contrast, the Benefit Funds delivered the same coverage at a much lower cost: \$26,300 per family in the NBF and \$26,871 in the GNYBF.<sup>1</sup> In the HCBF, the Fund spent \$705 per member per month to cover an individual (at 98% actuarial value), compared with \$1,135 for the average New York City platinum plan on the Exchange (at only 90% actuarial value).



<sup>1</sup> Milliman, Inc. National Benefit Fund and Greater New York Benefit Fund, and NYC Milliman Medical Index family of four costs. Letter addressed to the Funds, dated May 28, 2021. These numbers reflect Wage/Eligibility Class I coverage. NBF excludes Rochester members and GNY excludes members employed in NJ.

## Our Pension Funds

Our three Pension Funds, the 1199SEIU Health Care Employees Pension Fund (HCEPF), the 1199SEIU Greater New York Pension Fund (GNYPF) and the 1199SEIU Home Care Pension Fund (HCPF), support 1199SEIU members’ financial security in retirement. Eligible retirees receive a defined benefit pension—a set monthly payment that fewer than one in five U.S. workers can count on today. <sup>1</sup> As of December 31, 2020, our Pension Funds covered 119,320 retirees and beneficiaries. With combined assets of \$15.5 billion, our Pension Funds paid out \$1.1 billion in benefits in 2020.

Over the past 15 years, the number of retirees served by the Pension Funds has more than doubled. Our invested assets and contributions have also grown. But our plans, like others across the country, are still recovering from the market collapse and losses of 2008, in an environment of continuing market volatility. The 2020 asset performance exceeded the assumed rate of return in each of our pension funds.

<sup>1</sup> Bureau of Labor Statistics, U.S. Department of Labor, *The Economics Daily*, 67 percent of private industry workers had access to retirement plans in 2020 at <https://www.bls.gov/opub/ted/2021/67-percent-of-private-industry-workers-had-access-to-retirement-plans-in-2020.htm> (visited July 14, 2021)



### Pension Funds Snapshot 2020

	Health Care Employees Pension Fund	Greater New York Pension Fund	Home Care Pension Fund	Total All Pension Funds
Total Assets*	\$14.1 billion	\$938.0 million	\$488.0 million	\$15.5 billion
Number of Retirees	81,700	12,843	24,777	119,320
Total Pension Benefits Paid	\$951.4 million	\$79.7 million	\$23.0 million	\$1.1 billion

The Health Care Employees Pension Fund remained in the “Green Zone” (not Endangered or Critical Status) for 2020. The Greater New York Pension Fund remains in “Critical Status” and is on track with the Rehabilitation Plan. Our Home Care Pension Fund remained in the “Green Zone” for 2020, and no further action is needed to maintain this status at this time.

### 2020 Pension Asset Returns

HCEPF:	14.8% (assumed rate of 7.5%)
GNYPF:	15.0% (assumed rate of 7.5%)
Home Care PF:	14.5% (assumed rate of 7.5%)



# 1199SEIU Benefit Funds Care and Value Improvement Committee Programs

## PRESCRIPTION PROGRAMS

Members can access the medications they need with no out-of-pocket cost, as long as they comply with the Benefit Funds' prescription programs.

**The 90-Day Rx Solution (for long-term medications)\*:** Members can fill long-term medications through *The 90-Day Rx Solution*, the Benefit Funds' maintenance drug program. A member's physician writes a prescription for a three-month supply with three (3) refills (a year's supply in total). A member can fill the prescription through the Express Scripts Home Delivery pharmacy or use the retail pharmacies of Rite Aid, Duane Reade and Walgreens nationwide.

**Preferred Drug List\*:** The Funds work closely with our pharmacy benefit manager to continuously update our Preferred Drug List (PDL) and leverage the deepest discounts and rebates possible. The PDL includes quality, cost-effective generic and preferred medications used most by members. Members can access preferred drugs for free, but if they use a non-preferred drug, they must pay the full cost difference between the preferred drug and the non-preferred drug. This protects the Funds from higher costs more effectively than tiered plans, where the fixed member co-payments may be relatively small but leave the Funds exposed to the majority of the cost for more expensive non-preferred drugs that are not cost-effective.

**Prior Authorization\*:** Certain drugs subject to off-label use and high-cost medications that require clinical information to confirm a member's diagnosis require prior authorization. The prior authorization process is aligned with national treatment guidelines to help ensure members receive appropriate yet cost-effective treatment for their condition.

**Step Therapy\*:** Members must first try cost-effective drugs before moving on to more expensive, brand-name medications. Step therapy allows members to use less costly medications that are as clinically effective as their more expensive counterparts, and helps ensure members use medications for their FDA-approved use. Step therapy also helps ensure members receive the most appropriate treatment for their condition, based on national guidelines.

**Dose Optimization\*:** Medications must be prescribed in clinically effective dosages for members, leading to lower costs for the Funds and added convenience for members who benefit from a single daily dose of a medication instead of two. These rules are based on FDA-recommended prescribing and safety information.

