



Overview of Your Benefits

Important Phone Numbers

Rochester Benefit Fund Office **(585) 244-0830**

For questions about eligibility, coordination of benefits, your Health Service ID card, prescription benefits, and Life Insurance.

1199SEIU National Benefit Fund **(877) 557-1199**

For questions about your dental plan, Member Assistance Program, and camp and scholarship information.

You can also visit our Fund's website at **www.1199nbf.org** for forms and other information.

Preferred Care **(585) 325-3113**

For questions about your 1199SEIU/Preferred Care ID card, medical and other health benefits, medical bills, referrals and durable medical equipment.

Benefits	Preferred Care Coverage and Co-Pays*	Wage Class		
		I	II	III
Physician Services				
<ul style="list-style-type: none"> Primary Care Physician Office Visit (includes in-office injections, immunizations, tests) 	<ul style="list-style-type: none"> Member pays \$10 per visit. 	Family	Family	Member Only
<ul style="list-style-type: none"> Well child visits 	<ul style="list-style-type: none"> Covered in full through age 5. 			
<ul style="list-style-type: none"> Specialist Office Visit (includes in-office injections, tests) 	<ul style="list-style-type: none"> If referred to specialist by Primary Care Physician, member pays \$20 per visit. If not referred to specialist by Primary Care Physician, member pays 50% of fees. 			
<ul style="list-style-type: none"> Physician House Call 	<ul style="list-style-type: none"> Member pays \$10 per visit. 			
<ul style="list-style-type: none"> Diagnostic Test or Surgical Procedure (in-office, outpatient or Ambulatory Surgery Unit setting) 	<ul style="list-style-type: none"> If referred, member pays \$20 per visit. If not referred, member pays 50% of fees. 			
<ul style="list-style-type: none"> Inpatient Surgery (Anesthesia included) 	<ul style="list-style-type: none"> If approved by the Plan Administrator, member pays \$0; otherwise, member pays 50% of fees. 			
<ul style="list-style-type: none"> Care By Physician in a Hospital 	<ul style="list-style-type: none"> Member pays \$0 as long as hospital stay is approved by the Plan Administrator; otherwise, member pays 50% of fees. 			

Benefits	Preferred Care Coverage and Co-Pays*	Wage Class		
		I	II	III
Hospital Services				
<ul style="list-style-type: none"> Inpatient — semi-private room, general nursing services 	<ul style="list-style-type: none"> If approved by the Plan Administrator, member pays \$0. 	Family	Family	Member Only
<ul style="list-style-type: none"> Emergency Room 	<ul style="list-style-type: none"> Member pays \$50 if Emergency is not followed by hospital admission. Member pays \$0 if Emergency is followed by hospital admission. 			
<ul style="list-style-type: none"> Critical care visits 	<ul style="list-style-type: none"> \$25 co-pay. 			
Maternity Care				
<ul style="list-style-type: none"> Prenatal Office Care/Delivery 	<ul style="list-style-type: none"> Member pays \$10 per visit. 	Family	Family	Member Only
<ul style="list-style-type: none"> Inpatient Hospital Care 	<ul style="list-style-type: none"> Member pays \$0. 			
<ul style="list-style-type: none"> Nursery Care 	<ul style="list-style-type: none"> Member pays \$0. 			
Mental Health				
<ul style="list-style-type: none"> Inpatient 	<p>For Wage Class I and II: Member pays \$0, up to 30 days for a pre-approved inpatient stay per calendar year.</p> <p>Wage Class III: Covered for 21 full and 9 half days.</p>	Family	Family	Member Only
<ul style="list-style-type: none"> Outpatient (Wage Class III not eligible) 	<p>If you have a valid referral for services from your PCP or through the Preferred Care Behavioral Health Member Line at (585) 327-2477, member pays \$20 for first visit and 50% for each visit after that, up to 50 visits. If not referred, member pays 50% for first visit, and 75% for each non-approved visit after that.</p>	Family	Family	Not Eligible

