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## SHIP Benefits effective as of January 1, 2018

### 1. Accidental Death and Dismemberment:

SHIP provides a benefit of \$10,000 for accidental loss of life or loss of both limbs or both eyes.

SHIP provides a benefit of \$5,000 for accidental loss of one limb or one eye.

Benefit expires at age 80, NO benefits paid for self-inflicted injuries.

### 2. Ambulance/Ambulette:

SHIP will reimburse out-of-pocket expenses up to **\$300** per calendar year for services of an ambulance or ambulette. Ambulance service **MUST** be partially covered by your primary insurance.

### 3. Blood Bank:

SHIP will reimburse out-of-pocket expenses up to **\$500** per calendar year after the first 3 pints of blood.

**MUST** provide proof submitted to primary insurance. Benefit does **NOT** cover storage of blood.

### 4. Dental Stipend:

SHIP will reimburse out-of-pocket expenses up to **\$300** per calendar year for dental work. Dental work **MUST** be partially covered by dental insurance, such as UFT Welfare Fund Dental plan, to be eligible for benefit, **EXCEPT** for dental implants or rejection by insurance due to frequency. COBRA members not covered by UFT Welfare Fund do **NOT** need primary dental insurance to be eligible for SHIP Dental Stipend.

**Limitation: One (1) Dental Claim submission per calendar year. Dental claim may have to be held until year end; therefore Dental claim CAN be filed by December 31 of subsequent year.**

### 5. Emergency Alert System:

**SHIP and Tunstall Medical Alert System (aka AMAC)** have arranged for SHIP enrollees to purchase the 24-hour (24/7) nationwide monitoring system at a discount. The Tunstall Alert System provides a two-way communication/monitoring link between you and an emergency response center.

**SHIP enrollees save at least \$5.00 per month on service, receive a FREE 2<sup>nd</sup> pendant and a FREE Lock-box (a \$29.95 value).**

**Call Tunstall at 1-866-398-1087 and mention "UFT" for service and/or information.**

**\*\*\*SHIP Benefit:** SHIP will reimburse out-of-pocket expenses up to **\$25** per month for a maximum of 3 consecutive months (\$75 maximum benefit) in the event of an in-patient (admitted overnight) hospital stay. **MUST** have Tunstall service or obtain service **NO** later than 30 days from hospital/rehab discharge. **Benefit is EXCLUSIVELY with Tunstall (aka AMAC), benefit TERMINATED in the event agreement is cancelled.**

**Limitation: One (1) SHIP claim submission per calendar year.**

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### Information on Filing a SHIP Claim (see SHIP Booklet for complete details)

**a. SHIP claims MUST be filed within 1 year of the date of service or payment by health plan(s), whichever is later. Dental, Prescription Drugs & Surgical Stockings/Sleeves benefits have exception.**

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 health plan(s) or 90 days from the date of the SHIP letter to provide additional information or the claim will be denied.

**b. SHIP will make every effort to inform a member they submitted a claim less than the benefit maximum. However it is the member's responsibility to be aware of SHIP's rules and limitations.**

**c. Required supporting documents are listed on the back of the SHIP Claim Form. SHIP is a reimbursement program so all claims MUST include proof of payment such as copy of front and back of cancelled check, copy of scanned check from bank or copy of credit card receipt/statement.**

