

**HEALTH AND WELFARE FUND
OF THE PATROLMEN'S BENEVOLENT ASSOCIATION
OF THE CITY OF NEW YORK
PLAN DESCRIPTION
(ACTIVE FUND)**

PLAN SPONSOR AND TRUSTEES

The Plan Sponsor of the Health and Welfare Fund is the Patrolmen's Benevolent Association of the City of New York, Inc. The Trustees of the Plan are the five individuals holding the following PBA offices:

President	Patrick J. Lynch
First Vice President	John Puglissi
Second Vice President	John Loud
Treasurer	Joseph Alejandro
Recording Secretary	Robert W. Zink

The PBA Union Office is located at 40 Fulton Street, 17th Floor, New York, NY 10038. The Union Office telephone number is (212) 233-5531.

➤ ***ELIGIBILITY***

➤ ***DENTAL PLAN***

➤ ***OPTICAL PLAN***

➤ ***PRESCRIPTION DRUG PLAN***

➤ ***SUPPLEMENTAL BENEFITS***

ELIGIBILITY

WHO IS ELIGIBLE FOR COVERAGE?

Members of the PBA Health and Welfare Fund and their eligible dependents.

WHO IS A "MEMBER"?

A member is an active Police Officer on the payroll of the City of New York Police Department and for whom the City contributes to the Health and Welfare Fund of the Patrolmen's Benevolent Association, or is an active Police Officer on suspension, or is the widow and/or dependent child of an active Police Officer declared line of duty by the Department. Additionally, those members or dependents whose benefits were discontinued, but have elected to exercise their rights under COBRA to purchase continued coverage are also considered members of the Health and Welfare Fund (benefits may vary according to the level of basic benefits purchased under COBRA).

WHO IS A "DEPENDENT"?

Dependents include your legal spouse, registered domestic partner and your unmarried dependent children nineteen (19) years of age or younger. Unmarried children age nineteen (19) or older may be covered as Full-Time Students until the age of twenty-three (23). Disabled children may be covered as long as they are disabled and the member is eligible.

Eligible children include natural children, legally adopted children, children for whom you have court-appointed guardianship, and step-children who live in your home and live with you permanently.

WHAT IS A "FULL-TIME STUDENT"?

In order to qualify for Full-Time Student coverage the dependent must meet the following guidelines:

- The school must be accredited in the state in which the school is located.
- The student must be enrolled in a degree or diploma program.
- The student must be enrolled as a Full-Time Student, as determined by the school (usually 12 credits).
- The member must supply at least 50% of the student's support, and the student must be an eligible dependent of the member.
- The member must submit a "Change of Dependent" form **(PBA-6)**, with a statement from the school's registrar's office stating that the child is a full-time Student.
- **Trade or Correspondence Schools do not qualify.**

COMMENCEMENT OF COVERAGE

Your coverage begins on the date you are appointed as an active Police Officer of the Police Department of the City of New York. Coverage for your eligible dependents begins on that same date as long as they have been listed on your enrollment card.

Dependents acquired after your date of appointment as a result of marriage, birth, etc., will be covered as of the date of the event (marriage, birth, etc.). The PBA Funds Office must receive the required notification, **(PBA-6)**, **within thirty-one (31) days** of that event. When notification is not received within **thirty-one (31) days**, the dependent will be covered as of the date the PBA Funds Office receives the proper notification.

COMMENCEMENT OF COVERAGE (CONTINUED)

Be advised that notifying the Health and Welfare Fund of the PBA of your change in eligibility status does not constitute notification to the City of New York. The member is required to complete the proper City forms to notify the City of any dependent(s) acquired after your date of appointment.

The City also has stringent guidelines regarding the time period whereby notification is deemed to be acceptable. Please review the City of New York Employee Benefits Program - Summary Program Description for further detail.

In order to cover a domestic partner in the Health and Welfare Fund, a member must be covered by the City health plan coverage. The actual approval of the domestic partnership will be handled by the City's Health Benefits Program (646) 610-5122. Part of this approval process will be the issuance of a letter which can be presented to the Health and Welfare Fund certifying that a domestic partner has been approved for health benefit coverage.

TERMINATION OF COVERAGE

Coverage for you and your eligible dependents terminates on the date you are assigned as a Detective or promoted to the rank of Sergeant or above, or you are removed from the active payroll of the Police Department of the City of New York (except for those officers on suspension).

