

SUPPLEMENTAL HEALTH INSURANCE PROGRAM

FOR RETIRED TEACHERS

SHIP

REVISED FOR WEBSITE ONLY JUNE 2010



UNITED FEDERATION OF TEACHERS RETIRED TEACHERS CHAPTER
52 Broadway, 17th floor • New York, NY 10004-0390 • 1-212-228-9060

Message from the President

Dear Retiree:

I want to say thanks to all of you from all of us for all the years you have dedicated to the children of New York City. You've worked hard and have certainly earned your retirement. I hope you enjoy it.

Retirement does not mean your relationship to the UFT has ended. We are still concerned about your needs and about protecting and improving your benefits. Of special concern is making sure your medical requirements are met as health care costs continue to climb. Our SHIP program, a supplemental package that helps meet out-of-pocket medical costs, was created by retirees more than 30 years ago. It has been of enormous benefit to members of the Retired Teachers' Chapter since then. The UFT also provides certain health benefits (to which the city does not contribute) to members who retired before July 1970.

We will not forget your great contribution to our city's children and our schools and to the building of this great union. Best wishes for good health and good years in your retirement. Please continue to play an active role in the union.

Sincerely,

A handwritten signature in black ink that reads "Michael Mulgrew". The signature is written in a cursive, flowing style.

Michael Mulgrew
President

**United Federation of Teachers – Retired Teachers Chapter
Supplemental Health Insurance Program (UFT-RTC SHIP)**

52 Broadway, 17th Floor
New York, New York 10004
212-228-9060

TRUSTEES

Tom Pappas, Chairman
Mel Aaronson
Robert Astrowsky
Lionel Knight
Michael Mendel
Mona Romain
Tom Murphy

DIRECTOR

Irene Lospenuso

COUNSEL

Mirkin & Gordon, P.C.
98 Cutter Mill Road
Great Neck, New York 11021

CERTIFIED PUBLIC ACCOUNTANTS

Buchbinder Tunick & Co., LLP
One Penn Plaza, 53rd Floor
New York, New York 10119

CONSULTANTS AND ACTUARIES

The Segal Company
One Park Avenue
New York, New York 10016-5895



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GENERAL INFORMATION

Introduction

The Supplemental Health Insurance Program (SHIP) is a unique package of benefits developed by the Retired Teachers' Chapter of the United Federation of Teachers (UFT-RTC) exclusively for its members and their eligible spouse/domestic partner. It provides a supplement to the primary health coverage the member and/or his/her eligible spouse/domestic partner maintains and is activated only after those plans have paid their benefits.

The SHIP Trust Fund

All premiums are held in a trust fund for the purpose of paying benefits to members or administrative costs to provide those benefits. This Fund – a distinct and separate entity from the Retired Teachers' Chapter of the UFT (UFT-RTC) – is administered by a Board of Trustees. Four Trustees are officers of the UFT and three are members of the Retired Teachers' Chapter Executive Board. The seven Fund Trustees determine the rules and regulations on eligibility and benefits.

Maximum Payment Limitations

\$100,000 is the lifetime maximum amount any SHIP participant may receive.

Coordination of Benefits

SHIP provides supplemental benefits only, therefore, any other health plan a member and/or his eligible spouse/domestic partner is covered by will **ALWAYS** be primary to SHIP benefits, except the catastrophic major medical plan endorsed and sponsored by the New York State United Teachers (NYSUT) Membership Benefits Trust, which will always be secondary to and paid after SHIP. In ALL cases, evidence **MUST** be submitted that you have received or been denied benefits under your health plan and/or Medicare before SHIP will pay supplemental benefits.

Worldwide Coverage

Participants are covered under this program all over the world.



ELIGIBILITY

Who is covered?

Members:

You are eligible to be covered by SHIP if **all** of the following criteria are met:

1. you retired and have been a member in good standing of the UFT-RTC, as defined by the UFT-RTC, since your date of retirement without interruption; and
2. you are receiving a pension check from a retirement system maintained by New York City; and
3. you are covered by a primary health plan which must cover prescription drugs; and
4. if you are eligible for Medicare, you must have enrolled in Part A (hospital). In addition, you must also have enrolled in Part B (medical) or have comparable primary medical coverage.

