

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

PLAN SPONSOR AND TRUSTEES

The Plan Sponsor of the Retiree 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 Retiree Health and Welfare Fund and their eligible dependents.

WHO IS A "MEMBER"?

A member is a Police Officer who retired from the New York City Police Department with the rank of patrolman on or after January 1, 1971, is receiving a pension from the New York City Police Department Pensions System, and for whom the City contributes to the Retiree Health and Welfare Fund of the Patrolmen's Benevolent Association. Additionally, those members or dependents whose benefits were discontinued, but have elected to exercise their rights under COBRA to purchase benefits from the PBA Funds Office are also considered members of the Retiree 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 of retirement as a patrolman of the Police Department of the City of New York. However, if a member retired on a Vested Interest (Service retirement with 5 to 20 years of service), the member is not eligible for the benefits of the Retiree Health and Welfare Fund until they reach what would have been their twentieth (20th) year of service.

Dependents acquired after your date of retirement 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 Retiree 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 retirement. 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 Retiree 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 Retiree 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 the member is removed for the New York City Police Department Pension System. Benefits also cease upon the death of a member.

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

When 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 Retiree 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

All covered dental procedures are paid based on a fixed schedule of allowances, and subject to an annual deductible of \$100 per person, with a maximum of \$300, per family.

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.

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 Retiree 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)**, once every twenty-four **(24) months**, 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.

OUT OF AREA OPTICAL BENEFITS

In addition to the paid-in-full benefit available in the New York metropolitan area, the PBA Retiree Health and Welfare Fund, in conjunction with Davis Vision, has negotiated a benefit whereby participating optometrists will be available in each and every state. By utilizing the services of the panel, each member will be insulated from large out-of-pocket expenses.

Depending upon the state in which you seek services, there is a distinct co-payment each time the benefit is used.

DAVIS VISION SERVICE REGIONS EXAMINATION AND DISPENSING CO-PAYMENT AMOUNTS

Region	Co-payment for Examination (including glasses if needed)	Co-payment for glasses only
1	\$36.00	\$6.00
2	\$46.00	\$16.00
3	\$56.00	\$16.00
4	\$69.00	\$16.00

**DAVIS VISION SERVICE REGIONS EXAMINATION AND DISPENSING CO-PAYMENT AMOUNTS
(CONTINUED)**

Region 1	Region 2	Region 3	Region 4
Connecticut	Colorado	Alabama	Alaska
Delaware	Iowa	Arizona	California
Illinois	Kentucky	Arkansas	Hawaii
Louisiana	Maryland	District of Columbia	New Mexico
Massachusetts	Michigan	Florida	
New Jersey	Minnesota	Georgia	
New York	Missouri	Idaho	
Ohio	Montana	Kansas	
Pennsylvania	North Carolina	Maine	
Puerto Rico	Oregon	Mississippi	
Rhode Island	Tennessee	Nebraska	
South Carolina	Virginia	Nevada	
Texas	Wisconsin	New Hampshire	
	Indiana	North Dakota	
		Oklahoma	
		South Dakota	
		Utah	
		Vermont	
		Washington	
		West Virginia	
		Wyoming	

For the examination co-payment, a licensed optometrist will perform an eye examination which includes dilation (when professionally indicated), as well as test for glaucoma, color discrimination, refraction, near point visual function analysis and, where appropriate, provide a member with a prescription for lenses. The PBA Optical Plan also provides coverage for prescription glasses including:

- ❖ Tinted plastic lenses
- ❖ Verification of accuracy of the finished glasses
- ❖ Adjustment of the finished glasses
- ❖ Follow up work as necessary

This benefit requires that the frames chosen come from the Davis Vision/PBA Optical Plan display. While the majority of services are covered for the co-payment, there are certain exceptions which would require a surcharge. Please refer to the Optical Benefit booklet for a detailed list of surcharges.

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 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 Retiree Health and Welfare Fund of the Patrolmen's Benevolent Association provides a **mandatory generic** benefit for prescription drugs for all retired 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.

LIMITATIONS ON COVERAGE

Up Front Deductible: \$50.00 per individual/\$100.00 per family (2 individuals must satisfy deductible).

Co-Payments:

- ❖ Generic – Greater of \$20.00 or 25%, not to exceed CAREMARK discounted cost of drug
- ❖ Formulary – Greater of \$40.00 or 25%, not to exceed CAREMARK discounted cost of drug
- ❖ Non-Formulary – Member pays 100% of CAREMARK discounted cost of drug

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 Retiree 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.

HEARING AID BENEFIT

The Retiree Health and Welfare Fund provides a hearing aid benefit to all eligible retired members and their eligible dependents.

When prescribed by a licensed physician, the PBA Funds Office will reimburse up to a maximum of \$350.00 toward the purchase of a hearing aid.

LIMITATIONS ON COVERAGE

This benefit is limited to one (1) purchase every thirty-six (36) months for each eligible family member.

COVERAGE EXCLUSIONS

Coverage is not available for:

- ❖ Exams
- ❖ Repairs
- ❖ Batteries
- ❖ Ear molds
- ❖ Service or maintenance contracts

OBTAINING BENEFITS

When a member or an eligible dependent requires a hearing aid, the member should contact the Funds Office for a Hearing Aid claim form. This claim form must be completed by the member and the prescribing physician. The completed claim form should be submitted to the PBA Funds Office, with a **PAID ITEMIZED BILL** for the Hearing Aid.

The allowed payment will be mailed directly to the member.

BENEFITS PROVIDED WHEN ENROLLED IN THE HIP/HMO PROGRAM

The PBA Funds Office, on a self-insured and self-administered basis, provides the following benefits:

- ❖ Durable Medical Equipment

OBTAINING BENEFITS

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 Retiree Fund provides a benefit toward the cost of these items. The benefit covers the cost of such durable equipment, but reimbursement is **limited to eighty (80%) percent of 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.