



## OVERVIEW OF YOUR BENEFITS

### IMPORTANT PHONE NUMBERS

**Member Services Department** (646) 473-9200

For answers to your questions about your benefits or to be referred to another Benefit Fund department.

**Call the Following Phone Numbers to Protect Your Benefits:**

1199SEIU CareReview for prior approval of hospital stays  
(800) 227-9360

Ambulatory/Outpatient Surgery Pre-Certification Program  
(646) 473-9200

Managed Care Program for Behavioral Health  
(646) 473-9200

**You can also visit our website at [www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org) for forms, directories and other information.**

Benefit	Coverage	Wage Class I	Wage Class II	Wage Class III
<b>Hospital Care</b>	<ul style="list-style-type: none"> <li>• Up to 365 days per year</li> <li>• Semi-private room and board</li> <li>• Medically necessary services</li> <li>• Inpatient admissions</li> <li>• Outpatient or ambulatory facilities</li> <li>• Up to 30 days for inpatient physical rehabilitation</li> </ul>	Family	Family	Member only
		<i>Call 1199SEIU CareReview, (800) 227-9360, before going to the hospital or within 48 hours of an emergency admission.</i>		
<b>Emergency Room Care</b>	<ul style="list-style-type: none"> <li>• Care needed <b>for an Emergency and within 72 hours</b> of an accident or sudden and serious illness</li> <li>• Benefit Fund pays negotiated or reasonable rate</li> </ul>	Family	Family	Member only
<b>Managed Care Program for Behavioral Health</b>	<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Outpatient treatment plans created and approved by Managed Care Program</li> <li>• Up to 30 inpatient days per year</li> </ul> <p><b>Alcohol/Substance Abuse</b></p> <ul style="list-style-type: none"> <li>• Up to 7 days within a 12-month period for inpatient detoxification, maximum twice per lifetime</li> <li>• Up to 30 days within a 12-month period for inpatient rehabilitation, maximum twice per lifetime</li> <li>• Outpatient treatment through participating providers</li> </ul>	Family	Family	Member only
		<i>Call 1199SEIU CareReview, (800) 227-9360, for prior approval of inpatient treatment. Call (646) 473-9200 before getting outpatient treatment.</i>		
<b>Surgery</b>	<ul style="list-style-type: none"> <li>• Inpatient or outpatient (ambulatory surgery)</li> <li>• Benefits based on the Benefit Fund's allowance for the surgical procedure</li> <li>• Participating surgeons bill the Benefit Fund directly and accept the Benefit Fund's payment as payment-in-full</li> </ul>	Family	Family	Member only
		<i>Call 1199SEIU CareReview, (800) 227-9360, before having non-emergency surgery.</i>		

Benefit	Coverage	Wage Class I	Wage Class II	Wage Class III
<b>Anesthesia</b>	<ul style="list-style-type: none"> <li>• Benefits based on the Benefit Fund's Schedule of Allowances</li> <li>• No out-of-pocket costs with Member Choice</li> </ul>	Family	Family	Member only
<b>Maternity Care</b>	<ul style="list-style-type: none"> <li>• An allowance which includes all prenatal and post-natal visits and delivery charges</li> <li>• Hospital benefit for the mother and newborn, if the mother is you or your spouse</li> <li>• Disability benefits for you if you are the mother</li> </ul>	Family	Family	Member only
		<i>Call the Prenatal Program, (646) 473-9200, to register for the Prenatal Care Program during the first three months of your pregnancy.</i>		
<b>Medical Services</b>	<ul style="list-style-type: none"> <li>• Treatment in a doctor's office</li> <li>• Well child care up to age 19</li> <li>• Immunizations</li> <li>• X-rays and laboratory tests</li> <li>• Dermatology: up to 20 treatments per year</li> <li>• Chiropractic: up to 12 treatments per year</li> <li>• Podiatry: up to 15 treatments per year for routine care</li> <li>• Physical/rehabilitation therapy</li> <li>• Allergy: up to 20 treatments per year, including diagnostic testing</li> <li>• Outpatient chemotherapy, radiation therapy and hemodialysis</li> <li>• Participating providers bill the Benefit Fund directly and accept the Benefit Fund's payment as payment in full.</li> </ul>	Family	Family	Not covered

