

**SHIP Benefits for
All Members**
Effective as of
January 1, 2022



UFT/RTC SHIP
52 Broadway, 17th Floor,
New York, NY 10004
(212) 228-9060

UFT/RTC Supplemental Health Insurance Program

Information on Filing a SHIP Claim

- a. **SHIP claims MUST be filed within 1 year of the date of service or payment by health plan(s), whichever is later. Dental, Emergency Alert System, Prescription Drugs & Surgical Stockings/Sleeves benefits have exception.**
- 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 statement or copy of credit card receipt/statement. If a claim is returned to you by the SHIP office due to incorrect filing, you will have the later of 1 year from the date of service or payment by health plan(s) to resubmit the claim. If you receive a letter requesting additional information you will have 90 days from the date of the SHIP letter to provide additional information or the claim will be denied.
- d. Sign, date and complete a separate SHIP claim form with required documents for each benefit claimed.

1. **Ambulance or Ambulette/Wheelchair Accessible Vehicle (WAV):**

Benefit: 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 submitted to your primary and secondary insurance before SHIP reimburses. (Ride **MUST** take place. "Treat-in-place" or first responder fee will **NOT** be reimbursed).

2. **Anesthesia/Surgery:**

Note: The insurance(s) must provide coverage and the member must meet the **\$500** SHIP deductible to be eligible for this benefit.

Benefit: SHIP will reimburse out-of-pocket expenses up to **\$5,000** per surgical procedure towards the cost of the anesthesiologist and/or the assistant surgeon and surgeon of the actual surgical procedure **AFTER** your insurance coverage(s) makes payment on the procedure. SHIP reimbursement will **NOT** exceed payment made by primary/secondary insurance(s).

NOT COVERED: Ambulatory/operating room co-insurance fee, consultations, diagnostic procedures (colonoscopy, endoscopy, etc.), physician visits are **NOT** covered by this benefit. In addition, cataract surgery special lens, laser assisted procedures and cosmetic surgery are **NOT** covered by primary insurances and are **NOT** covered by this benefit. **Limitation:** SHIP will cover a new claim **AFTER** 1 year or more from prior claim surgical date, provided the same requirements are met.

3. **Blood Bank:**

Benefit: SHIP will reimburse out-of-pocket expenses up to **\$500** per calendar year after the first 3 pints of blood. Benefit does **NOT** cover storage of blood. **MUST** provide proof submitted to primary insurance.

4. **Dental Stipend:**

Benefit: SHIP will reimburse out-of-pocket expenses up to **\$400** per calendar year for dental services. Dental service **MUST** be partially covered by dental insurance, such as UFT Welfare Fund



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Dental plan, to be eligible for benefit.

EXCEPTION: Endosteal/surgical placement of implant(s) or procedure denied by the insurance due to frequency. SHIP COBRA enrollees and UFT nurses who work in the private sector **NOT** covered by UFT Welfare Fund are **NOT** required to have dental insurance. However dental services **MUST** abide by UFT Welfare Fund dental schedule eligibility.

Limitation: One (1) dental claim submission per calendar year. Dental claim **MUST** be filed by December 31st of subsequent year.

5. Emergency Alert System:

NOTE: Benefit is **EXCLUSIVELY** with America Medical Alert (AMA). In the event agreement is cancelled, benefit **TERMINATES**.

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 directly at 1-800-645-3244, press option “2” to reach customer service and mention “UFT”.

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.

Limitation: One (1) SHIP claim submission per calendar year. Emergency Alert System claim **MUST** be filed by December 31st of subsequent year.

6. Hairpiece, Wig or Artic Cold Cap Therapies:

Benefit: SHIP will reimburse out-of-pocket expenses up to \$300 towards the cost of a hairpiece, wig or artic cold cap therapy 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 ailment and treatment. 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:

Benefit: 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 will be processed automatically by the Welfare Fund. 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:

Note: ER physicians’ services, ambulatory/operating room (normally \$200), observation and urgent care are **NOT** covered by benefit.

Benefit:

a) **In-Patient:** SHIP will reimburse up to **\$300** per in-patient (admitted overnight) hospitalization deductible. **MAXIMUM ANNUAL** benefit is **\$750**.

b) **Emergency Room:** SHIP will reimburse up to **\$150** per hospital emergency room (ER) deductible/co-pay/co-insurance. **MAXIMUM** 2 co-pays per year.



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

Note: Benefit applies to state certified nursing agencies **ONLY**. Independent aides and aides provided by nursing home/assisted living facilities are **NOT** covered by the benefit.

Benefit: SHIP will reimburse 50% of your out-of-pocket expense up to \$1,250 per 4-week period 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/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.

Gaps in nurse's aides coverage of 10 consecutive days or more **TERMINATES** benefit. **MAXIMUM PERIOD** is 6 months from hospital/rehab discharge; (every 4-week period for 6 months).

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.

LIFETIME MAXIMUM 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.

10. Orthopedic Shoes/ Foot Orthotic Inserts:

Note: Member must **EXHAUST** Medicare benefit prior to filing with SHIP.

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

Benefit: 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 inserts. A physician's statement is required stating medical necessity.

LIFETIME MAXIMUM benefit is \$3,000.

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

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

Benefit: After a \$500 deductible SHIP will reimburse out-of-pocket expenses of your total prescription drugs co-pay (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.

Limitation: One (1) drug claim submission per calendar year. Prescription drug claim **MUST** be filed by December 31st of subsequent year.

12. Private Duty Nursing (or licensed practical nurse).

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

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:

- a) SHIP does **NOT** cover primary insurance co-pay/deductible (GHI normally has **\$25** co-pay/deductible).
- b) SHIP will reimburse up to 20% of primary insurance allowed cost, up to a **MAXIMUM** of **\$625**.
- c) 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**.

13. Psychiatric Hospitalization:

Note: **MUST** be admitted (in-patient) hospital stay, psychiatric visits are **NOT** covered by benefit. Primary insurance **MUST** provide coverage for the first 30 days.

Benefit: 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.

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

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

Benefit: 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 **\$3,000**.

Limitation: One (1) surgical stocking, sleeve and/or compression wrap claim submission per calendar year. Surgical stockings, sleeves and/or compression wraps claim **MUST** be filed by December 31st of subsequent year.

15. Survivor Benefit (SHIP's COBRA premium coverage): EFFECTIVE JANUARY 1, 2022

Benefit:

- a) A spouse/domestic partner of a member (UFT retiree, UFT retired nurse, UFT retired employee) who dies, divorces, legally separates or terminates their domestic partnership may purchase SHIP COBRA coverage for the **MAXIMUM** statutory 36-month period from the date of the qualifying event, provided they meet SHIP's eligibility as defined on pages 8 and 13 of the SHIP booklet. The spouse/domestic partner will **NOT** have the option to continue SHIP coverage thereafter. You have **NO LATER THAN** 60 days from the qualifying event to notify the SHIP office.
- b) A surviving spouse/domestic partner who is currently in the first 36-month no-cost coverage period will continue to be covered without cost, until the end of the initial 36-month period. These individuals will **NOT** have the option to continue SHIP coverage thereafter.
- c) A spouse/domestic partner who is currently past the initial 36-month no-cost period and paying for continuation of SHIP coverage will continue to have the option to do so indefinitely, subject to payment of the applicable contribution rates determined by the Trustees.