

# Full-Time Employee H & S Plan Benefits

This flyer contains a summary of the DC 37 Health & Security Plan benefits currently available to full-time members and their covered dependents.

Most of these benefits also cover your legal spouse, domestic partner and children (called "dependents").

Your "children" are all your natural or adopted children, no matter where they live (if you are responsible for their support), and the children of your spouse or domestic partner who are living with you.

Effective July 1, 2011, your dependents (not their spouses or your dependent's children) will be covered for DC 37 Health & Security Plan's supplemental benefits (prescription drug, dental & optical) until the age of 26. These benefits will be available to your dependent(s) up to the end of the month in which s/he reaches the age of 26; regardless of whether or not: s/he lives at home, is declared as a dependent on your tax return, is in school, is employed (without benefits), or is married or unmarried.

You become eligible for the benefits described below as of your first day of employment in a job title covered by the DC 37 Health and Security Plan and once you have completed a DC 37 Health and Security Plan enrollment card.

If you fulfill these eligibility requirements, you and your dependents will have access to the following full-time employee benefits:

Benefit	H & S Plan's Responsibility	Member's Responsibility	Who is Covered
Drug			Member & Eligible Dependents

The Prescription Drug benefit is available to the covered member and eligible dependents. Effective July 1, 2006, the following member co-payments are in effect:

Drug	30 days @ Retail Pharmacy	90 days @ Retail 90 Rx Pharmacy	90 days @ Voluntary Mail Order Pharmacy
Generic	\$5	\$15	\$10
Preferred Brand	\$15	\$45	\$30
Non-Preferred Brand	\$35	\$105	\$70

If you choose to obtain a brand name drug that has a generic equivalent, you will be responsible for paying the difference between the brand name drug and the generic drug in addition to the appropriate co-payment. In no case will you be charged more than the cost of the medication. If a generic equivalent is not available, instruct your physician to prescribe a preferred brand name medication.

**The Preferred Products List:** Because of the escalating cost of the Prescription Drug Benefit, the Plan has instituted a Preferred Products List. The list identifies prescription drugs that can be used for virtually all illnesses and conditions and will meet the needs of all types of patients.

**Rx Instep (Step Therapy):** This program requires participants to try less costly and preferred medications for certain chronic conditions before trying more expensive drugs. This affects individuals whose physician prescribes certain medications for the first time. A list of the drug categories and the medications are available from the Plan office.

**The Mail Order Program** is a voluntary program designed for persons who have a long-term illness that requires maintenance type medication. You will save money because you get a 90-day supply of medication for the appropriate co-payment as opposed to a 90-day supply at a Retail 90 Rx pharmacy.

**Annual Limit:** The Annual Limit for the drug benefit is \$100,000 per cardholder, per calendar year.

**Please note:** Active employees of the Office of Court Administration and the State Rent Regulations Services Unit are not covered for prescription drug benefits through the DC 37 Health & Security Plan. Prescription Drug coverage is provided through the New York State Health Insurance Program (NYSHIP).

Dental	100% of the fee schedule up to \$1,700 per year subject to the Plan's frequency restrictions.	There is no cost to you for covered services, if you use a participating dentist.*	Member & Eligible Dependents
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**NOTE:** \*In addition, if a non-participating dentist is used, you will be responsible for the difference between the fee schedule and the dentist's actual charges.

Periodontists on the DC 37 Dental Panel are allowed to charge members and covered dependents \$10.00 per quadrant co-payment for periodontal surgery.

Optical	Provide an examination and one pair of eyeglasses every two years, 100% of allowable amount.	The difference between the allowable amount and the actual charge	Member & Eligible Dependents
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The DC 37 Vision Center, located at 115 Chambers Street in downtown Manhattan is available for use by members and their covered dependents who need eyeglasses. Members and their families may use the Center for the Standard Optical Benefit, which is available once every two years. The Supplemental Optical Benefit, which is available 12 months from the date that the Standard Optical Benefit was last used, is available **only** at the DC 37 Vision Center. This benefit consists of an eye examination and a change of lenses, if prescribed by the Vision Center's optometrist. Appointments must be scheduled in advance. Call (212) 766-4452.

The Plan maintains a list of participating optical providers where, upon presentation of an Optical Voucher, members can receive an examination and eyeglasses. There will be no out-of-pocket cost if Plan-approved frames are used. The voucher, obtainable from the Plan office, may also be used at the DC 37 Vision Center.

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Benefit	H & S Plan's Responsibility	Member's Responsibility	Who is Covered
Disability	\$200 per week for up to 26 weeks	--0--	Member only

*NOTE: The weekly disability income benefit is 66 2/3% of your weekly pay, but no more than \$200 a week for a disability commencing on or after Jan. 1, 1995. The benefit is paid for a maximum of 26 weeks, but no longer than you remain totally disabled. Keep in mind that a disability claim must be filed within 15 days from the onset of the disability. It must be noted that the benefit becomes payable after all sick time is exhausted.*

**Rent Regulation Services Unit employees who are enrolled in the Income Protection Plan (I.P.P.) are not eligible to receive the DC 37 Health & Security Plan Disability Benefit.**

Death Benefit	\$10,000	--0--	Member Only
Accidental Death & Dismemberment	Up to \$10,000	--0--	Member Only

**Survivor Benefit** Upon the death of a covered member, the spouse and eligible dependents can continue to utilize the Health & Security Plan Benefits available to the covered dependents for a period of twelve (12) months measured from the member's date of death.