Dependents:

Spouses/Domestic Partners of eligible members defined as follows are eligible for SHIP benefits:

- 1.(a) **Legally married** husband or wife.
 - (b) A **domestic partner**, defined as any individual, 18 years of age or older, who is not married or related by blood to the member in a manner that would bar marriage in the State of New York, who has a close and committed personal relationship with a member, who lives with the member and has been living with same on a continuous basis, and who, together with the member, has registered as a domestic partner of the member and has not terminated the domestic partnership. Members can obtain details concerning eligibility, enrollment and tax consequences from the New York City Office of Labor Relations Domestic Partnership Liaison Unit at 212-306-7605.
2. Children and other dependents **not** defined above are **not** eligible for SHIP.
3. Your spouse/domestic partner must be covered by a primary health plan, which must cover prescription drugs.
4. If your spouse/domestic partner is eligible for Medicare, he/she must have enrolled in Part A (hospital). In addition, he/she must also have enrolled in Part B (medical) or have comparable primary medical coverage.

Note: Coverage from ALL other health plan(s) will ALWAYS be primary to SHIP benefits, except the catastrophic major medical plan endorsed and sponsored by the New York State United Teachers (NYSUT) Membership Benefits Trust, which will always be secondary to and paid after SHIP.



When am I eligible for SHIP benefits?

You are eligible for SHIP benefits on the first day of the month in which you retire.

Must I enroll to obtain SHIP benefits?

Yes. Enrollment in SHIP is required before you or your eligible spouse/domestic partner can access benefits.

You must enroll in SHIP no later than 1 year after your date of retirement. You do not need to wait for your first pension check to arrive before you enroll. **Your enrollment will be effective as of the first day of the month in which you retire.**

Your eligible spouse/domestic partner must enroll at the same time you enroll or they will forfeit their future eligibility.

Exception – When your eligible spouse/domestic partner is an in-service UFT member, they may enroll in SHIP at the time of your retirement OR enroll separately within 1 year after their own retirement, provided they meet all SHIP requirements for eligibility at that time.

How do I enroll and update information?

All new members must take the following steps to enroll themselves and their eligible spouse/domestic partner in SHIP:

1. Complete a SHIP Enrollment Card which includes a Pension Deduction Authorization section. The Enrollment Card is available from the SHIP office.
2. Attach applicable documentation for your eligible spouse/domestic partner (e.g., marriage certificate or domestic partnership registration) to the Enrollment Card. **You must enroll your spouse/domestic partner at the time you enroll in SHIP or NO LATER THAN 90 days from your date of marriage or entrance into a domestic partnership, if you are already enrolled (see exception above).**

Note: All members must notify the SHIP office immediately of a change in marital or domestic partner status (e.g., divorce or termination of domestic partnership) by filing a Change of Status Form. When enrolling or changing your spouse/domestic partner, the member must attach photocopies of necessary documentation to the Enrollment Card or Change of Status Form, which are available from the SHIP office. SHIP reserves the right to request additional documentation verifying the bona fide relationship to the member. If you terminate your SHIP coverage, your spouse/domestic partner will also automatically be terminated from coverage and you and your spouse/domestic partner may NOT re-enroll at a future date. If you terminate a spouse/domestic partner from SHIP coverage, he/she may NOT re-



enroll at a future date.

3. Enclose a check for your pro-rated SHIP premium with your Enrollment Card.

Your first premium payment is due upon enrollment and will be on your effective date of eligibility; the first of the month in which you retire. Please note that you are required to pay premiums retroactively to the month you retire, regardless of when you actually enroll (e.g., if you retire on July 15, your first day of eligibility is July 1 and your premium payment is due as of July 1 even if you enroll on November 15). Please refer to the SHIP Enrollment Eligibility and Instructions for the current premium rates. If you are not sure of the appropriate amount, please contact the SHIP office at (212) 228-9060.