Benefits	Preferred Care Coverage and Co-Pays*	Wage Class		
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Alcohol and Substance Abuse				
• Inpatient Detoxification	• Member pays \$0. <i>Twice per lifetime</i>	Family	Family	Member Only
• Outpatient (combined 50 visit benefit with mental health, Wage Class III not eligible)	• Member pays \$10 for all pre-approved visits up to a maximum of 50 visits (including any mental health visits) per calendar year. If not referred and approved, the member is responsible for the cost of all visits.	Family	Family	Not Eligible
Medical Services				
• Laboratory (in hospital or free standing lab)	• Member pays \$0 per visit.	Family	Family	Member Only
• Podiatry	• If referred, member pays \$20 per visit, up to 15 visits per calendar year.			
• Chemotherapy	• Covered in full.			
• Radiology (in hospital or free standing unit)	• Member pays \$20 per visit. If not referred, member pays 50% of fees.			
• Speech, Physical and Occupational Therapy	• If referred, member pays \$20 per visit, up to 25 visits per calendar year. If not referred, member pays 50% of fees.			
• Ambulance (Wage Class III not eligible)	• Member pays 20% of fees for medically necessary transport.	Family	Family	Not Eligible
• Durable Medical Equipment (includes diabetic disposables)	• Member pays 20% of fees.	Family	Family	Not Eligible

Benefits	Preferred Care Coverage and Co-Pays*	Wage Class		
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Medical Services (continued)				
• Hearing Aids	• Member pays 20% of fees.	Family	Family	Not Eligible
• Home Health Care	• Member pays 20% of fees when care is pre-approved by Preferred Care.	Family	Family	Not Eligible
• Internal Prosthetic Devices	• Member pays 20% of fees.	Family	Family	Member Only

Vision Care

• Eye Exam for disease or injury.	• \$20 copayment per visit.	Family	Family	Member
• Eye Exam with refraction once per member every 2 years (no referral necessary).	• \$20 copayment per visit.			
• Allowance toward one pair of glasses or contact lenses every two years.	• \$60 allowance every 2 years plus a 20% discount at Preferred Care participating eyewear vendors.			

Dental Care

• You or your dentist will be reimbursed up to the Fund's Schedule allowances for Non-participating Providers up to a maximum benefit \$1,200 per person per year.		Family	Not Eligible	Not Eligible
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Benefits	Preferred Care Coverage and Co-Pays*	Wage Class		
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Disability				
<ul style="list-style-type: none"> This benefit is administered by your employer under the Fund's definition of Disability. Member must notify the Rochester office to maintain health coverage for up to 26 weeks. Follow the same procedure if you are receiving Workers' Compensation. 		Member Only	Member Only	Member Only

Prescription Drugs				
<ul style="list-style-type: none"> FDA approved prescription medications. Use Generic and Preferred drugs if available. Copayment if your health care provider prescribes a Preferred brand name drug when the Generic form is available. Differential if your doctor prescribes a drug that is not on the PDL (Preferred Drug List). Use participating pharmacies. Mandatory maintenance drug access program. Pre-authorization needed for certain medications. 	<ul style="list-style-type: none"> \$4 copayment \$4 copayment Member pays difference in cost, which can cost up to \$16 	Family	Not Eligible	Not Eligible

Benefits	Preferred Care Coverage and Co-Pays*	Wage Class		
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Prescription Drugs (continued)				
<ul style="list-style-type: none"> No copayment for diabetic supplies at participating pharmacies (Wage Class II and III covered through medical benefit). 	Family	Family (covered through Medical Benefit)	Member Only (covered through Medical Benefit)	
Life Insurance				
<ul style="list-style-type: none"> First year maximum \$1,250. After first year, based on your Wage Class and annual rate of pay up to \$15,000. 	Member Only	Member Only	Member Only	
Accidental Death & Dismemberment				
<ul style="list-style-type: none"> For accidental death or injury. Equal to, or one-half of, your Life Insurance, depending on the loss suffered. 	Member Only	Member Only	Member Only	
Camp				
<ul style="list-style-type: none"> For children 9-15 years old. Summer Camp Program provided at no cost to you, except application fee. 	Children Only	Not Eligible	Not Eligible	
Scholarship				
<ul style="list-style-type: none"> Provided to eligible children of members. Scholarships provided to attend accredited schools after high school. 	Children Only	Not Eligible	Not Eligible	

*These are current copayments. Copayments subject to change.