

## \* COMPARISON OF UFT & CSA BENEFIT PROGRAM \*

In transitioning from a teaching position to a supervisory position your city-provided basic health plan remains unchanged. Your Welfare Fund benefits are different, and the following chart presents these differences.

upd: 10/2006

### U. F. T.

#### PRESCRIPTION DRUGS

**Pharmacy Program: Effective July 1, 2005**

**Retail Pharmacy** (30 day supply or 100dos.unit  
\$5 -generic, \$15 - preferred brand, \$35 - non-preferred brand .

**Mail Away Program:** (90 day supply or 100 dos. Units  
\$10 - generic, \$30 - preferred brand, \$70 non-preferred brand.

**Retail Maintenance Pharmacy:** (90 day supply or 100 dosage units  
\$10 - generic, \$40 preferred brand, \$80 - non-preferred

#### **CuraScript Specialty Pharmacy:**

Provides personalized care for conditions such as Multiple sclerosis, hepatitis and rheumatoid arthritis Delivery is free and a patient care coordinator will be assigned to help organize delivery and remind you when refills are needed as well as work with your physician to therapy is consistent.

#### **Prior Authorization :**

will be required for certain medications which require that the prescribing physician provide a letter of medical necessity and diagnosis.

#### **Step Therapy:**

A program that encourages the use of the best medication for your condition.

#### **Mandatory Mail Order & Retail Maintenance**

##### **Network :**

All maintenance medications must be obtained from the Express Scripts/NPA Mail order Pharmacy. Maintenance medications are not allowed to be dispensed at a retail pharmacy after being filled 3 times

##### **OR**

At a participating retail maintenance pharmacy. The co-pay will be slightly higher than at the Express Scripts/NPA Mail Order Pharmacy

**PICA** drugs (Injectable & Chemotherapy) are covered separately by ESI.

#### **OPTICAL PROGRAM**

1 Certificate every 24 months

### C S A

#### PRESCRIPTION DRUGS

**Retail Pharmacy Program:**

\$50 annual deductible - \$150 family maximum  
Member pays co-insurance of 20% of CSA's discounted rate.

#### **Mail Away Program:**

No deductible. No Co-insurance  
Co-pays=\$8 or \$15 (generic/non-generic

Fund reimburses copays of other primary providers

Drugs available over the counter, regardless of strength, are not covered by this plan. Patients with medical justification may be accommodated thru mail away program

**PICA** drugs (Injectable & Chemotherapy) are covered separately by ESI

#### **OPTICAL PROGRAM**

1 certificate every 12 months  
The CSA Union provides additional coverage once every 24 months paying up to \$65 for members and \$50 for dependents for costs not covered by Fund.

**LASER VISION CORRECTION SURGERY**  
N/A

**HEARING AID PROGRAM**

Coverage = \$375 - \$400 once every 3 years

**DEATH BENEFIT**

Decreasing coverage ranging from \$30,000 for members under 40 years of age to \$1,600 for members over 69 years of age.

**DENTAL BENEFIT**

Two plans offered:  
Choice of Schedule Plan or Dentcare HMO

**SUPPLEMENTAL MEDICAL**

None.

Only HIP and other HMO enrollees covered for anesthesia at 80% of reasonable and customary rates.

Private duty nursing covered (after 72 hrs.) 4th day to 60th day at 80% reasonable and customary medically justified for RN or LPN. Appliances - after \$25 Deductible - 80% of reasonable and customary to \$1,500 per yr/ \$3,000 lifetime maximum.

**CATASTROPHIC MEDICAL**

None.

**SURVIVOR BENEFITS**

Not Provided

**MENTAL HEALTH COVERAGE**

Not Provided.

**LASER VISION CORRECTION SURGERY**

Effective 1/1/2002, once in a lifetime benefit of \$500 reimbursement to defray cost of surgery. Participating providers available to provide discount.

**HEARING AID PROGRAM**

Coverage = \$600 once every 3 years  
Patient pays \$35 co-pay when participating provider is used.

**DEATH BENEFIT**

Coverage is \$10,000 for members.

**DENTAL BENEFIT**

Two plans offered:  
Choice of Schedule plan SIDS (same as UFT with \$25 annual deductible) or Healthplex Dentcare HMO.

**SUPPLEMENTAL MEDICAL**

All members covered for benefits supplemental to the City Health plan coverage for services such as ambulance charges, orthotics, appliances, physical and speech therapy, wigs for patients with alopecia or as a result of chemotherapy. After \$150 deductible, coverage at 80% to \$2,000 per yr. Excess costs covered by Catastrophic benefit.

**CATASTROPHIC MEDICAL**

Unreimbursed expenses exceeding \$1,500 for above services or any other covered medical service such as private duty nursing, surgery, anesthesia, in or out of hospital medical or laboratory charges, radiation or chemotherapy charges, co-payment or deductible charges made by City plan will be reimbursed at 80% for first \$1,250 and thereafter is 100% up to \$50,000 per year. (Co-pays for participating GHI providers not included)

**SURVIVOR BENEFITS**

Eligible dependent survivors are covered by Fund for 5 years after death of member. First 2 years coverage includes COBRA costs for City Health coverage.

**MENTAL HEALTH COVERAGE**

Members in HMO - reimbursement of co-payments for network provided out-patient therapy.