Thereafter, you will pay in one of two ways:

1. **Automatic Pension Deduction** - If you signed the Pension Deduction Authorization section on your SHIP Enrollment Card, your premium will be deducted from your pension check. This only applies to UFT retirees who receive a pension check from the Teachers Retirement System (TRS). Retirees receiving pension checks from the Board of Education Retirement System (BERS), any other pension system, surviving spouses and COBRA members are not eligible for automatic pension deduction; or
2. **Direct Billing** – If you did not sign the Pension Deduction Authorization section, SHIP will send an annual bill, normally in December of each year. Your bill must be paid in full within 30 days from its date of issuance or your SHIP enrollment will be TERMINATED. Although SHIP will send the bill, it is your responsibility to notify SHIP if you did not receive your bill or of any change in your billing address. This will be your ONLY notification!

If you elect to have your premiums automatically deducted from your pension, payments will be deducted in equal monthly installments. If your automatic deduction is ended by the Teachers Retirement System at any time, for any reason, you will be billed by SHIP for the calendar year balance of any premiums that you owe.

SHIP determines the amount of premiums and the intervals for payment, which may be changed at any time by the Board of Trustees in its sole and prudent discretion. If a premium change is made, you will be notified by the SHIP office.



OTHER INFORMATION

How to File a Claim

1. Before you or your covered spouse/domestic partner file a claim with SHIP, you or your covered spouse/domestic partner **MUST** have been paid or denied benefits by all other health plan(s) for which you maintain coverage.
2. SHIP claims **MUST** be filed within 1 year of the date of service or payment by health plan(s), whichever is later. If a claim is returned to you by the SHIP office for additional information, you will have the later of 1 year from the date of service or payment by the health plan(s) or 90 days from the date of the SHIP letter to provide that information or the claim will be denied.
3. Required supporting documents are listed on the back of the SHIP claim form, including, but not limited to the Explanation of Benefits (EOB) statements from health plan(s) and proof of payment for claim submitted. Please be sure to include them. Incomplete claims will be returned.
4. You **MUST** sign, date and complete a separate SHIP Claim Form for each claim.
5. SHIP does not provide benefits other than those specifically listed in this booklet or published in the *New York Teacher*.

Note: Your Social Security number is your identification for all claims, inquiries and enrollment. SHIP does not issue membership cards. SHIP payments are made to the member, regardless of who is the claimant. SHIP is a reimbursement program; all claims must be paid prior to submission. SHIP does NOT accept assignments from providers.

PAYMENT OF CLAIMS ON BEHALF OF A DECEASED MEMBER

With respect to any claims incurred prior to a member's death, benefits will be made payable, in the absence of a named beneficiary(ies), to the surviving class of the following classes of successive preference beneficiaries:

The deceased member's

- a. widow/widower or surviving domestic partner
- b. surviving children
- c. estate.

**MAIL YOUR COMPLETED FORM AND NECESSARY DOCUMENTATION TO:
UFT RTC Supplemental Health Insurance Plan (SHIP)
P. O. Box 390, Bowling Green Station
New York, N.Y. 10274-0390
Attn: Claims Dept.**

If you need help when filing your claim, call the SHIP office at (212) 228-9060.



Continuation Coverage

A. Surviving Spouse/Domestic Partner Continuation Coverage

When a retiree dies, a spouse/domestic partner loses his/her health coverage as a dependent of the retiree under the New York City Plan. However, SHIP offers continuation coverage indefinitely to the survivor who meets SHIP's eligibility as defined on page 5. Survivors do have the right to purchase the city health plan under the COBRA law.

Note: A surviving spouse/domestic partner of a retiree may add a newly acquired spouse/domestic partner to his/her survivor continuation coverage. The newly acquired spouse/domestic partner must be enrolled in SHIP no later than 90 days from the surviving spouse's date of marriage or domestic partner's date of entrance into a domestic partnership. The newly acquired spouse/domestic partner will only be covered by SHIP during the first 36 months of a surviving spouse's/domestic partner's continuation of SHIP coverage. Thereafter, SHIP will only cover the surviving spouse/domestic partner.

