

## **SECTION II – YOUR HEALTH BENEFITS**

- A. Vision Care
- B. Hearing Aids
- C. Dental
- D. Prescription Drugs
  - Maintenance Prescription Drugs

## HEALTH BENEFIT RESOURCE GUIDE

### WHERE TO CALL

#### **Member Services**

**(646) 473-9200**

Call Member Services if you have any questions about your benefits, the programs or services offered by the Fund, or any procedures that need to be followed. The staff will either give you the information you need or refer you to someone who can provide you with the necessary information.

#### **Vision Care**

General Vision Services (GVS)

(800) VISION-1

#### **Hearing Aid**

General Hearing Services (GHS)

(800) 432-1449

#### **Dental**

The Dental Shop

(888) 683-3682

#### **Prescription Drugs**

Express Scripts

(800) 233-8065

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## **SECTION II. A**

### **VISION CARE – WHO IS COVERED**

#### **Full-Time Employees**

Full-time employees and eligible dependents are entitled to one pair of eyeglasses every two years when you use a participating General Vision Services (GVS) store.

#### **Part-Time Employees**

Part-time employees are entitled to one pair of eyeglasses every two years when you use a participating GVS store.

#### **WHAT IS COVERED**

- An eye examination (refraction test).
- Selection of lenses, including single vision, photo chromic single vision, toric kryptok, flat top 25/28, executive or invisible bifocals, glass or plastic lenses, plus tinting, coating and oversize. Some frames and lenses may require a co-payment.

For more information on what's covered, call GVS at (800) VISION-1.

When you use a non-participating store, you will be reimbursed when you present a paid bill. The maximum reimbursement is \$150, which includes eye exam, lenses and frame.

For reimbursement, send your itemized receipt to:

1199SEIU LPN Fund  
c/o 1199SEIU Benefit Funds  
Times Square Station  
PO Box 2426  
New York, NY 10108-2426

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## **SECTION II. B**

### **HEARING AIDS**

#### **WHO IS COVERED**

- Full-time employees and their eligible dependents are covered.
- Part-time employees are not eligible.

#### **COVERAGE LIMITS AND WHAT IS COVERED**

You and your eligible dependents are covered for hearing benefits up to \$500 for each ear in a 48-month period. This amount includes reimbursement for the purchase of the hearing aid, repair and cost of batteries.

#### **REIMBURSEMENT FOR HEARING AIDS**

- Send a copy of a paid bill to the 1199SEIU Licensed Practical Nurses Fund.
- The paid bill must accompany a report from your doctor.
- You will be reimbursed for an amount not to exceed \$500 per ear.

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## **SECTION II. C**

### **DENTAL**

#### **WHO IS COVERED**

- Full-time employees and their dependents
- Part-time employees

#### **Full-Time Employees**

The Maximum Dental Benefit that will be paid for an insured person in a calendar year is \$2,000 per covered life (excluding essential oral pediatric services for children).

#### **Part-Time Employees**

The total Maximum Dental Benefit that will be paid for an insured person in a calendar year is \$2,000.

#### **WHAT IS COVERED**

##### **The Dental Shop**

- 100% of the Fund's Schedule of Allowances for basic and preventive services and for major restorative services when using participating dentists.

#### **WHAT ARE COVERED DENTAL CHARGES?**

Covered Dental Charges are charges incurred for any service or supply included in the Schedule of Allowances. Covered Dental Charges do not include charges that exceed the maximum amount shown in the Schedule of

Allowances (excluding essential oral pediatric services for children).

#### **PERIODONTAL TREATMENT**

The Maximum Periodontal Benefit that will be paid in the lifetime of an insured person for the treatment of periodontal disease or any diagnosis, surgery or adjunctive services in connection with the disease is shown in the Schedule of Allowances. Effective January 1, 2011, there is no annual dollar limit on essential oral pediatric services for children to the extent required by PPACA.

#### **WHEN IS A CHARGE INCURRED?**

A charge is incurred for:

- Dentures or fixed bridges, on the date the impression is taken;
- Crown work, on the date the preparation of the tooth begins;
- Root canal therapy, on the date the work on the tooth begins; or
- Any other work, on the date the work is done.

Claims should be mailed to:

**The Dental Shop**  
100 Corporate Parkway, Suite 342  
Amherst, NY 14226

## WHAT IS NOT COVERED

Covered Dental Charges do not include charges for services and supplies:

- Not ordered by a doctor
- Which do not meet the standards set by the American Dental Association
- In a Veterans' Administration Hospital
- Due to loss or theft of an appliance
- Which an insured person would not legally have to pay if there were no insurance
- Due to war, if declared or not
- From a health department maintained by an employer, a union, a trustee or a similar type of entity.
- Which are payable by a local or other agency of a government
- For cosmetic reasons, including altering or extracting and replacing sound teeth to change appearance
- For installing or for adding to, a denture or fixed bridge, unless:
  - The work is needed due to extraction of injured or diseased natural teeth; and
  - The tooth is extracted while the person is insured for these benefits; and
  - The work includes replacing the extracted tooth.
- A denture or bridge is considered to be installed for the first time if it does not replace any existing denture or bridge.
- For replacing or altering a denture or fixed bridge, unless the change is needed due to one of these events:
  - An accidental injury requiring oral surgery; or
  - Oral surgery which involves changing the position of muscle, attachments, or removing a tumor, cyst, torus or excess tissue; and
  - The bridge is unusable and/or is six or more years old;
  - The event occurs while the person is insured for these benefits; and
  - The work is finished within 12 months after the event.
- For replacing a full denture unless needed due to a change in the structure of the mouth, if replaced after the later of:
  - Five years after the date the denture is installed; and
  - Two years after the date the person became insured for these benefits.
- For an injury or sickness due to employment with any employer or self-employment.
- For orthodontic appliances and treatment.

