

1199SEIU

National Benefit Fund



***Overview of Your
Benefits***

BENEFIT COVERAGE

WAGE CLASS I

WAGE CLASS II

WAGE CLASS III

HOSPITAL CARE

Family

Family

Member Only
(facility charge only)

- 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, depending on eligibility, as described in Section II.H of the SPD.
- Up to 365 days per year
- Semi-private room and board
- Medically necessary services
- Inpatient admissions
- Outpatient or ambulatory facilities
- Up to 30 days for inpatient physical rehabilitation in an acute facility. Benefits are not provided for care in a nursing home or skilled nursing facility.

*Call 1199SEIU Care Review,
(800) 227-9360, before going to the
hospital or within 48 hours of an
emergency admission.*

HOSPICE CARE

Family

Family

Member Only

- Up to 210 days of inpatient hospice care per lifetime in a hospice, hospital, or for outpatient home services

EMERGENCY ROOM CARE

Family

Family

Member Only
(facility charge only)

- 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 this SPD.
- Care needed **for an Emergency and within only 72 hours** of an accident or sudden and serious illness
- Benefit Fund pays negotiated or reasonable rate

PROGRAM FOR BEHAVIORAL HEALTH

Family

Family

Member Only

Mental Health

- Outpatient treatment through participating providers
- Up to 30 inpatient days per year

Alcohol/Substance Abuse

- Up to 7 days within a 12-month period for inpatient detoxification, maximum twice per lifetime
- Up to 30 days within a 12-month period for inpatient rehabilitation, maximum twice per lifetime
- Outpatient treatment through participating providers

*Call 1199SEIU CareReview,
(800) 227-9360, for prior approval
of inpatient treatment.*

BENEFIT COVERAGE

WAGE CLASS I

WAGE CLASS II

WAGE CLASS III

SURGERY

Family

Family

Member Only

- Inpatient or outpatient (ambulatory surgery)
- Benefits based on the Benefit Fund's allowance for the surgical procedure
- Participating surgeons bill the Benefit Fund directly and accept the Benefit Fund's payment as payment in full

*Call 1199SEIU CareReview,
(800) 227-9360, before having
non-emergency surgery.*

ANESTHESIA

Family

Family

Member Only

- Benefits based on the Benefit Fund's Schedule of Allowances

MATERNITY CARE

Family

Family

Member Only

- An allowance which includes all prenatal and postnatal visits and delivery charges
- Hospital benefit for the mother and newborn, if the mother is you or your spouse
- Disability benefits for you if you are the mother

*Call the Prenatal Program,
(646) 473-9200, to register for the
Prenatal Care Program during the first
three months of your pregnancy*

MEDICAL SERVICES

Family

Family

Not Covered

- Treatment in a doctor's office
- 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
- Physical/rehabilitation therapy
- Allergy: up to 20 treatments per year, including diagnostic testing
- Outpatient chemotherapy, radiation therapy and hemodialysis
- Participating providers bill the Benefit Fund directly and accept the Benefit Fund's payment as payment in full

MEDICAL SERVICES REQUIRING PRE-AUTHORIZATION

Family

Family

Not Covered

- Home health care
- Non-Emergency ambulance services
- Durable Medical Equipment & appliances
- Medical supplies

*Call the Prior Authorization Department
(646) 473-9200 for prior approval for
services, except Emergency ambulance.*

BENEFIT COVERAGE

WAGE CLASS I

WAGE CLASS II

WAGE CLASS III

VISION CARE

Family

Family

Member Only

- One eye exam every two years
- One pair of glasses or contact lenses every two years

HEARING AIDS

Family

Family

Member Only

- Once every three years
- Call for referrals to a Participating Provider.
- Co-payments may apply

MEMBER CHOICE PARTICIPANTS: COMPREHENSIVE DENTAL BENEFIT

Family

Not Covered

Not Covered

- Member or eligible dependent
- 100% of the Benefit Fund's Comprehensive Schedule of Allowances for basic and preventive services
- \$3,000 maximum per person (excluding essential oral pediatric services)

Call (646) 473-9200 for prior approval of treatment over \$200.

DENTAL CARE (NON-MEMBER CHOICE)

Family

Not Covered

Not Covered

- 100% of the Benefit Fund's allowance for basic and preventive services
- Participating Providers bill the Benefit Fund directly and accept the Benefit Fund's allowance as payment in full. For major restorative work, co-payment may apply.
- Maximum benefit \$1,200 per person per year (excluding essential oral pediatric services)

PRESCRIPTION DRUGS

Family

Not Covered

Not Covered

- FDA-approved prescription medication
- No co-payments, no deductible when you use generic and preferred drugs if available
- Use Participating Pharmacies
- Maintenance drug access program for chronic conditions – *The 90-Day Rx Solution*
- Prior authorization needed for certain medications
- Please refer to "What Is Not Covered" in Section II.L of the SPD.

BENEFIT COVERAGE

WAGE
CLASS I

WAGE
CLASS II

WAGE
CLASS III

LIFE INSURANCE

Member Only Member Only Member Only

- First year maximum \$1,250
- After first year, based on your Wage Class and annual rate of pay up to a maximum of \$50,000

DISABILITY

Member Only Member Only Member Only

- For accidents or illnesses that are not work-related
- Amount is based on your Average Weekly Earnings
- Maximum weekly benefit \$385
- How long you can receive benefits is based on your medical condition
- Maximum coverage 26 weeks within a 52-week period

ACCIDENTAL DEATH & DISMEMBERMENT

Member Only Member Only Member Only

- For accidental death or injury
- Equal to, or one-half of, your Life Insurance

BURIAL

Member &
Spouse Member &
Spouse Not Covered

- Free burial plot with permanent care, or
- \$75 payment to your beneficiary

ANNE SHORE CAMP PROGRAM

Children Only Not Covered Not Covered

- For children 9 to 15 years old
- Summer sleep-away camp program provided at no cost to you, except application fee

SCHOLARSHIP

Children Only Not Covered Not Covered

- Provided to eligible children of members
- Scholarships provided to attend accredited schools after high school

LEGEND

Member: You, the member

Spouse: Your spouse or same-sex partner, if eligible

Children: Your children, if eligible

Family: You, your spouse/same-sex partner and your children, if eligible

IMPORTANT PHONE NUMBERS

General Member Services

(646) 473-9200

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

Westchester & Upstate Counties: (877) 557-1199

1199SEIU Care Review

(800) 227-9360

Prescriptions (Medco)

(800) 818-6720

24-Hour Nurse Helpline and Health Coaching Service

(866) 935-1199

Radiology (MedFocus)

(888) 910-1199

Member Assistance Program

(646) 473-6900

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. In case of any conflict between this document and the SPD, the terms of the SPD shall govern. Members can request a Summary Plan Description (SPD) by calling the Member Services Department at (646) 473-9200. Outside New York City area codes, call (800) 575-7771. Westchester & Upstate Counties, call (877) 557-1199.



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330 West 42nd Street

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