

Health Benefits Primer – Part 5 Supplemental and Catastrophic Medical

This month we conclude the series of articles dealing in-depth with your Welfare Fund Benefits with a discussion of the supplemental medical and catastrophic stop loss benefits. As with the previous benefits, there are differences in these benefits depending upon the fund in which you are a participant.

Supplemental Medical – DCC/CSA Welfare Fund

The Supplemental Medical Benefit provides coverage for benefits that are not completely covered, or not covered at all, by the employer-provided health plan. The Fund reimburses reasonable and customary expenses for covered procedures at 80% after a \$ 150 per person / \$ 450.00 per family annual deductible. A maximum payment of \$ 10,000 per family is provided in any calendar year. These services include: anesthesia and its administration; emergency professional ambulance services to and from the nearest hospital, oxygen and its administration, necessary appliances and prosthetic devices not available “off the shelf”; orthotics prescribed by a physician and custom manufactured are covered up to \$ 400 per person per year at a maximum of \$ 400; wigs for those undergoing cancer therapies or diagnosed with alopecia areata up to \$ 700; necessary physical or speech therapy up to a maximum of 30 visits per year; routine podiatry care not covered by HIP, up to four treatments per year; reasonable and customary charges for in hospital medical or surgical care provided “out of area” which is not fully reimbursed by HIP; and the \$ 25.00 co-payment for out-of-hospital psychiatric treatment covered by HIP (in-patient hospital charges are not covered).

Supplemental Medical – CSA Welfare Fund (Active Members)

The Supplemental Medical Benefit provides coverage for benefits that are not completely covered, or not covered at all, by the employer-provided health plan. The Fund reimburses reasonable and customary expenses for covered procedures at 80% after a \$ 150 per person / \$ 450.00 per family annual deductible. A maximum payment of \$ 2,000 per person is provided in any calendar year. These services include: emergency professional ambulance services to and from the nearest hospital, necessary appliances and prosthetic devices not available “off the shelf”; orthotics prescribed by a physician and custom manufactured are covered up to \$ 400 per person per year at a maximum of \$ 400; wigs for those undergoing cancer therapies or diagnosed with alopecia areata up to \$ 1,000; necessary physical therapy, speech therapy, or acupuncture provided by an MD up to a maximum of 20 visits per year offset by the number of treatments covered by the employer-provided plan.

Supplemental Medical – CSA Retiree Welfare Fund (Retired Members)

The Supplemental Medical Benefit provides coverage for benefits that are not completely covered, or not covered at all, by the employer-provided health plan. The Fund reimburses reasonable and customary expenses for covered procedures at 80% after a \$ 100 per person / \$ 250.00 per family annual deductible. A maximum payment of \$ 5,000 per person is provided in any calendar year. These services include: emergency ambulance; non-emergency ambulance or ambulette if medically necessary; necessary appliances and prosthetic devices not available "off the shelf"; orthotics prescribed by a physician and custom manufactured are covered up to \$ 400 per person per year at a maximum of \$ 400; wigs for those undergoing cancer therapies or diagnosed with alopecia areata up to \$ 1,000; up to 20 chiropractic visits; necessary physical or speech therapy up to a maximum of 20 visits per year; co-payments incurred for those in HMO plans (not applicable to those in GHI plans); the \$ 300 per admission hospital deduction; surgery, anesthesia, invasive diagnostic exams (i.e. colonoscopy) radiation and chemotherapy (exclusive of drug costs); private duty nursing (to a maximum of \$ 10,000 per year), up to 3 pair of surgical stockings (\$ 100 total) and portable toilet seats.

Catastrophic Stop-Loss – CSA Welfare Fund (Active members)

`This benefit provides a 'safety-net" for fund participants who incur large out-of-pocket medical costs. There is a \$ 1,500 deductible, after which the Fund reimburses the next \$ 1,250 of unreimbursed expenses at 80%. After this, expenses are reimbursed at 100%. The fund uses a table of usual and customary fees to determine it's allowable charge for all items: Amounts in excess of the usual and customary amount are not reimbursed. The \$ 150 per person Welfare fund deductible and amounts not reimbursed by the fund (20% of the allowable charges) under the supplemental medical benefit are included in the catastrophic benefit deductible.

Catastrophic Stop-Loss – CSA Welfare Fund (Retired members)

`This benefit provides a 'safety-net" for fund participants who incur large out-of-pocket medical costs. There is a \$ 1,000 deductible, after which the Fund reimburses the next \$ 1,250 of unreimbursed expenses at 80%. After this, expenses are reimbursed at 100%. The fund uses a table of usual and customary fees to determine its allowable charge for all items: Amounts in excess of the usual and customary amount are not reimbursed. The \$ 100 per person Welfare fund deductible and amounts not reimbursed by the fund (20% of the allowable charges) incurred under the supplemental medical benefit (except for those for prescription drug co-payment reimbursements and home health aide reimbursements) are included in the catastrophic benefit deductible.

Filing a Claim – All Funds

A claim for reimbursement by your welfare fund must be submitted within 12 months of either the date of service or date the primary insurance coverage made its payment. To

file a claim with the welfare fund, include a copy of the provider's bill and a copy of the primary insurance explanation of benefits.

Marsh Affinity Group \$ 2 Million Catastrophic Coverage – Optional for all members

This plan is offered to CSA members through either our national union, AFSA, or through the Civil Service Retired Employees Association. The premium and deductible vary with the source of the coverage, with the CSREA coverage generally having a lower premium and deductible.

With this plan, the deductible is charges incurred, not out-of-pocket expenses. Once the deductible has been reached, a claim is established with the insurance plan, and any cost not reimbursed by a participant's basic health plan and welfare fund can be submitted for reimbursement. The cost for this coverage is generally very reasonable, only a few hundred dollars per year. Please note that since this is optional coverage, you can be denied coverage or charged a surcharge based upon your health.