## Dispensing and Quantity Management (DQM):

Physicians may prescribe only a specified quantity of a drug within a specified period of time, according to FDA guidelines. This helps ensure drug therapies follow FDA labeling in order to prevent overutilization of drugs, which can result in abuse and wasteful spending.

**Non-covered Medications\*:** The Funds do not cover over-the-counter drugs (except for diabetic supplies), cosmetic drugs, oral erectile dysfunction medications or certain drugs associated with fraudulent claims billing. The Funds also do not cover certain prescription drugs, non-sedating antihistamines, cold and cough products and experimental drugs.

**Fraud, Waste and Abuse:** The Funds review prescribing patterns of prescribers and dispensing patterns of pharmacies to prevent inappropriate and unsafe use of medications, saving benefit dollars.

**Advanced Opioid Management Program:** Targeted at opioids, benzodiazepines and skeletal muscle relaxant agents for pain management, this program is designed to help ensure these types and combinations of drugs are prescribed in a safe and clinically appropriate manner. The program also outreaches to members, doctors and pharmacies to help ensure member safety.

The Funds routinely re-bid the Pharmacy Benefit Manager (PBM) and Specialty Drug contract. In the most recent round of bidding for the 2021–2024 contract, the current PBM and Specialty Pharmacy contracts still offered the most favorable prices, access and prescription programs, and, in fact, the Funds achieved significantly lower prices for prescription drugs.

In addition to the PBM programs listed above, the Funds manage drugs administered in physician offices and facilities through the following programs in the Funds' medical plan benefit:

- **Medical Benefit Management\*:** The Funds manage the drug charges in the Funds' medical benefit by requiring prior authorization of drugs, monitoring high doses of drugs and helping ensure providers' medical claims are billed appropriately, with correct codes and numbers of units. This helps ensure that the member receives clinically appropriate care, following national treatment guidelines.

In collaboration with our MBM UM vendor, the Funds created a **Medical Plan PDL** to promote cost-effective drug therapy management so members can be treated with preferred drugs as first-line therapy. The Funds also created a **Biosimilars First Program**, in collaboration

# 1199SEIU Benefit Funds Care and Value Improvement Committee Programs

(continued from previous page)

with our medical oncology UM vendor, so members can receive first-line therapy through lower-cost biosimilars.

- **Special Contracting for Hospital-administered Drugs\*:** The Funds negotiated direct pass-through pricing on new, expensive specialty medications, such as CAR T-cell therapy, that can only be dispensed at inpatient settings.



## MEDICAL AND HOSPITAL PROGRAMS

The Funds retain vendors to administer a number of the medical and hospital savings programs. These vendor contracts are re-bid routinely via an RFP process to help ensure the prices, access and quality of service provided by the vendor are the best available in the industry.

### Network Management AREA WRAPAROUND NETWORK\*

The Funds contract with 30,000 providers in the New York City metropolitan area on a set fee schedule. In geographic regions where the Funds have less member density, we are less able to negotiate favorable rates with providers. To maintain control over these provider prices, the Funds competitively bid out for a single wraparound provider network, which gives us more negotiating power with doctors outside New York City. In 2015, the Funds re-bid this wraparound provider network, resulting in the current network, which still has the most favorable access and discounts. In addition, the re-bidding process lowered the Funds’ administrative fees significantly.

## HOSPITAL CONTRACT MANAGEMENT

The Funds work with an independent fiduciary to maintain cost-efficient contracts with hospital facilities in the New York City metropolitan area.

## PREFERRED PROVIDER NETWORKS FOR LAB, RADIOLOGY AND DME\*

Using its base of 300,000 covered lives, the Funds negotiate competitive preferred rates for laboratory, radiology and durable medical equipment (DME) services.

- **Laboratory:** The Funds negotiated competitive fee schedules with two provider networks in exchange for a preferred agreement. While the Funds were initially willing to use one chain exclusively, two of the chain’s largest competitors were subsequently able to offer matching and lower rates.
- **Radiology:** The Funds steer all radiology utilization to one preferred network for competitive discounts in radiology fees. As a result of the re-bidding process, the Funds continue to achieve lower radiology fees.
- **Durable Medical Equipment:** The Funds negotiated a competitive fee schedule with an existing DME provider in exchange for a preferred agreement.

## 24-Hour Doctor Helpline\*

The Funds’ 24/7 telehealth program gives members access to care for minor illnesses and injuries by phone or video when their regular provider is unavailable, at a lower cost than the potential alternative emergency room or urgent care visit.

## Medical Management and Claims Management PRIOR AUTHORIZATION/UTILIZATION MANAGEMENT\*

The Funds can control costs and help ensure members receive appropriate care from qualified providers by requiring prior authorization and utilization management for certain services.

- Members must receive prior authorization for high-end imaging such as MRIs, MRAs, PET and CAT scans, and for certain genetic and molecular laboratory testing.
- The Medical Oncology Review Program and the Radiation Therapy Management Program set oncology clinical “pathways” that define a complete episode of care based on the most current evidence-based treatment for each type and stage of cancer, providing the right treatment at the right time.
- The Funds have also traditionally required pre-certification for all inpatient care (including mental health and substance abuse) and certain ambulatory surgery admissions.





