



# 1199SEIU

NATIONAL BENEFIT FUND

**FOR ROCHESTER AREA MEMBERS**

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***OVERVIEW OF  
YOUR BENEFITS***

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Medical Benefits are provided through MVP Health Care. Dental Benefits are provided through Excellus BlueCross BlueShield. Prescription and Life Insurance Benefits are provided through the Benefit Fund. These benefits are described in more detail in the Benefit Fund's Summary Plan Description (SPD) and in information provided to you by MVP Health Care and Excellus BlueCross BlueShield.

## BENEFIT COVERAGE

### MVP Health Care Coverage and Co-payments\* for Participating Providers

#### WAGE CLASS I

#### WAGE CLASS II

### PHYSICIAN SERVICES

	Family	Family
• Primary care physician office visit (includes in-office injections, immunizations, tests)	\$10 co-payment per visit	
• Preventive care screenings	\$25 co-payment per screening	
• Well-child visit for dependent children	Covered 100% for children ages 0–5. \$10 co-payment for children age 6 and older.	
• Specialist office visit (includes in-office injections, tests)	\$23.50 co-payment per visit	
• Diagnostic testing (in-office, outpatient or Ambulatory Surgery Unit setting)	\$25 co-payment per test/X-ray. No co-payment for lab/blood work.	
• Inpatient surgery (anesthesia included)	No co-payment if approved by MVP. Transplants and bariatric surgery are covered in-network only.	
• Care by physician in a hospital	No co-payment as long as hospital stay is approved by MVP	

### HOSPITAL SERVICES

	Family	Family
• Inpatient <ul style="list-style-type: none"> <li>» This benefit is for the hospital's charge for the use of the facility only</li> <li>» Includes observation care and services</li> </ul>	No co-payment for Medically Necessary acute care	
• Emergency department visit <ul style="list-style-type: none"> <li>» Use of the Emergency Department must be <b>for an Emergency and within 72 hours</b> of an accident/injury or the onset of a sudden and serious illness</li> </ul>	\$50 co-payment if not admitted to the hospital. No co-payment if admitted to the hospital.  If your condition is not an Emergency, you will be responsible for all charges in excess of the Allowed Amount.**	
• Urgent care visit	\$25 co-payment per visit	

\* These are current co-payments. Co-payments are subject to change.

\*\* If you use a non-Participating Provider, the Benefit Fund will pay 50% of the Allowed Amount, and you may be responsible for the difference between this amount and the amount charged by your provider.

**PLEASE NOTE: Members who have a Wage Class III level of benefits receive a different package of benefits. Please consult your Summary Plan Description (SPD) or contact the Benefit Fund's Member Services Department at (877) 557-1199 for information on your benefits.**

**BENEFIT COVERAGE**  
**MVP Health Care Coverage and Co-payments\***  
**for Participating Providers**

**WAGE CLASS I**

**WAGE CLASS II**

**HOSPICE CARE**

**Family**

**Family**

- Services in a Medicare-certified hospice program in a hospice center, hospital or at home

**MATERNITY CARE**

**Family**

**Family**

- Prenatal office care
- Inpatient hospital care/delivery
- Postnatal care

*\$10 co-payment per visit*

*No co-payment*

*No co-payment*

**MENTAL HEALTH**

**Family**

**Family**

- Inpatient treatment
- Outpatient treatment

*No co-payment for Medically Necessary acute inpatient services*

*\$10 co-payment for outpatient visits*

*Call MVP's Behavioral Health Member Line at (800) 568-0458 for a list of Participating Providers.*

**ALCOHOL AND SUBSTANCE ABUSE**

**Family**

**Family**

- Inpatient detoxification
- Outpatient treatment

*No co-payment for Medically Necessary acute inpatient services*

*\$10 co-payment for outpatient visits*

*Call MVP's Behavioral Health Member Line at (800) 568-0458 for a list of Participating Providers.*

**DENTAL CARE**

**Family**

**Not Covered**

- You or your dentist will be reimbursed according to Excellus BlueCross BlueShield's Schedule of Allowances, up to a maximum benefit of \$2,000 per person per year (excluding preventive care and essential oral pediatric services). Additional lifetime maximum of \$2,000 for orthodontic services for children up to age 19.

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**WAGE CLASS I**

**WAGE CLASS II**

**MEDICAL SERVICES**

	<b>Family</b>	<b>Family</b>
• Laboratory (in hospital or freestanding lab)	<i>No co-payment</i>	
• Podiatry (available for diabetics only)	<i>\$23.50 co-payment per visit</i>	
• Chiropractic	<i>20% co-payment of the Allowed Amount;** up to 24 visits per calendar year</i>	
• Chemotherapy and radiation	<i>Covered in full</i>	
• Radiology (in hospital or freestanding unit)	<i>\$25 co-payment per test</i>	
• Speech/Physical/Occupational therapy	<i>\$23.50 co-payment per visit; coverage is limited to a combined 25 visits per calendar year</i>	
• Ambulance	<i>20% co-payment of the Allowed Amount** for Medically Necessary transport</i>	
• Durable medical equipment	<i>20% co-payment of the Allowed Amount**</i>	
• Diabetic supplies	<i>20% co-payment of the Allowed Amount** when accessed through a Participating MVP Provider. \$4 co-payment when accessed through a Participating Pharmacy.</i>	
• Hearing aids	<i>20% co-payment of the Allowed Amount.** Two hearing aids every 36 months.</i>	
• Home health care	<i>20% co-payment of the Allowed Amount** when care is pre-approved by MVP</i>	
• Internal prosthetic devices	<i>20% co-payment of the Allowed Amount**</i>	