## **EXTENDED DENTAL BENEFITS**

If a person's coverage ends, and he or she has not completed dental work that began while insured, benefits will be paid for Covered Dental Charges incurred for the unfinished dental work as if the coverage had not ended.

No benefits will be paid for any charges incurred for that dental work performed:

- More than one month after the date the person's coverage ends, if it ends because the Group Policy ceases or coverage ends for the class of which the person is a member; or
- After the date the person's coverage ends, if it ends for any other reason.

## **EXTENDING DENTAL COVERAGE WITH COBRA**

Under the federal law commonly known as COBRA, you, our spouse and your children have the option of extending your group healthcare coverage for a limited period of time in certain instances where group health coverage under the Fund would otherwise end.

See "Your COBRA Rights," page 22.

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## SECTION II. D

# PRESCRIPTION DRUGS

### WHO IS COVERED

- Full-time employees and their eligible dependents up to a maximum of \$3,500 per year for the Family
- Part-time employees and their eligible dependents up to a maximum of \$1,500 per year for the Family

### WHAT IS COVERED

Covered Drug Charges will be reimbursed as follows:

- To purchase a drug from a participating Express Scripts pharmacy that has agreed to participate in the prescription drug plan, payment will be made to the pharmacy for that part of the covered drug charge.
- To purchase a drug from a nonparticipating pharmacy, you will be reimbursed for the following:
  - The dispensing fee for the covered prescription drug which the individual provider most frequently charges his customers for dispensing similar drugs, plus
  - The actual cost of the covered prescription drug to the provider, plus

- Any applicable state sales tax for the covered prescription drug.

### WHAT IS COVERED

Covered Drug Charges are charges that are incurred while you are insured and on account of accidental bodily injury or sickness that is not connected with your employment. These charges only include the regular and customary charges for the drugs furnished.

The Fund covers drugs approved by the Food and Drug Administration (FDA) that:

- Have been approved for treating your specific condition
- Have been prescribed by your doctor
- Are filled by a pharmacist.

Prescriptions for FDA-approved drugs that are not approved for treatment of your condition must be submitted to Express Scripts for consideration. Your doctor should provide a detailed explanation for prescribing this medication.

### WHAT ARE COVERED DRUG CHARGES?

“Covered Drug Charges” consist of charges for the following items when dispensed by a physician or a licensed pharmacist upon written prescription:



- “Legend” drugs and compound medications of which at least one ingredient is a legend drug. A legend drug means any medical substance that is required to bear the legend: “Caution: Federal Law prohibits dispensing without a prescription” on its label.
- Injectable insulin.

## WHAT IS NOT COVERED

Covered Drug Charges shall not include expenses incurred for drugs that are:

- Obtained without a prescription.
- Non-legend drugs (formulary), unless specifically provided for as Covered Drug Charges.
- Drugs for which a hospital makes a charge.
- Provided through or received from the pharmacy of your employer that would normally have been available without cost to you.
- Covered under any governmental program or law, or for which no charge is made or there is no legal obligation to pay, or dispensed in a hospital contracted for or operated by the United States government for the treatment of members or ex-members of the Armed Forces, or by a rest home, sanitarium or similar institution.
- In excess of a six-month supply, when taken in accordance with the physician’s directions.

- For contraceptives or contraceptive materials or any therapeutic device (e.g., hypodermic needles, syringes, support garments and other non-medical substances) regardless of the intended use.

## USING YOUR BENEFIT

To get your prescription filled:

- Use participating Express Scripts pharmacies for short-term medications
- Show your ID Card to the pharmacist when you give him or her your prescription.

You can also track your medications online at [www.express-scripts.com](http://www.express-scripts.com).

## HOW TO FILE A PRESCRIPTION CLAIM

- If you take your prescription to an Express Scripts pharmacy, present your ID Card to the pharmacist.
- If you take your prescription to a pharmacy that is not an Express Scripts pharmacy or if the prescription is for a dependent child over age 18;
  - Obtain an Express Scripts reimbursement form from the Member Services Department and take it to the pharmacy;
  - Fill out the employee portion, have the pharmacist complete the pharmacy portion, and you keep the completed form;

- Pay the pharmacy for the full cost of the prescription; and
- Mail the completed Direct Reimbursement claim form to Express Scripts at the address listed on the form.

## **PRESCRIPTION DRUG BENEFIT FOR MAINTENANCE MEDICATIONS**

### **WHO IS COVERED**

- Full-time employees and eligible dependents
- Part-time employees and eligible dependents

### **WHAT IS COVERED**

- Prescription drugs that you are required to take for chronic conditions such as diabetes, hypertension and cardiac problems.
- Drugs for other conditions where a 34-day supply or more is prescribed.

### **USING YOUR BENEFIT:**

#### **WHAT IS NOT COVERED**

- Drugs obtained without a prescription.
- Non-legend drugs.
- Drugs for which a hospital makes a charge.
- Drugs provided through or received from the pharmacy of your employer that would normally have been available without cost to you.

- Drugs covered under any governmental program or law, or for which no charge is made or there is no legal obligation to pay, or dispensed in a hospital contracted for or operated by the United States government for the treatment of members or ex-members of the Armed Forces, or by a rest home, sanitarium or other similar institution.
- Any therapeutic device (e.g., hypodermic needles, syringes, support garments and other non-medical substances) regardless of the intended use.

#### **NOTE:**

The City of New York provides coverage for certain specialty medications, such as chemotherapy and injectable drugs, through the PICA program. For more information, contact Express Scripts at **(800) 233-8065**.