Benefit	Coverage	Wage Class I	Wage Class II	Wage Class III
<b>Medical Services Requiring Pre-Authorization</b>	<ul style="list-style-type: none"> <li>• Home Health Care</li> <li>• Non-Emergency Ambulance Services</li> <li>• Durable Medical Equipment &amp; Appliances</li> <li>• Hearing Aids</li> <li>• Medical Supplies</li> <li>• Hospice Care</li> </ul>	Family	Family	Not covered
		<i>Call the Prior Authorization Department (646) 473-9200 for prior approval for services, except Emergency ambulance.</i>		
<b>Vision Care</b>	<ul style="list-style-type: none"> <li>• One eye exam every two years</li> <li>• One pair of glasses or contact lenses every two years</li> </ul>	Family	Family	Member only
<b>Member Choice Participants: Comprehensive Dental Benefit as of October 1, 1998</b>	<ul style="list-style-type: none"> <li>• Member or Eligible Dependent</li> <li>• Must be enrolled in Member Choice and use a dentist on the Preferred Panel</li> <li>• 100% of the Benefit Fund's Comprehensive Schedule of Allowances for basic and preventive services</li> <li>• Effective 1/1/03, \$3,000 maximum per person per year</li> </ul>	Family	Not covered	Not covered
		<i>Call (646) 473-9200 for prior approval of treatment over \$200.</i>		
<b>Basic Dental Care (Non-Member Choice)</b>	<ul style="list-style-type: none"> <li>• 100% of the Benefit Fund's allowance for basic and preventive services</li> <li>• Participating Providers bill the Benefit Fund directly and accept the Benefit Fund's allowance as payment-in-full. For major restorative work, copayments may apply</li> <li>• Maximum benefit \$1,200 per person per year</li> </ul>	Family	Not covered	Not covered

Benefit	Coverage	Wage Class I	Wage Class II	Wage Class III
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>• FDA-approved prescription medications</li> <li>• No co-payments, no deductible when you use generic and preferred drugs if available</li> <li>• Use Participating Pharmacies</li> <li>• Maintenance drug access program for chronic conditions – <i>The 90-Day Rx Solution</i></li> <li>• Prior authorization needed for certain medications</li> </ul>	Family	Not covered	Not covered
<b>Disability</b>	<ul style="list-style-type: none"> <li>• For accidents or illness that are not work-related</li> <li>• Amount is based on your Average Weekly Earnings</li> <li>• Maximum weekly benefit \$325 (\$385 effective October 1, 1998)</li> <li>• How long you can receive benefits is based on your medical condition</li> <li>• Maximum coverage 26 weeks within a 52-week period</li> </ul>	Member only	Member only	Member only
<b>Life Insurance</b>	<ul style="list-style-type: none"> <li>• First year maximum \$1,250</li> <li>• After first year, based on your Wage Class and annual rate of pay up to a maximum of \$50,000</li> </ul>	Member only	Member only	Member only
<b>Accidental Death &amp; Dismemberment</b>	<ul style="list-style-type: none"> <li>• For accidental death or injury</li> <li>• Equal to, or one-half of, your Life Insurance</li> </ul>	Member only	Member only	Member only
<b>Burial</b>	<ul style="list-style-type: none"> <li>• Free burial plot with permanent care <b>OR</b></li> <li>• \$75 payment to your beneficiary</li> </ul>	Member & Spouse	Member & Spouse	Not covered

Benefit	Coverage	Wage Class I	Wage Class II	Wage Class III
<b>Camp</b>	<ul style="list-style-type: none"> <li>• For children 9 to 15 years old</li> <li>• Summer Camp Program provided at no cost to you, except application fee</li> </ul>	Children only	Not covered	Not covered
<b>Scholarship</b>	<ul style="list-style-type: none"> <li>• Provided to eligible children of members</li> <li>• Scholarships provided to attend accredited schools after high school</li> </ul>	Children only	Not covered	Not covered

### Legend

**Member** — You, the member

**Spouse** — Your spouse or domestic partner, if eligible

**Children** — Your children, if eligible

**Family** — You, your spouse/domestic partner and your children, if eligible

See Section I.A to determine if you, your spouse/domestic partner, or your children are eligible for benefits.

**If you work for the City of New York or an agent or authority of New York City, see page 30 for a summary of the benefits you are eligible for.**



## SECTION I – ELIGIBILITY

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