B. COBRA Continuation Coverage

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation can become available to your spouse/domestic partner who is covered under SHIP when he/she would otherwise lose his/her SHIP coverage. **This notice generally explains COBRA continuation coverage under SHIP, when it may become available to your spouse/domestic partner, and what he/she needs to do to protect the right to receive it.**

COBRA continuation coverage for SHIP is administered by the SHIP office at, 52 Broadway, 17th Floor, New York, New York 10004, and tel. (212) 228-9060.

COBRA Continuation Coverage

COBRA continuation coverage is a continuation of SHIP coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under SHIP because of a qualifying event. Depending on the type of qualifying event, spouses/domestic partners of SHIP members may be qualified beneficiaries. Under SHIP, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are the spouse/domestic partner of a SHIP member, you will become a qualified beneficiary if you will lose your coverage under SHIP because any of the following qualifying events happens:



1. your spouse/domestic partner dies; or
2. you become divorced or legally separated from your spouse.

SHIP will offer COBRA continuation coverage to qualified beneficiaries only after the Director of SHIP has been notified that a qualifying event has occurred.

SHIP requires you to notify the SHIP Director within 60 days after the qualifying event occurs. In the event of death, a copy of the death certificate must be provided. In the event of divorce, you must send a copy of the divorce judgement. In the event of legal separation, you must send a copy of the Court Order of Separation.

Once the SHIP director receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to the qualified beneficiary. If a qualified beneficiary elects COBRA continuation coverage, it will begin on the date of the qualifying event or on the date that SHIP coverage would otherwise have been lost, if later.

COBRA continuation coverage is a temporary continuation of coverage, which can last for up to 36 months.

If You Have Any Questions

If you have any questions about your COBRA continuation coverage, you should contact SHIP or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's Web site at www.dol.gov/ebsa.

Keep Your Fund Informed of Address Changes

In order to protect your family's rights, you should keep the SHIP Director informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the SHIP director.



Privacy of Protected Health Information Under The Health Insurance Portability And Accountability Act (HIPAA)

A federal law, the Health Insurance Portability and Accountability Act (HIPAA) requires SHIP to protect the confidentiality of your private health information. A complete description of your rights under HIPAA can be found in SHIP's privacy notice, which was previously distributed to all current members and is distributed to all new members upon enrollment. (Copies are available from the SHIP office.)

SHIP will not use or disclose information that is protected by HIPAA ("protected health information"), except as necessary for treatment, payment, operations of SHIP, or as permitted or required by law. By law, SHIP has required all business associates to also observe HIPAA's privacy rules. In particular, SHIP will not, without authorization, use or disclose protected health information for employment-related actions and decisions.

Under HIPAA, you have certain rights with respect to your protected health information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information, and under certain circumstances, amend the information. You also have the right to file a complaint with SHIP or with the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

Overpayment of Benefits/Future Offset

In the event you receive an overpayment of SHIP benefits, on your behalf or on behalf of your spouse/domestic partner, you are obligated to refund said overpayment to SHIP immediately. In the event you fail to refund said overpayment, you are subject to an offset against future benefits until said overpayment is fully recouped, or a suspension of your benefits, until said overpayment is paid in full. Such offset and/or suspension may be applied to the member's and/or eligible spouse's/domestic partner's benefits.