**Podiatry Benefit** Member Only

The Podiatry Benefit is provided at the DC 37 Health Center at 115 Chambers Street in lower Manhattan (212) 766-4455 and 186 Joralemon Street in downtown Brooklyn (718) 625-2544 and is available to eligible DC 37 Health & Security Plan members only (excluding dependents). Appointments must be scheduled in advance. This benefit covers routine foot care including removal of corns, calluses, warts and ingrown toenails. If the Center's podiatrist prescribes custom-fitted orthotics, the laboratory fees associated with orthotics fabrication and adjustments are not covered.

*NOTE: If your basic health insurance coverage provides reimbursement for a podiatry benefit, you will be required to sign an authorization form allowing a claim to be filed with your insurance carrier.*

**Audiology Benefit** Member only

The Audiology benefit is provided at the DC 37 Health Center only, which is located at 115 Chambers Street in lower Manhattan. The benefit is only available to eligible DC 37 Health and Security Plan members (excluding dependents). Appointments must be scheduled in advance by calling (212) 791-2126. The benefit includes a comprehensive audiological evaluation, hearing aid evaluation, and dispensing of a hearing aid if necessary. If the audiological evaluation substantiates a hearing loss, the member will be given a copy of the report. It will be necessary to take the report to an Ear, Nose, & Throat specialist who will issue a medical clearance for the dispensing of a hearing aid(s), if medically appropriate. The member must apply to his/her basic health insurance carrier for reimbursement of the specialist's fee. The findings of the Ear, Nose, and Throat specialist are reviewed by the Center's audiologist who then determines the proper course of treatment.

Effective April 1, 2009, if deemed necessary by the Center's audiologist, the benefit will provide a maximum of two (2) basic hearing aids (left and right ear) within a three-year period at no cost to the member. The two aids must be received at the same time. The audiologist will adjust the hearing aid to ensure that it is functioning properly to meet the needs of the member, and will assist the member during the initial adjustment period.

*NOTE: If your basic health insurance coverage provides reimbursement for an audiology benefit, you will be required to sign an authorization form allowing a claim to be filed with your insurance carrier.*

**Personal Service Unit** Member & Eligible Dependents

Professionally trained social work staff can help with emotional and family concerns, alcoholism and drug abuse, health problems and adjustment to retirement concerns. Information is available on a wide range of social services in the community. Short-term individual and group counseling is available. Call 212-815-1260, 9 a.m. to 1 p.m. for a screening evaluation.

**Catastrophic Benefit (Supplement to the GHI/CBP Blue Cross Program)** Member & Eligible Dependents

With this benefit, eligible members have to expend only \$1,000 in covered out-of-pocket expenses as opposed to \$1,500 in the basic policy, before being reimbursed at the more favorable rate (i.e., the higher GHI Reasonable and Customary Charge Schedule instead of the Allowed Charge Schedule).

This benefit is available only to full-time active employees and their dependents that are enrolled in the GHI/CBP Blue Cross program. The services covered by this benefit are the following: cost of surgery, anesthesia, maternity care, in-hospital medical care, radiation, chemotherapy and expenses related to in-hospital x-ray and laboratory services.

The Plan must certify your eligibility for this benefit. Each year when you believe you or any of your dependents have incurred \$1,000 in covered out-of-pocket expenses, send in your claim form to the Plan. The Plan will certify your eligibility for this benefit and advise GHI to process your claim. If you have met the requirements, you will receive a payment from GHI. If you have not, you will be notified as to your status.

Health & Pension Counseling and Second Surgical Consultation are also available to eligible members and their covered dependents.

In accordance with the Federal law, "COBRA", members and their eligible dependents have the right to purchase continuation coverage of health-related benefits provided by the Welfare Fund. For more information about qualifying events and limitations on COBRA coverage, please call the Health and Security Plan's Inquiry Unit at (212)-815-1234.

### How to Obtain Health & Security Plan Benefits:

You must complete a Health & Security Plan Enrollment Card to be eligible for benefits. Should you have any questions about your Plan or Benefits, feel free to contact the Health and Security Plan's Inquiry Unit at (212)-815-1234. If you need benefit claim forms only, call (212)-815-1531. DC 37 Health & Security Plan's benefit information is also available at [www.dc37.net](http://www.dc37.net).

This flyer is designed to briefly explain the benefits provided by the DC 37 Health & Security Plan. However, the Plan is administered in accordance with the DC 37 Health & Security Plan Document ("Document"). Under no circumstances shall the Plan be liable for any inconsistencies or contradictions between this flyer and the Document.