Benefits also cease upon the death of the member, unless the New York City Police Pension Board classifies the death as a "Line of Duty" death. In this case, benefits will be continued for the widow and/or dependent children.

Coverage for a spouse ceases upon divorce from the member. In addition to timely notification to the Fund, (31 days), a complete copy of the divorce decree must be provided to the PBA Funds Office.

WHEN DOES COVERAGE FOR ELIGIBLE CHILDREN CEASE?

Coverage for eligible children ceases on the day they marry or, the end of the month in which they attain the age of nineteen (19), whichever occurs first. However, coverage may be continued if they are:

- ❖ Unmarried and attending school as a Full-Time Student. They may remain covered until December 31 of the year in which they attain the age of twenty-three (23), they graduate, or leave school whichever occurs first.
- ❖ Unmarried children that can not support themselves due to mental illness, developmental disability, mental retardation, or physical handicap. The disability must have occurred prior to the normal termination date of the child's coverage at age nineteen (19).

CHANGING THE DEPENDENT RECORD

If a change occurs in a dependent's status, (e.g., marriage, divorce, birth, adoption, becoming a full-time student, death, etc.), the member must contact the PBA Funds Office and request a "Change of Dependent" form (PBA-6). The completed form must be returned to the PBA Funds Office with the proper documentation (marriage certificate, birth certificate, a statement from school's registrar's office, etc.) Financial aid statements, tuition charges, etc. are not acceptable.

DENTAL PLAN

An integral part of the PBA Health and Welfare Fund Dental Plan is the Preferred Provider Organization (PPO). The PPO is a select group of dentists who have agreed to accept the PBA Dental Plan fees as payment-in-full for all covered services for members and their eligible dependents. A separate listing of all of the PPO locations is published and may be obtained by contacting the PBA Funds Office.

All benefits are subject to the terms, conditions, and limitations of the PPO contract.

BENEFITS PROVIDED

The Dental Plan provides coverage for the major areas of dentistry, i.e.:

- ❖ Basic (exams, X-rays, fillings, cleanings, etc.)
- ❖ Prosthodontics (crowns, bridges, etc.)
- ❖ Orthodontics
- ❖ Periodontics

FILING CLAIMS

The member may obtain claim forms through the PBA Funds Office or use a universal dental claim form. The member should read the instructions on the reverse side of the claim form and complete the upper portion (member's section), and give the form to the dentist. The dentist must then complete the lower portion of the form. Once the dentist has completed the form, the member should read the form, sign it and date it. The completed form should then be submitted to the PBA Funds Office.

Certain types of dental procedures require approval by the PBA Funds Office before treatment is commenced. This prior approval is called "pre-certification" and applies to all:

- ❖ Prosthodontic services, e.g., full or partial dentures, inlays, crowns, bridges, etc.
- ❖ Orthodontic services.
- ❖ Periodontal services.

Basic dental services (examinations, X-rays, fillings, etc.) may be submitted without prior approval of the PBA Funds Office. However, a dental claim form stating the dentist's fee, the date the service was rendered, and a description of the service rendered is required.

- ❖ Signature on file with the dental office is acceptable.

OPTICAL PLAN

The PBA Health and Welfare Fund, in conjunction with Davis Vision, provides an optical benefit, which includes an eye examination, and eyeglasses or contact lenses when medically indicated for all eligible members and their eligible dependents. This benefit is available to the **member**, the member's **spouse**, (**domestic partner**), and eligible dependent **children** of the member once every twelve (**12**) months.

BENEFITS PROVIDED

New York Metropolitan Area:

The Optical Plan benefits are quite comprehensive. A participating licensed optometrist will perform an examination, including tests for glaucoma, color discrimination, refraction, near point visual functions analysis and, where appropriate, a dilation exam.

The PBA Optical Plan also provides coverage for prescription glasses, including:

- ❖ Tinted plastic lenses (any density)
- ❖ Verifying the accuracy of the finished glasses
- ❖ Adjustment of the finished glasses
- ❖ Follow-up work as necessary

CONTACT LENS BENEFIT

The Optical Plan will provide limited coverage for Contact Lenses. Please refer to the Optical Benefit booklet for specific allowances. (Booklets are available through the Funds Office.)

WARRANTIES ON FRAMES AND LENS

All frames and/or lenses obtained through the PBA Optical Plan, from Davis Vision, have a full one-year warranty. This warranty covers any damage to the frame and/or lens incurred during normal use. If damage occurs, simply return the glasses to the Davis Vision optometrist for repair at no cost.