Third Party Reimbursement/Subrogation

If a covered member or dependent is injured through the acts or omissions of a third party, SHIP shall be entitled to the extent it pays out benefits to reimbursement from the covered member or dependent from any recovery obtained. Alternatively, SHIP shall be subrogated, unless otherwise prohibited by law, to all rights of recovery that the covered member or dependent may have against such third party arising out of its acts or omissions that caused the injury. Subrogation means that SHIP becomes substituted in the injured person's place to pursue a claim for recovery against the third party. SHIP benefits will be provided only on the condition that the covered member or dependent agrees in writing:

1. to reimburse SHIP, to the extent of benefits paid by it, out of any money recovered from such third party, whether by judgment, settlement or otherwise; and
2. to provide SHIP with an assignment of proceeds, to the extent of benefits paid out by SHIP on the claim, and to cooperate and assist SHIP in seeking recovery. The assignment will be filed with the person whose act caused the injuries, his or her agent, the court and/or the provider of services; and
3. to take all reasonable steps to affect recovery from the responsible third party and to do nothing after the injury to prejudice SHIP's right to reimbursement or subrogation, and to execute and deliver to the SHIP office all necessary documents as SHIP may require to facilitate enforcement of the SHIP's rights and not to prejudice such rights.

Right to Appeal

SHIP's Board of Trustees may change the benefits provided by SHIP. The Board of Trustees adopts rules and regulations for the payment of benefits and all provisions of this booklet are subject to such rules and regulations and to the Trust Indenture, which established and governs SHIP's operations.

The SHIP office uniformly applies all rules. The actions of the SHIP office are subject only to review by the Board of Trustees. A member, eligible dependent or beneficiary may request a review of an action by submitting notice in writing to SHIP's Board of Trustees. The Trustees shall act on the appeal within a reasonable period of time and render their decision in writing, which shall be final and conclusive and binding on all persons.



Amendment or Termination of Benefits

This booklet and any amendments thereto constitute the plan of benefits for members provided by the UFT RTC Supplemental Health Insurance Program (SHIP) and, as such, includes the specific terms and conditions governing the coverage and the benefits provided for members and their eligible dependents by SHIP. In addition, there are various administrative policies and procedures that are applied on a uniform basis by SHIP and claimants will be informed whenever such policies and procedures are applied.

SHIP is maintained for the exclusive benefit of retirees of the UFT-RTC. SHIP, as well as the plan's terms, was established pursuant to applicable law and regulation with the intention of being legally enforceable and maintained for an indefinite period of time. However, SHIP reserves its rights, under applicable law, to alter and/or terminate the plan of benefits that currently exists.

The benefits provided by SHIP may, from time to time, be changed, modified, augmented or discontinued by the Board of Trustees. The Board of Trustees adopts rules and regulations for the payment of benefits and all provisions of this booklet are subject to such rules and regulations and the Trust Indenture that establishes the SHIP Fund and governs its operations.

Your coverage and your spouse's/domestic partner's coverage will stop on the earliest of the following dates:

when you are no longer eligible; or

when you cease to make premium payments for yourself and/or for your covered spouse/domestic partner to SHIP; or

when the SHIP Fund is terminated; or

when your spouse/domestic partner no longer meets the definition of "eligible dependent" as defined on page 5.

Benefits under SHIP have been made available by the Board of Trustees and are always subject to modification or termination in the exercise of the sole and prudent discretion of the Trustees. The Trustees may expand, modify or cancel the benefits, change eligibility requirements or the amount of premium payments and otherwise exercise their prudent discretion at any time to preserve the fiscal integrity of SHIP for all covered members.