**d. Sign, date and complete a separate SHIP Claim Form with required documents for each benefit claimed.**



## SHIP Benefits effective as of January 1, 2018

- 6. Hairpiece, Wig or Artic Cold Cap Therapies:** (Revised effective 1/01/2018)  
SHIP will reimburse out-of-pocket expenses up to **\$300** towards the cost of a hairpiece, wig or Artic Cold Cap Therapies as a result of alopecia due to chemotherapy, radiation or medication. A physician's note 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:** (Revised effective 1/01/2018)  
SHIP will reimburse out-of-pocket expenses up to **\$1,500** once every 3 or more years for NEW hearing aids. **By filing a UFT Welfare Fund claim SHIP's benefit can be processed automatically.** COBRA members NOT covered by UFT Welfare Fund MUST file claim directly with SHIP. SHIP claim requires a SHIP Claim Form, a physician's note stating medical necessity, an invoice and proof of payment.
- 8. Hospital Deductibles:**
- 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 **\$150** per hospital emergency room (ER) visit deductible. **MAXIMUM ANNUAL benefit is \$300 (2 ER visits).**
- 9. Nurse's Aides (or Home Health Attendant), at-home coverage only:**  
**\*\*\*Effective January 1, 2017: Benefit applies to Nursing Agency(ies) ONLY, Individual aide(s) are NO longer covered and aides provided by a Nursing Home has NEVER been covered by SHIP.**  
SHIP will reimburse 50% of your out-of-pocket expense for an at-home nursing aide (or home health attendant) provided by a STATE CERTIFIED nursing agency following an in-patient (admitted overnight) hospital stay of 3 days or more. A physician's note is required stating ailment, medical necessity and duration of need. Nursing agency MUST be obtained NO later than 10 days from hospital discharge, a rehabilitation stay following hospital discharge extends 10 day limit. Agency invoice(s) listing dates of service and amount charged MUST be submitted along with proof of payment. Proof of payment requires a cancelled check or credit card receipt/statement payable to nursing agency. **NO cash payment receipts accepted.**  
**GAPS in nurse's aides coverage of 10 consecutive days or more TERMINATES benefit.**  
**MONTHLY MAXIMUM benefit is \$1,250. LIFETIME MAXIMUM benefit is \$20,000.**  
**MAXIMUM PERIOD:** SHIP will cover 6 months from hospital/rehab discharge date for a MAXIMUM BENEFIT of \$7,500 per incident (\$1,250 monthly maximum x 6 months maximum period).  
**ADDITIONAL CLAIM:** SHIP will cover an additional claim provided the same requirements are met.  
**\*\*\*Limitation: MUST be enrolled in SHIP at least 1 year before eligible for benefit, hospital admission MUST start 1 year AFTER enrollment date.**

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### Information on Filing a SHIP Claim (see SHIP Booklet for complete details)

- a. SHIP claims MUST be filed within 1 year of the date of service or payment by health plan(s), whichever is later. Dental, Prescription Drugs & Surgical Stockings/Sleeves benefits have exception.**  
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 health plan(s) or 90 days from the date of the SHIP letter to provide additional information or the claim will be denied.
- b. SHIP will make every effort to inform a member they submitted a claim less than the benefit maximum. However it is the member's responsibility to be aware of SHIP's rules and limitations.**
- c. Required supporting documents are listed on the back of the SHIP Claim Form. SHIP is a reimbursement program so all claims MUST include proof of payment such as copy of front and back of cancelled check, copy of scanned check from bank or copy of credit card receipt/statement.**
- d. Sign, date and complete a separate SHIP Claim Form with required documents for each benefit claimed.**



## SHIP Benefits effective as of January 1, 2018

### 10. Orthopedic Shoes/Orthotics:

SHIP will reimburse out-of-pocket expenses up to **\$300** per calendar year towards the cost of NEW custom made or customized orthopedic shoes or foot orthotics. A physician's note is required stating medical necessity. **LIFETIME MAXIMUM benefit is \$2,000 (includes prior separate benefits).**

### 11. Prescription Drugs (benefit includes both Mail-Order and Pharmacy):

**\*\*\*Enrollees on or eligible (such as age 65+) for Medicare/Medicaid are NOT entitled to this benefit.**

After a \$500 deductible SHIP will reimburse 100% of the out-of-pocket expenses of your eligible prescription drugs (both mail-order and pharmacy) up to a MAXIMUM ANNUAL benefit of \$1,000. Prescription drugs MUST be partially covered by your primary drug insurance to be eligible for the benefit.

Submit entire calendar year drug statement(s) unless \$1,000 maximum benefit reached prior to year end.