**VISION CARE**

	<b>Family</b>	<b>Family</b>
• Eye exam for disease or injury	<i>\$23.50 co-payment per visit</i>	
• Eye exam with refraction, once per member every two years (no referral necessary)	<i>\$23.50 co-payment per visit</i>	
• Allowance toward one pair of glasses or one order of contact lenses every two years	<i>\$60 allowance every two years</i>	

**LIFE INSURANCE**

	<b>Member Only</b>	<b>Member Only</b>
• First year maximum of \$1,250		
• After first year, based on your Wage Class and annual rate of pay, up to \$15,000		

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**WAGE CLASS I**

**WAGE CLASS II**

**DISABILITY**

**Member Only**

**Member Only**

- This benefit is administered by your Employer under the Benefit Fund's definition of Disability
- You must notify the Rochester Office to maintain health coverage for up to 26 weeks. Follow the same procedure if you are receiving Workers' Compensation.

**PRESCRIPTION DRUGS**

**Family**

**Not Covered**

- FDA-approved prescription medications
  - Use generic and preferred drugs where available
  - Use Participating Pharmacies
  - Mandatory Maintenance Drug Access Program for chronic conditions — *The 1199SEIU 90-Day Rx Solution*
  - Prior authorization needed for certain medications
  - Please refer to "What Is Not Covered" in Section II.I of the SPD
- \$4 co-payment when you purchase generic and preferred brand drugs. If your doctor prescribes a drug that is not on the Benefit Fund's Preferred Drug List (PDL), you will have to pay the difference.*

**ACCIDENTAL DEATH AND DISMEMBERMENT**

**Member Only**

**Member Only**

- For accidental death or injury
- Equal to, or one-half of, your life insurance, depending on the loss suffered

**ANNE SHORE SLEEP-AWAY CAMP PROGRAM**

**Children Only**

**Not Covered**

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

**JOSEPH TAUBER SCHOLARSHIP PROGRAM**

**Children Only**

**Not Covered**

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

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**WAGE CLASS I**

**WAGE CLASS II**

**SOCIAL SERVICES**

**Family**

**Family**

- Member Assistance Program

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**LEGEND**

<b>Member</b>	You, the member
<b>Spouse</b>	Your spouse, if eligible
<b>Children</b>	Your children, if eligible
<b>Family</b>	You, your spouse and your children, if eligible
<b>Allowed Amount</b>	The payment amount set forth in the provider's contract with MVP Health Care or an MVP Health Care network for the service provided.
<b>Schedule of Allowances</b>	Fee schedules used to determine the amount allowed or paid by the Plan for a service. Schedules are subject to change.
<b>SPD</b>	Summary Plan Description
<b>Wage Class I</b>	<ul style="list-style-type: none"> <li>• Full-time members; or</li> <li>• Part-time members who earn 100% of the minimum full-time wage</li> </ul>
<b>Wage Class II</b>	Part-time members who earn at least 60%, but less than 100%, of the minimum full-time wage.

## IMPORTANT PHONE NUMBERS

### **Rochester Benefit Fund Office**

(585) 244-0830

For questions about your 1199SEIU Health Benefits ID card, eligibility, coordination of benefits, and prescription and life insurance benefits.

### **1199SEIU National Benefit Fund**

(877) 557-1199

For questions about the Member Assistance Program, and for camp and scholarship information.

### **MVP Health Care**

(585) 325-3113 or (800) 767-1678

For questions about your 1199SEIU National Benefit Fund/MVP Health Care ID card, and medical and other health benefits.

### **Excellus BlueCross BlueShield**

(800) 724-1675

For questions about your Excellus ID card and dental benefits.

## DISCLAIMER

This document is **NOT** the official Summary Plan Description (SPD) of the 1199SEIU National Benefit Fund for Rochester Area Members. Please consult the SPD for a full description of your Fund benefits, including limitations and exclusions. In case of any conflict between this document and the SPD, the terms of the SPD shall govern. Members can request an SPD by calling the Rochester Benefit Fund Office at (585) 244-0830 or the Benefit Fund's Member Services Department at (877) 557-1199.

The 1199SEIU Benefit Funds comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

*The Fund believes it is a “Grandfathered Health Plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted in 2010. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for an external review process for claims appeals. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan can be directed to the Plan Administrator at (646) 473-9200. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.*



**1199SEIU NATIONAL BENEFIT FUND**

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(877) 557-1199

**ROCHESTER BENEFIT FUND OFFICE**

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Rochester, NY 14607  
(585) 244-0830

[www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org)

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