SHIP BENEFITS

Benefits Payable to All Plans

1. **ACCIDENTAL DEATH AND DISMEMBERMENT:** SHIP provides a benefit of \$10,000 for accidental loss of life or of both limbs or of both eyes. SHIP pays \$5,000 for accidental loss of one limb or one eye. Benefits are payable to subscribers up to age 80. SHIP pays no benefits for self-inflicted injuries.
2. **AMBULANCE/AMBULETTE:** SHIP reimburses up to \$300 per calendar year toward out-of-pocket expenses incurred when you use the services of an ambulance or ambulette. Emergency ambulance trips to a hospital should be covered by primary insurers first.
3. **BLOOD BANK:** SHIP will pay up to \$500 per calendar year after the first 3 pints of blood—however, if primary carriers assume the cost, SHIP does not cover it. SHIP does not cover the cost of storing your own blood.
4. **DENTAL STIPEND:** SHIP will reimburse out-of-pocket expenses for dental work, up to a MAXIMUM of \$200, once every 2 years. One claim for the entire benefit will be accepted and the requirement must be met within 1 calendar year (you cannot bridge years).
5. **DURABLE MEDICAL EQUIPMENT:** SHIP will reimburse up to an annual MAXIMUM of \$100 for durable medical equipment (DME) that is covered under basic medical plans—to cover deductibles and co-payments. One claim submission per calendar year.
6. **HAIRPIECE OR WIG:** SHIP will reimburse out-of-pocket expenses up to \$300 towards the cost of a hairpiece or wig or hairpiece as a result of alopecia due to chemotherapy, radiation therapy or medication. A physician's statement is required stating alopecia occurred due to a particular treatment and ailment. SHIP will cover a second claim AFTER 3 years or more from the first claim provided the same requirements are met. LIFETIME MAXIMUM benefit is \$600.
7. **HEARING AID:** SHIP will reimburse out-of-pocket expenses up to \$500 once every 3 years towards the cost of a hearing aid. UFT Welfare Fund Explanation of Benefits (EOB) of approved hearing aid MUST be submitted with claim to be eligible for benefit. COBRA members not covered by UFT Welfare Fund do not have to submit UFT Welfare Fund EOB to be eligible for hearing aid benefit.
8. **HOSPITALIZATION DEDUCTIBLE:** **a. In-Patient:** SHIP will reimburse out-of-pocket expenses up to \$300 per in-patient (admitted overnight) hospital deductible. MAXIMUM ANNUAL benefit is \$750. **b. Emergency Room Visit:** SHIP will reimburse out-of-pocket expenses up to \$50 towards the cost of 1 hospital emergency room (ER) visit deductible. Limitation: 1 ER hospital emergency room visit deductible per calendar year.



9. **NURSE'S AIDES/HOME HEALTH ATTENDANT (at-home coverage only):** SHIP will reimburse 50% of out-of-pocket expenses of an at-home STATE CERTIFIED nurse's aide or home health attendant following an in-patient (admitted overnight) hospital stay of 3 or more consecutive days. A physician's statement is required stating ailment, medical necessity and duration of need. A new physician's statement is required every 6 months of coverage. Nurse's aide/home attendant service MUST be obtained no later than 10 days from hospital discharge, rehabilitation stays following hospital discharge extends 10 day limit. A detailed invoice listing dates of service and amount charged MUST be submitted along with proof of payment. Proof of payment requires cancelled check or credit card receipt/statement payable to nurse's aide/home health attendant agency or individual, NO cash payments accepted. Limitation: MUST be enrolled in SHIP at least 1 year before eligible for benefit, hospital admission MUST start AFTER 1 year enrollment. LIFETIME MAXIMUM benefit is \$20,000.
10. **ORTHOPEDIC SHOES:** SHIP will reimburse out-of-pocket expenses up to \$200 per calendar year towards the cost of custom made or customized orthopedic shoes. A physician's statement is required stating medical necessity. LIFETIME MAXIMUM benefit is \$1,000.
11. **ORTHOTICS:** SHIP will reimburse out-of-pocket expenses up to \$200 per calendar year towards the cost of custom made or customized orthotic. A physician's statement is required stating medical necessity. LIFETIME MAXIMUM benefit is \$1,000.
12. **PODIATRY:** SHIP will reimburse out-of-pocket expenses up to \$10 per visit for a MAXIMUM of 4 visits per calendar year towards the cost of a podiatry visit. Podiatry visit MUST be partially covered by your primary/secondary insurance. Limitation: 1 SHIP claim submission per calendar year.
13. **PSYCHIATRIC HOSPITALIZATION:** Primary/secondary insurance MUST provide coverage for the first 30 days, SHIP will reimburse out-of-pocket expenses up to \$2,500 per stay towards the subsequent 10 days. SHIP will cover a new claim AFTER 1 year or more from the prior claim provided the same requirements are met.
14. **SURGICAL STOCKINGS:** SHIP will reimburse out-of-pocket expenses up to \$200 per calendar year towards the cost of surgical stockings. A physician's statement is required stating medical necessity for your first claim and a NEW physician's statement is required every 3 years when submitting subsequent claims. LIFETIME MAXIMUM benefit is \$1,000 effective from January 1, 2008. Limitation: 1 SHIP claim submission per calendar year.