OBTAINING BENEFITS

If the member or the member's eligible dependents need an eye examination or a new pair of glasses, the member should call or write the PBA Funds Office and request an optical certificate of eligibility. If a written request is made, the Social Security Number of the member and the name(s) and relationship(s) of the individual(s) for whom you want the certificate, must be included with your request. A certificate should not be requested if it will not be used within sixty (60) days. The PBA Funds Office will send a certificate and a listing of the names and addresses of those optometrists participating in the PBA Optical Plan. It is the member's responsibility to contact the optometrist of your choice from the listing and to arrange for appointments.

If the certificate is not used within sixty (60) days from the date on which it was issued, it must be returned to the PBA Funds Office. The certificate may be canceled or a new certificate may be requested. If the certificate is not used or canceled within this sixty (60) day period, Optical Plan benefits will be denied until the next eligibility period.

***P*RESCRIPTION DRUG PLAN**

The Health and Welfare Fund of the Patrolmen's Benevolent Association provides a **mandatory generic** benefit for prescription drugs for all active members and their eligible dependents through the use of the PBA/CAREMARK Prescription Drug Program. The PBA Prescription Drug Program utilizes a formulary tier system and contains a Central Fill Provision.

The following co-payments apply to your Prescription Drug Benefit:

- ❖ \$5.00 co-payment for Generic Drugs
- ❖ \$5.00 co-payment for Formulary
- ❖ \$8.00 co-payment for Non-Formulary

BENEFITS PROVIDED

The program covers most medications which require a prescription by either state or federal law, have been approved by the Food and Drug Administration (FDA), for use in connection with the treatment of the diagnosis for which the drug is being dispensed, are prescribed by a licensed practitioner and dispensed by a licensed pharmacist.

OBTAINING BENEFITS

When using a participating pharmacy, no claim forms are necessary. Present the PBA/CAREMARK plastic identification card and the prescription to your pharmacist. The pharmacist will dispense the prescription and CAREMARK will reimburse the pharmacy directly. The member will pay only the applicable co-payment. If in doubt as to whether or not the pharmacy is participating in our program, the member may obtain the name and location of participating pharmacies by contacting CAREMARK at 1 (800) 722-7911.

ARRANGEMENTS FOR CONTINUED USE OF A PARTICULAR MEDICATION

A number of medications are considered to be maintenance drugs and are prescribed for such conditions as hypertension, heart disease, diabetes, etc. When prescribed by a physician, it is usually for a prolonged period of time. To eliminate the need to repeatedly visit a pharmacy each month, CAREMARK has a Mail Service Program. The Mail Service Program will provide the member with a three (3) month supply of a prescribed medication, and the prescription will be mailed directly to the member's home. To use this program, the member should refer to their CAREMARK Prescription Drug Benefit Program Booklet or call CAREMARK at 1 (800) 722-7911 or at www.caremark.com.

SUPPLEMENTAL BENEFITS

SUPPLEMENTAL BENEFITS PROVIDED

In addition to those benefits provided by the City of New York, the Health and Welfare Fund of the Patrolmen's Benevolent Association provides benefits that augment the basic coverage, but vary according to what basic program the member selected. Some supplemental benefits are provided through the purchase of a rider from the various carriers involved and some are provided on a self-insured, self-administered basis.

LIFE INSURANCE

The Patrolmen's Benevolent Association of the City of New York, Inc. and the Health and Welfare Fund provides an extensive Term Life Insurance program for every active member in the amount of \$120,000.

DESIGNATION OF BENEFICIARY(S)

Every Police Officer, when appointed to the force, is required to complete various enrollment cards/forms designating the beneficiary(s) of the life insurance policies. To change the designated beneficiary(s), new cards and/or forms must be completed by the member and filed with the member's records. These enrollment forms may be obtained from the PBA or PBA Funds Office.

Should the member wish to verify the current beneficiary(s) of record, the member must contact the PBA or PBA Funds Office and request the information in writing. The information will be mailed to the member's address of record. Beneficiary(s) information will not be provided via the telephone, or to persons other than the member.

Members are advised that changing the beneficiary designation of the Life Insurance Program in NO WAY affects the New York City Pension beneficiary designation, nor does it affect any designation through the MetLife Insurance program, the Health and Welfare eligible dependent records, or any other program with which the member is enrolled.

LIVING BENEFIT OPTION

The Living Benefit Option allows a covered member with a limited life expectancy to be paid part of the group life benefit, up to a maximum of 50% of the face amount of Insurance, but not to exceed \$50,000 (members should consult their tax advisor).