# 1199SEIU Benefit Funds Care and Value Improvement Committee Programs

## **PRE-PAYMENT CLAIMS VALIDATION\***

The Funds contract with specialized vendors, each with its own specific clinical expertise, to review the accuracy of the codes submitted on claims prior to releasing payments.

- For certain inpatient claims, our vendor reviews the diagnosis and service listings submitted on claims and compares them with the actual medical chart submitted by the hospital, to help ensure payment is consistent with the services rendered.
- For infused drugs and genetic laboratory tests, specialized vendors review the appropriateness of the codes and quantities submitted on claims.
- For certain facility claims in the wraparound network, our vendor reviews the appropriateness of the claim-line level charges.
- For certain professional claims, our program reviews the codes submitted on claims and the appropriateness of the units dispensed, add-on services and unbundled services.
- Claims policy change for low-value services: For certain medically unnecessary procedures and services, such as vitamin D lab testing, claims must be submitted with the appropriate diagnosis code in order for the claim to be paid.



## **AUDITS FOR HIGH-COST CLAIMS**

The Funds audit suspect high-cost claims and monitor physician practices that potentially represent inappropriate billing or patterns of abuse.

## **CASE MANAGEMENT**

Performed in-house, the Funds' Care Management program helps coordinate care upon discharge for complex medical conditions, including outreach to members to reduce costly hospital readmissions.

## **OTHER PROGRAMS**

### **Medicare Coordination Program – Medicare Advantage Plans for Retiree Health Benefits\***

For Medicare-eligible retirees who receive the full package of retiree health benefits and who live anywhere in the continental United States, the Funds offset costs by negotiating coverage via a Medicare Advantage Part D plan. The Funds regularly re-bid this plan to help ensure the most favorable premiums and access for retired members. As a result of this process, in January 2019, the Funds switched to a new carrier offering lower premiums, higher member satisfaction and increased access. This lowered our projected premiums for 2019 and will significantly lower them in future years.

### **1199SEIU Coordinated Care Programs (Accountable Care Organizations)\***

The Funds partner with providers to move toward a system of value-based purchasing, allowing providers to maximize their ability to improve quality and coordinate care for members. These programs have lowered the number of members who have gaps in their healthcare and have improved compliance with clinical pathways.

### **Dependent Eligibility Verification Program\***

By updating dependent eligibility and Coordination of Benefits records, the Funds help ensure benefits are provided only to eligible family members of active and retired members.

### **Dental Maintenance Organization (DMO) Plan\***

Members may elect to enroll in the Funds' Dental Maintenance Organization (DMO) plan, which offers quality dental care and no annual maximum through a primary care dentist and a specialist referral network at a much lower cost than a traditional dental plan.

*\*Programs marked with an asterisk are enumerated programs monitored by CAVIC Trustees in order to meet the mandated savings targets.*

# Our Funds' 2020 Trustees

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Committee, Executive Committee

**Michael Ashby**  
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Camp and Scholarship Committee

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Care and Value Improvement Committee,  
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Investment Committee

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1199SEIU United Healthcare Workers East

**Julio Vives**  
1199SEIU United Healthcare Workers East

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Care and Value Improvement Committee,  
Investment Committee

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Collections Committee, Executive  
Committee, Investment Committee

**Gladys Confident**  
Home Care Services for Independent Living

**Jessica Cummings**  
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**Harold Fong-Sam**  
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and Homes of New York  
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Care and Value Improvement Committee

**Ling Ma**  
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Investment Committee

**Adria Powell**  
Cooperative Home Care Associates

**Rona Shapiro**  
1199SEIU United Healthcare Workers East  
Appeals Committee, Collections Committee,  
Executive Committee,  
Investment Committee

**Andrea Thomas**  
Sunnyside Community Services

## Home Care Employees Pension Fund

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1199SEIU United Healthcare Workers East  
Collections Committee,  
Executive Committee,  
Investment Committee

**James Carey**  
R.A.I.N. Home Attendant Services  
Appeals Committee, Audit Committee,  
Collections Committee, Executive  
Committee, Investment Committee

**Allen Chan**  
1199SEIU United Healthcare Workers East

**Gladys Confident**  
Home Care Services for Independent Living

**Jessica Cummings**  
Partners in Care

**Ana Dubovici**  
1199SEIU United Healthcare Workers East  
Appeals Committee

**Vladimir Fortunny**  
1199SEIU United Healthcare Workers East  
Audit Committee, Investment Committee

**Katia Guillaume**  
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**Kwai (David) Ho**  
1199SEIU United Healthcare Workers East  
Collections Committee,  
Investment Committee

**Keith Joseph**  
1199SEIU United Healthcare Workers East  
Appeals Committee,  
Audit Committee,  
Investment Committee

**Ling Ma**  
Chinese-American Planning Council  
Investment Committee

**Adria Powell**  
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1199SEIU United Healthcare Workers East  
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1199SEIU United Healthcare Workers East  
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**Andrea Thomas**  
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Appeals Committee,  
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**Benicia Williams**  
1199SEIU United Healthcare Workers East

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