PLAN C

Plan C: For GHI Subscribers Eligible for or Covered by Medicare

In addition to Benefits Payable to All Plans you are entitled to the following additional benefits:

- 1. SURGERY/ANESTHESIA:** SHIP does not cover initial consultations, but will provide benefits toward the cost of the surgeon, assistant surgeon and anesthesiologist of the actual surgical procedure.

Subscribers MUST first collect from Medicare and GHI (save the Explanation of Benefits) before applying to SHIP. SHIP will reimburse out-of-pocket expenses after a \$100 deductible per procedure. The SHIP benefit will not be more than the Medicare-approved amount and will have a maximum benefit of \$5,000. If the primary insurance does not provide a benefit, then SHIP will not provide a benefit.

Note: Subscribers not enrolled in Medicare Part B (medical) SHIP will reimburse out-of-pocket expenses after a \$750 deductible per procedure.

- 2. PRIVATE DUTY NURSING IN HOSPITAL:** The registered nurse (or licensed practical nurse if no registered nurse is available) MUST be recommended by a physician. GHI pays 80% of an allowable amount (after a \$25 deductible), up to a maximum benefit of \$2,500 (combined with ambulance & equipment). SHIP reimburses the unpaid 20% after the GHI payment. If a subscriber exhausts the GHI benefit of \$2,500 (\$3,150 in costs), SHIP will cover 80% of the next \$1,875 of additional nursing care costs up to an annual maximum payment of \$1,500. Therefore, the combined MAXIMUM ANNUAL BENEFIT is \$2,125 as charted below.

			Member			
	<u>Costs</u>	<u>GHI %</u>	<u>GHI \$</u>	<u>SHIP %</u>	<u>SHIP \$</u>	<u>Out of Pocket</u>
Deductible	\$ 25.00	0%	\$ -	0%	\$ -	\$ 25.00
GHI Allowable	\$3,125.00	80%	\$2,500.00	20%	\$ 625.00	\$ -
SHIP Add'l	<u>\$1,875.00</u>	0%	<u>\$ -</u>	80%	<u>\$1,500.00</u>	<u>\$ 375.00</u>
Maximum	\$5,025.00		\$2,500.00		\$2,125.00	\$ 400.00



PLAN E

Plan E: For GHI-CBP Subscribers NOT Eligible for or Covered by Medicare

In addition to Benefits Payable to All Plans you are entitled to the following additional benefits:

1. **SURGERY/ANESTHESIA:** SHIP does not cover initial consultations, but will provide benefits toward the cost of the surgeon, assistant surgeon and anesthesiologist for the actual surgical procedure.

Payment is made only for non-participating providers. GHI-CBP pays 100% of allowable amounts after a deductible of \$200. SHIP will reimburse out-of-pocket expenses, after a \$750 deductible per procedure. The SHIP benefit will not be more than the GHI-CBP payment and will have a MAXIMUM BENEFIT of \$5,000.

2. **PRIVATE DUTY NURSING IN HOSPITAL:** The registered nurse (or licensed practical nurse, if no registered nurse is available) MUST be recommended by a physician. If non-participating providers are used, GHI pays 80% of an allowable amount after a \$250 deductible. SHIP will reimburse the 20% co-insurance. Payment is made only for non-participating providers.

3. **PRESCRIPTION DRUGS (benefit includes both Mail-Order and Pharmacy):**

Health Plan Limitation: Medicare and Medicare eligible members are NOT eligible for benefit.

AFTER a \$500 annual SHIP deductible, SHIP will reimburse 100% of total (both mail-order and pharmacy) prescription drug cost up to an ANNUAL MAXIMUM benefit of \$1,000. Prescription drugs MUST be partially covered by your primary/secondary insurance to be eligible for benefit.