Members are free to spend the proceeds as they wish-on travel, family, expenses, etc. The death benefit payable to the member's beneficiary upon the member's death will be reduced by any benefits paid under the Living Benefit Option. This benefit is available once in the member's lifetime, and is only payable in a lump sum.

PLEASE NOTE THAT:

- ❖ If insurance was assigned by the employee previously, this option may not be elected.
- ❖ The insured must claim this benefit voluntarily. If the insured is required by law or government agency to exercise this option, the claim will be denied.
- ❖ The consent of the beneficiary is not required when the insured elects the Living Benefit Option.
- ❖ The life insurance amount will be reduced by the amount paid under the Living Benefit Option.

LIFE INSURANCE AFTER TERMINATION

Life insurance coverage terminates when a member is no longer an active police officer. In most cases a member may apply for a personal policy under the Conversion Privilege within thirty-one (31) days after his or her life insurance ceases. If a person dies during the thirty-one (31) days and before the personal policy goes into effect, the amount payable under the group contract is limited to the maximum amount that could have been converted under a personal policy.

CO-PAYMENT BENEFITS

Effective January 1, 1999, a co-payment benefit will be available for all members under which the Health and Welfare Fund of the Patrolmen's Benevolent Association will reimburse the member directly for co-payments incurred by the member and/or his or her eligible dependents for any office visits under the member's City of New York basic health insurance. The Fund will not reimburse the co-payment for diagnostic care (lab and x-rays). The PBA Funds Office will make reimbursement **only after ten (10) office visits have been adjudicated** by your health carrier, provided the member has supplied to the PBA Funds Office the appropriate documentation.

For those members enrolled in the GHI-CBP program, the member is required to submit to the PBA Funds Office a copy of the GHI Explanation of Benefits detailing the fact that an office visit occurred. **No other form of documentation will be accepted.**

For those members enrolled with HMO and Point of Service subscribers, the member is required to submit a copy of cancelled check(s), both front and back, for each office visit, or a copy of a credit card receipt. Please indicate the patient name and type of service on each check. **No receipts directly from the participating provider shall be accepted.**

Each member should submit his or her documentation as it is received. Claims for reimbursement received more than **one (1) year after the office visit will be rejected.** To assist in processing your claim promptly, please provide the member's name, member's social security number, patient's name, relationship to the member and the type of care rendered. The PBA Funds Office will place these documents in the member's file and process them once the Fund Office receives documentation for ten (10) office visits. Thus, the PBA Funds Office will be issuing checks for ten (10) office visits at one time. Following the end of the calendar year after documentation for all remaining office visits has been sent to the attention of the PBA Funds Office, a final check will be issued to each member for any visits during the calendar year for which reimbursement has not already been made.

BENEFITS PROVIDED WHEN ENROLLED IN THE GHI-CBP BLUE CROSS PROGRAM

The PBA Health and Welfare Fund provides the following benefits on a self-insured and self-administered basis:

- ❖ Reimbursement of \$35.00 of the GHI \$175.00 deductible
- ❖ Reimbursement of the \$25.00 co-payment for hospital emergency room treatment
- ❖ Catastrophic Medical Benefit Coverage

FILING FOR BENEFITS

For the benefits provided on a self-insured and self-administered basis, the following applies:

- ❖ Reimbursement of \$35.00 of the GHI deductible - when a member uses the services of non-participating GHI providers, payments are subject to an annual deductible of \$175.00 per individual and \$500.00 per family. The PBA Health and Welfare Fund will reimburse up to \$35.00 per family member when the member submits the GHI voucher(s) showing the \$175.00 deductible has been met, and up to \$100.00 per family should the full \$500.00 deductible be met.

