

1199SEIU HIP VIP® MEDICARE PLAN
Summary of Benefits
For Eligible Retirees Living in the 5 boroughs of
New York City which includes
Brooklyn, Bronx, Manhattan, Queens and Staten Island

1199SEIU National Benefit Fund

➤ PROFESSIONAL SERVICES	1199SEIU HIP VIP MEDICARE PLAN
PCP office visits	\$0 copay per visit
Specialist office visits	\$10 copay per visit
Annual physical exam/preventive care	Covered in full
Physical, Speech & Occupational Therapy	\$10 copay per visit
Flu & Pneumonia Vaccinations	Covered in full
Diagnostic Services including X-ray, Lab Tests, EKG's, MRI's and CAT Scans	Covered in full
• Professional Services	Covered in full
Routine Foot Care (Up to 4 visits per year)	\$10 copay per visit
Chiropractic Care	\$10 copay per visit

➤ INPATIENT HOSPITAL SERVICES	1199SEIU HIP VIP MEDICARE PLAN
Surgeon & physician fees	Covered in full
Semi-private room and board	Covered in full
Anesthesia	Covered in full
Nursing care (hospital provided)	Covered in full
X-ray & Lab tests	Covered in full
Prescribed drugs	Covered in full
Operating & recovery room fees	Covered in full
Intensive Care Unit	Covered in full
Therapy (physical, radiation, chemotherapy)	Covered in full

➤ OUTPATIENT FACILITY SERVICES	1199SEIU HIP VIP MEDICARE PLAN
Ambulatory surgery	\$50 copay per visit
Emergency room fees	\$50 copay per visit (waived when admitted to the hospital)
Ambulance service to the hospital	\$50 copay per service
Renal dialysis	Covered in full
Diagnostic & Therapeutic Services	Covered in full
• Facility Services	\$50 copay per visit

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➤ MENTAL HEALTH AND ALCOHOL AND SUBSTANCE ABUSE CARE	1199SEIU HIP VIP MEDICARE PLAN
Mental Health Care <ul style="list-style-type: none"> • Inpatient: no limit in a general hospital; 190-day lifetime limit in a psychiatric facility • Outpatient therapy 	\$0 copay per admission \$20 copay per visit
Alcohol and Substance Abuse Care <ul style="list-style-type: none"> • Inpatient: based on medical necessity, up to Medicare limits • Outpatient therapy 	\$0 copay per admission \$20 copay per visit

➤ PRESCRIPTION DRUGS **	1199SEIU HIP VIP MEDICARE PLAN
When prescribed by a HIP Participating Provider and filled at a Participating Pharmacy	Reference Formulary: \$0 copay per 30-day (unlimited) supply for generic. \$0 copay per 30-day supply for brand name drugs (unlimited). Non-Formulary: copay amount determined by drug classification per 30-day supply for non-formulary brand name drugs (unlimited). HIP mail order pharmacy services are available. Up to a 90 day supply of maintenance drugs may be obtained by mail order.

➤ OTHER BENEFITS	1199SEIU HIP VIP MEDICARE PLAN
Skilled Nursing Facility Care Up to 100 days per benefit period (non-custodial)	\$0 copay (days 1-20) \$25 copay per day (days 21-100)
Home Health Care (non-custodial)	Covered in full
Hospice Care Provided by Medicare-certified hospice. Covered for 180 days plus unlimited 60-day extension if Medicare guidelines are met.	Covered by Medicare

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➤ OTHER BENEFITS (CONT'D)	1199SEIU HIP VIP MEDICARE PLAN
Routine Vision Care <ul style="list-style-type: none"> • One eye exam per calendar year by a HIP Participating provider. • One pair of eyeglasses every 12 months when chosen from a select group of frames at a participating optical provider. • Corrective lenses after cataract surgery 	<p>\$15 copay per visit</p> <p>Covered in full</p> <p>Covered in full</p>
Hearing Aid When prescribed by a HIP Participating Provider and chosen from a select group of hearing aids at a participating hearing aid provider.	<p>One hearing aid or a \$500 credit toward the purchase of a hearing aid every 36 months</p>
Dental Care Services	<p>Dental Maintenance Organization Comprehensive dental program. Diagnostic, preventive, minor restorative and minor oral surgery have \$0 co-payment. All other services have a co-payment according to set fee schedules.</p>
Durable Medical Equipment	<p>Covered in full</p> <p>*20% coinsurance applied to customized equipment.</p>

FOOTNOTES

**Durable Medical Equipment must be Medically Necessary, in accordance with Medicare guidelines and prescribed by a HIP Participating Medical Provider, to be covered. Please note prior approval for customized Durable Medical Equipment must be obtained through the CMP program.*

*** Prescription coverage for National Benefit Fund members is shown above. If you are not a National Benefit Fund member, your prescription coverage may vary and will be based upon the limits set forth by your specific Benefit Fund. Contact the 1199SEIU Benefit Fund for more information about your particular coverage.*

HIP Health Plan of New York is an HMO operating with Medicare + Choice contract. Enrolled members must use HIP Participating Providers for all medical and hospital services except for emergency care or urgently needed care. If you receive medical or hospital care that is not provided or authorized by HIP (other than emergency care or urgently needed care as defined in your contract) neither HIP nor Medicare will pay for that service and you will be responsible for payment of care. This benefit package is subject to change annually at the plan's contracted renewal time with the Centers for Medicare & Medicaid Services. (CMS)

The benefits described in this Benefit Summary are effective from 10-01-04 through 12-31-05. The benefits described above are a summary of the benefits provided under this plan. Please review your member Evidence of Coverage for a full description of the benefits, terms and conditions of the coverage provided under this plan.