



SHIP Benefits for All Members Effective as of January 1, 2020

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 or Ambulette/Wheelchair Accessible Vehicle (WAV): (Revised effective 1/01/2020)

SHIP will reimburse out-of-pocket expenses up to **\$300** per calendar year for services of an ambulance or ambulette/Wheelchair Accessible Dispatch (WAV). Ambulance service **MUST** be partially covered by your primary insurance(s). Ambulette/WAV users **MUST** provide proof of medical necessity or proof of disability.

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 service. Dental service **MUST** be partially covered by dental insurance, such as UFT Welfare Fund Dental plan, to be eligible for benefit, **EXCEPT** for dental implant(s) placement or rejection by insurance due to frequency. SHIP COBRA enrollees and Private Employers Nurses (PEN) **NOT** covered by UFT Welfare Fund are **NOT** required to have dental insurance.

Limitation: One (1) Dental Claim submission per calendar year. Dental claim may have to be held until year end. The deadline for submitting Dental claim is December 31 of subsequent year.

5. Emergency Alert System:

America Medical Alert (AMA), a Connect America Company (formally Tunstall) and SHIP have arranged for SHIP enrollees to purchase the 24-hour (24/7) nationwide monitoring system at a discount. The Alert System is a two-way communication/monitoring link between you and an emergency response center.

Save at least \$5.00 per month on service, receive a FREE 2nd pendant and Lock-box (a \$29.95 value).

Call AMA at 1-800-645-3244, press option "2" to reach customer service and mention "UFT".

*****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 AMA service or obtain service **NO** later than 30 days from hospital/rehab discharge.

Benefit is EXCLUSIVELY with AMA, benefit TERMINATED in the event agreement is cancelled.

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

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

- 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.
- 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.
- 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 statement or copy of credit card receipt/statement.
- Sign, date and complete a separate SHIP Claim Form with required documents for each benefit claimed.



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6. Hairpiece, Wig or Artic Cold Cap Therapies:

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 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 **\$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. All claims require a Claim Form, a physician's statement 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) hospitalization deductible. **MAXIMUM ANNUAL benefit is \$750.**

b. **Emergency Room:** SHIP will reimburse out-of-pocket expenses up to **\$150** per hospital emergency room (ER) deductible/co-pay/co-insurance. **MAXIMUM ANNUAL benefit is \$300/2 co-pays).**

Note: Observation/ambulatory service (normally \$200) are NOT covered by benefit.

9. Nurse's Aides (or Home Health Attendant), at-home coverage only:

Benefit applies to State Certified Nursing Agency(ies) ONLY. Independent Aides and Aides provided by Nursing Home/Assisted Living facilities are NOT covered by the benefit.

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 statement is required stating ailment, medical necessity and duration of need. Aides from agency MUST be obtained NO later than 10 days from hospital discharge. Rehabilitation stay following hospital discharge, aides from agency MUST be obtained NO later than 10 days from rehab discharge. 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.

Payments MUST be within 60 days of STARTING date of service.

State Certified family member(s) or free service is NOT allowed without PRIOR written consent.

GAPS in nurse's aides coverage of 10 consecutive days or more TERMINATES benefit.

MAXIMUM MONTHLY benefit is \$1,250.

MAXIMUM PERIOD: is 6 months from hospital/rehab discharge

MAXIMUM BENEFIT is \$7,500 per incident (\$1,250 x 6 months).

ADDITIONAL CLAIM: SHIP will cover an additional claim provided the same requirements are met.

MAXIMUM LIFETIME benefit is \$20,000.

*****Limitation: MUST be enrolled in SHIP at least 1 year before eligible for benefit, hospital admission MUST start 1 year AFTER enrollment date.**

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

See Page 1 of this Benefits Brochure for additional information



S.H.I.P.

UFT/RTC Supplemental Health Insurance Program

UFT SHIP
52 Broadway, 17th Floor
New York, NY 10004
Tel.: (212) 228-9060

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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 statement is required stating medical necessity.

LIFETIME MAXIMUM benefit is \$2,000 (includes prior separate benefits).

Note: Off-the-shelf (Non-custom made or customized) items such as New Balance shoes or Dr. Scholl's pads are NOT covered by benefit.

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

Note: Enrollees age 65 or older, or on/eligible for Medicare/Medicaid are NOT covered by benefit.

After a \$500 deductible SHIP will reimburse 100% of the out-of-pocket expenses of your total 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),

Note: In-patient hospital coverage only. Primary insurance MUST partially cover benefit.

SHIP will reimburse out-of-pocket expenses up to **\$2,125** per calendar year for Private Duty Nurse(s) during a hospital stay covered by primary insurance under the following:

- SHIP does NOT cover Primary Insurance co-pay/deductible (GHI normally has \$25 co-pay/deductible).
- SHIP will reimburse up to 20% of primary Insurance allowed cost, up to a MAXIMUM of \$625.00.
- 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		Primary Insurance		SHIP Coverage		Member Coverage	
	Cost	%	Cost	%	Cost	%	Cost	
1. Primary insurance co-pay/deductible	\$25						\$25	
2. Primary insurance coverage:	\$3,125	80%	\$2,500	20%	\$625		\$0	
3. Primary insurance exhausted:	\$1,875		\$0	80%	\$1,500	20%	\$375	
Total	\$5,025		\$2,500		\$2,125		\$400	

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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.

Note: MUST be admitted (in-patient) hospital stay, psychiatric visits are NOT covered by benefit.

14. Surgical Stockings, Sleeves and/or Compression Wraps:

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

LIFETIME MAXIMUM benefit is \$2,000.

Limitation: One (1) Surgical Stockings, Sleeves and/or Compression Wraps claim submission per calendar year. Claim may have to be held until year end. The deadline for filing claim is December 31 of subsequent year.

Note: Compression devices/equipment are NOT covered by benefit.

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/or anesthesiologist of the actual surgical procedure.

Note: 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.

Note: Cataract surgery lenses(s), cosmetic surgery and laser procedures NOT covered by primary insurance are NOT covered by benefit.

THE MAXIMUM BENEFIT is the LESSER of;

- a) the amount paid by your primary insurance(s), on allowed costs, or**
- b) your out-of-pocket expense on allowed cost LESS \$500 SHIP 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.