**Limitation: One (1) Drug Claim submission per calendar year. Prescription Drugs claim may have to be held until year end, therefore Drugs claim CAN be filed by December 31 of subsequent year.**

### 12. Private Duty Nursing (or licensed practical nurse), in-patient hospital coverage only:

SHIP will reimburse out-of-pocket expenses up to **\$2,150** per calendar year for Private Duty Nurse(s) during a hospital stay covered by primary insurance under the following:

- SHIP will reimburse your out-of-pocket expense MATCHING the amount paid by your primary insurance up to a MAXIMUM of \$650.00.
- After your primary insurance allowed cost is exhausted SHIP will reimburse 80% of your out-of-pocket expense for continuing Private Duty Nursing up to a MAXIMUM of \$1,500.

See chart below for example of SHIP benefit coverage.	Total Cost	Primary Insurance		SHIP Coverage		Member Coverage	
		%	Cost	%	Cost	%	Cost
1. Primary insurance coverage: <b>(SHIP matches Primary insurance up to \$650)</b>	\$3,150		\$2,500		\$650		\$0
2. Primary insurance exhausted: <b>(SHIP covers 80% beyond primary insurance coverage up to \$1,500)</b>	\$1,875		\$0	80%	\$1,500	20%	\$375
<b>Total</b>	<u><u>\$5,025</u></u>		<u><u>\$2,500</u></u>		<u><u>\$2,150</u></u>		<u><u>\$375</u></u>

### Information on Filing a SHIP Claim (see SHIP Booklet for complete details)

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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 health plan(s) or 90 days from the date of the SHIP letter to provide additional information or the claim will be denied.

**b. SHIP will make every effort to inform a member they submitted a claim less than the benefit maximum. However it is the member's responsibility to be aware of SHIP's rules and limitations.**

**c. Required supporting documents are listed on the back of the SHIP Claim Form. SHIP is a reimbursement program so all claims MUST include proof of payment such as copy of front and back of cancelled check, copy of scanned check from bank or copy of credit card receipt/statement.**

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## **SHIP Benefits effective as of January 1, 2018**

### **13. Psychiatric Hospitalization:**

Primary 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 DISCHARGE date provided the same requirements are met.

### **14. Surgical Stockings/Sleeves:**

SHIP will reimburse out-of-pocket expenses up to **\$200** per calendar year towards the cost of surgical stockings and/or surgical sleeves. A physician's note is required stating medical necessity.

**LIFETIME MAXIMUM benefit is \$2,000.**

**Limitation: One (1) Surgical Stockings/Sleeves Claim submission per calendar year.**

**Surgical Stockings/Sleeves claim may have to be held until year end; therefore Surgical Stockings/Sleeves claim CAN be filed by December 31 of subsequent year.**

### **15. Survivor Benefit (SHIP's COBRA premium coverage):**

When a member (UFT retiree or UFT retired employee) dies their eligible surviving spouse/domestic partner may continue their SHIP coverage for 36 months in accordance with COBRA. Benefit covers SHIP's COBRA premium on behalf of the surviving spouse/domestic partner for 36 months period. Beyond the 36 months period your surviving spouse/domestic partner may purchase SHIP at prevailing premium rates INDEFINITELY, provided all requirements are met.

### **16. Surgery/Anesthesia:**

SHIP will reimburse out-of-pocket expenses up to **\$5,000** per surgical procedure towards the cost of the surgeon, assistant surgeon and anesthesiologist of the actual surgical procedure.

Consultations, physician visits, examinations, room charges, such as \$200 Ambulatory co-insurance fee, tests such as colonoscopy/endoscopy, etc. are NOT covered by this benefit.

**THE MAXIMUM BENEFIT is the LESSER of;**

- a) the amount paid by your primary insurance(s), or**
- b) your out-of-pocket expense LESS \$500 deductible, or**
- c) \$5,000 maximum SHIP benefit per surgical procedure.**

**Limitation: SHIP will cover a new claim AFTER 1 year or more from prior claim surgical date, provided the same requirements are met.**

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### **Information on Filing a SHIP Claim (see SHIP Booklet for complete details)**

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- d. Sign, date and complete a separate SHIP Claim Form with required documents for each benefit claimed.**