

Survivor Benefit Summary

H & S Plan Benefit

This flyer contains a summary of the DC 37 Health & Security Plan benefits currently available to surviving spouses and their eligible dependents. 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.

Eligibility Requirements:

In order to qualify for Health & Security benefits as a survivor, you, the surviving spouse and eligible dependents must have been eligible and enrolled for benefits under the member's plan at the date of death. The deceased member must have been eligible for Plan benefits at the date of death, and that benefit package must have included a death benefit.

If you fulfill these requirements, you and your dependents will be eligible to utilize the following plan of benefits:

Benefit	H & S Plan's Responsibility	Member's Responsibility	Who is Covered
Drug			Surviving Spouse & 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, then 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 and retirees of the Office of Court Administration and the State Rent Regulations Services Unit are no longer be 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).

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Benefit	H & S Plan's Responsibility	Member's Responsibility	Who is Covered
Dental	<p>You and your eligible dependents will be entitled to the same dental benefit that was available to you under the member's plan.</p> <p>If the member was covered for a full dental benefit package, you will be entitled to 100% of the fee schedule up to \$1,700 per year for covered services, subject to the Plan's frequency restrictions. There is no cost to you if you use a participating dentist. If a non-participating dentist is used, then 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 surviving spouses and their covered dependents \$10.00 per quadrant co-payment for periodontal surgery.</p> <p>If the member is covered for a partial dental benefit package, you will be entitled to 75% of the fee schedule up to \$1,700 per year for covered services, subject to the Plan's frequency restrictions. You will be responsible for 25% of the fee schedule amount. If a non-participating dentist is used, you will be responsible for 25% of the fee schedule amount in addition to the difference between the fee schedule and the dentist's actual charges. Periodontists on the DC 37 dental panel are allowed to charge surviving spouses and their covered dependents \$10.00 per quadrant co-payment for periodontal surgery.</p> <p>Availability of orthodontia services is based on the member's former plan. Please call the Inquiry Unit at (212) 815-1234 to check eligibility for this valuable dental benefit.</p>		

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	Surviving Spouse & Eligible Dependents
<p>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.</p> <p>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.</p>			

Health & Pension Counseling, Second Surgical Consultation and Social Service Crisis Intervention services are also available to surviving spouses and their covered dependents.

COBRA	<p>The survivor's benefit package will be available for one year measured from the member's date of death. COBRA (the Consolidated Omnibus Budget Reconciliation Act) provides you with the opportunity to continue these benefits by purchasing them for up to an additional two years. For COBRA forms and rates, please contact the Inquiry Unit.</p>		
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Health Insurance	<p>Health Insurance benefits, hospital and medical coverage, are employer-provided benefits and are not part of the DC 37 Health & Security Plan's survivor package</p> <p>Under COBRA, you the surviving spouse and eligible dependents, have the right to continue your health insurance benefits by purchasing coverage from your existing health insurance carrier (GHI, HIP, CIGNA, etc.) for up to three years. For further information about this COBRA provision, please contact your health insurance carrier directly.</p>		
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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.

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.