Limitation: 1 SHIP claim submission per calendar year. You MUST wait until you receive your entire calendar year prescription drug statement(s) unless you reach the annual maximum benefit of \$1,000 prior to year end.



PLAN H

Plan H: For Medicare Contracted HMO's

Such as HIP-VIP, GHI-HMO Medicare Supplement, Medibue HMO, Elderplan, Secure Horizons, Healthnet MedPrime and SmartChoice.

In addition to Benefits Payable to All Plans you are entitled to the following additional benefits:

1. **CHIROPRACTOR:** SHIP will reimburse up to \$10 per visit for a MAXIMUM of 8 visits per year. One claim submission per calendar year.
2. **PRIVATE DUTY NURSING AT HOME:** If no coverage is provided by carrier, registered nurse (or licensed practical nurse) MUST be recommended by a physician. SHIP will reimburse 80% of nursing cost for up to 21 days following a hospital stay of 3 or more days.



PLAN H

Plan H: For Non-Medicare HMO's

Such as HIP-prime, Empire EPO and HMO, Aetna HMO, Cigna Healthcare, Vytra, Healthnet, GHI HMO

In addition to Benefits Payable to All Plans you are entitled to the following additional benefits:

1. **CHIROPRACTOR:** SHIP will reimburse up to \$10 per visit for a MAXIMUM of 8 visits per year. One claim submission per calendar year.
2. **PRIVATE DUTY NURSING AT HOME:** If no coverage is provided by carrier, registered nurse (or licensed practical nurse) MUST be recommended by a physician. SHIP will reimburse 80% of nursing cost for up to 21 days following a hospital stay of 3 or more days.

3. **PRESCRIPTION DRUGS (benefit includes both Mail-Order and Pharmacy):**

Health Plan Limitation: Medicare and Medicare eligible members are NOT eligible for benefit.

AFTER a \$500 annual SHIP deductible, SHIP will reimburse 100% of total (both mail-order and pharmacy) prescription drug cost up to an ANNUAL MAXIMUM benefit of \$1,000. Prescription drugs MUST be partially covered by your primary/secondary insurance to be eligible for benefit. Limitation: 1 SHIP claim submission per calendar year. You MUST wait until you receive your entire calendar year prescription drug statement(s) unless you reach the annual maximum benefit of \$1,000 prior to year end.



PLAN HMO

Plan HMO: For Point-of-Service Plans

**Subscribers Non-Medicare HMO-POS
Such as HIP-Prime POS and Aetna Inc. POS**

In addition to Benefits Payable to All Plans you are entitled to the following additional benefits:

- 1. CHIROPRACTOR:** SHIP will reimburse up to \$10 per visit for a MAXIMUM of 8 visits per year. One claim submission per calendar year.
- 2. SURGERY-ANESTHESIA:** SHIP does not cover initial consultations but will provide benefits toward the cost of the non-participating surgeon, assistant surgeon and anesthesiologist for the actual surgical procedure, subject to the approval of the Point-of-Service carrier.

SHIP will reimburse out-of-pocket expenses after a \$1,000 deductible per procedure. The SHIP benefit will not be more than the HMO payment and will have a MAXIMUM BENEFIT of \$5,000.

- 3. PRESCRIPTION DRUGS (benefit includes both Mail-Order and Pharmacy): Health Plan Limitation: Medicare and Medicare eligible members are NOT eligible for benefit.** AFTER a \$500 annual SHIP deductible, SHIP will reimburse 100% of total (both mail-order and pharmacy) prescription cost up to an ANNUAL MAXIMUM benefit of \$1,000. Prescription drugs MUST be partially covered by your primary/secondary insurance to be eligible for benefit.

Limitation: 1 SHIP claim submission per calendar year. You MUST wait until you receive your entire calendar year prescription drug statement(s) unless you reach the annual maximum benefit of \$1,000 prior to year end.