- ❖ Reimbursement of the \$25.00 co-payment for hospital emergency room treatment - under the basic City of New York Empire Blue Cross/Blue Shield program there is a \$25.00 co-payment for covered hospital emergency room charges. The PBA Health and Welfare Fund will reimburse the member this co-payment when the member submits the Empire Blue Cross/Blue Shield Explanation of Benefits showing the co-payment and a copy of the itemized hospital statement.
- ❖ PBA Catastrophic Benefit - this benefit is designed to assist those members who have used non-GHI participating providers and who have incurred, or are reasonably expected to incur, in a calendar year an out-of-pocket expense of \$1,250.00 (\$1,500.00 if the member is not enrolled in the Hi-Option rider) for GHI covered services for eligible family members. The member must be able to provide itemized bills and original GHI Explanation of Benefits for all charges being submitted. When the member believes his or her out-of-pocket expenses for a calendar year will exceed the catastrophic deductible (\$1,250/\$1,500), the member should:
 - ❖ Contact the PBA Funds Office and request a Catastrophic Benefit Claim Form.
 - ❖ Complete the catastrophic claim form, including the year for which the claim is being filed, the member's information, the spousal information (if the member is married, the member must complete the spouse's information), the patient information (complete for all patients, including the member and/or spouse since this benefit is per family per calendar year and includes any bills with a balance for all eligible family members).
 - ❖ Sign and date the front of the Claim form.
 - ❖ Sign and Date the Authorization to Release Information located on the back of the claim form.
 - ❖ Attach copies of all itemized provider bills received to date. Itemized bills must contain:
 - (1) Provider's name and address
 - (2) Providers Tax ID number
 - (3) Date of Service
 - (4) Type of Service
 - (5) CPT code for the Service
 - (6) Provider's Fee for the service with the remaining balance due after the insurance payment
 - ❖ Attach all GHI Explanation of Benefits (EOB).
 - ❖ If the member, patient and /or spouse has other medical coverage, attach copies of the Explanation of Benefits, including rejections, if applicable.
 - ❖ Mail the completed claim form with the bills and vouchers to:

PBA Funds Office
Catastrophic Benefit Claims
40 Fulton Street, Second Floor
New York, NY 10038
 - ❖ Submit additional bills and vouchers as they are received. The bills should be directed to the Catastrophic Department and have the Member's name and Social Security Number on them. It is not necessary to submit an additional catastrophic claim form.

The PBA Funds Office will review the information submitted and will request any additional documentation needed to process the claim. Payment will be based on a fee schedule set by the Trustees and payment will be sent directly to the member, with a statement showing the service being covered and the balance that is the member's responsibility.

BENEFITS PROVIDED WHEN ENROLLED IN THE HIP/HMO PROGRAM

The PBA Health and Welfare Fund, on a self-insured and self-administered basis, provides the following benefits:

- ❖ Durable Medical Equipment

REIMBURSEMENT OF CHARGES FOR DURABLE MEDICAL EQUIPMENT

Where certain conditions may require the use of durable medical equipment, such as wheelchairs, artificial limbs, orthopedic appliances, etc., the PBA Health and Welfare Fund provides a benefit toward the cost of these items. The benefit covers the cost of such durable equipment, but not to exceed **eighty percent (80%) of the reasonable and customary charges. There is a maximum of \$1,000.00 in a twelve (12) month period and a lifetime maximum of \$3,500.00 per family.**

To file for the medical equipment benefit you must obtain a Medical Equipment Claim form from the PBA Funds Office. The completed claim form and an itemized bill should be returned to the PBA Funds Office.

LEGAL SERVICES

The Legal Services Fund of the Patrolmen's Benevolent Association of the City provides job-related legal and civil legal representation to active police officers.

LEGAL SERVICES PROVIDED

Active members of the Health and Welfare fund are afforded legal services arising out of activities in the scope of their employment as a police officer, subject to the terms and conditions of the PBA's Constitution and By-laws, including:

- ❖ Defense of criminal charges
- ❖ Disciplinary proceedings
- ❖ GO-15's in EEO proceedings
- ❖ Trial Room
- ❖ OATH
- ❖ CCRB
- ❖ Allegations and investigations
- ❖ The handling of administrative law matters and appeals, where warranted
- ❖ Article 78 proceedings and appeals, where warranted
- ❖ Counseling on Pension, Disability, and Retirement matters
- ❖ Counseling on grievances

Also, subject to the terms and conditions of the PBA's Constitution and By-laws, the Fund's attorneys will provide legal defense in certain civil proceedings brought against a covered member in State and Federal Courts. These cases stem from a member having taken police action within the scope of his or her duties or otherwise having acted lawfully as a police officer, when the City of New York fails or otherwise refuses to provide a legal defense.

PROVIDER OF LEGAL SERVICES

Covered legal services are provided as of May 1, 1998, by the firm of:

Worth, Longworth, Bamundo & London, LLP
111 John Street
New York, NY 10038

APPLICATION FOR LEGAL BENEFITS

When the services of any attorney are needed to assist in any of the covered services, the member should telephone his or her PBA board member at the PBA office at (212) 233-5531 or the PBA General Counsel's office at (212) 298-4144.