

BENEFIT	CSA RETIREE WELFARE FUND	CSA RETIREE CHAPTER (RSSC)
SUPPLEMENTAL MEDICAL PROGRAM	REIMBURSEMENT @ 80% OF COSTS AFTER \$100 ANNUAL DEDUCTIBLE REIMBURSEMENT OF EXPENSES SUPPLEMENTAL TO COVERAGE PROVIDED BY GHI OR HMO FOR ALL OF BELOW LISTED SERVICES SURGERY / ANESTHESIA / DIAGNOSTIC INVASIVE PROCEDURES SUCH AS COLONOSCOPES AND BRONCHOSCOPES PRIVATE DUTY NURSING RADIATION & CHEMOTHERAPY COSTS EXCLUSIVE OF DRUGS EMERGENCY AMBULANCE NOT FULLY COVERED BY BASIC CITY PLAN / NON-EMERGENCY AMBULANCE OR AMBULETTE SERVICES BY REVIEW WIGS FOR CANCER TREATMENT OR ALOPECIA (\$1,000 MAX PER YEAR) SURGICAL STOCKINGS (3 PAIR A YEAR MAX) eff: 1/1/05 (\$150 annual max) REMOVABLE OR PORTABLE TOILET SEAT (1 per yr./\$100 max) eff: 1/1/05 ORTHOTICS (MAX=\$400); PHYSICAL & SPEECH THERAPY UP TO 20 VISITS \$300 HOSPITAL DEDUCTIBLE (MAX=\$750) HMO OFFICE VISIT COPAYS REIMBURSEMENT	ALL COVERAGE SUPPLEMENTAL TO WELFARE FUND COVERAGE. PAYMENT UP TO 15% OF FUND COVERAGE UNLESS OTHERWISE STATED. NO DEDUCTIBLE. NO CO-PAYS, NO MAXIMUM FOR ALL OF BELOW LISTED SERVICES SUPPLEMENTAL TO WELFARE FUND - 15% OF FUND PAYMENT SUPPLEMENTAL TO WELFARE FUND - 15% OF FUND PAYMENT SUPPLEMENTAL TO WELFARE FUND - 15% OF FUND PAYMENT N/A (COST INCLUDED IN CATASTROPHIC BENEFIT) N/A (COST INCLUDED IN CATASTROPHIC BENEFIT) N/A (COST INCLUDED IN CATASTROPHIC BENEFIT) N/A (COST INCLUDED IN CATASTROPHIC BENEFIT) N/A (COST INCLUDED IN CATASTROPHIC BENEFIT) N/A (COST INCLUDED IN CATASTROPHIC BENEFIT) N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)
EXTENDED HOSPITALIZATION	THE CITY HEALTH PLAN COVERAGE FOR GHI-CBP/EBCBS PROVIDES COVERAGE OF 365 FULL DAYS OF HOSPITALIZATION FOR NON-MEDICARE ELIGIBLE MEMBERS FOR MEDICARE ELIGIBLE = EXTENDED COVERAGE TO 365 DAYS IS PROVIDED ONLY THROUGH THE OPTIONAL BENEFITS RIDER HOWEVER, CSA PICKS UP THE COST FOR THIS EXTENDED HOSPITALIZATION COVERAGE EVEN IF RIDER IS NOT SELECTED	COVERED BY CSA RIDER
SURVIVOR BENEFITS	ELIGIBLE DEPENDENT SURVIVORS COVERED BY FUND FOR 5 YEARS AFTER DEATH OF MEMBER AT NO COST THEREAFTER, COVERAGE AT COBRA RATE WITHOUT TIME LIMITATION	SURVIVING SPOUSE MUST BE ELIGIBLE FOR CSA RETIREE WELFARE FUND BENEFITS IN ORDER TO OBTAIN BENEFITS FROM RETIREE CHAPTER. BENEFITS ARE THE SAME AS THOSE PROVIDED MEMBERS. SURVIVORS WHO DO NOT HAVE A DRUG PLAN WILL BE PROVIDED WITH \$1,500 IN DRUG REIMBURSEMENT AFTER A \$1,500 DEDUCTIBLE.
OPTIONAL RIDER PREMIUM	FOR MEDICARE ELIGIBLE ONLY CARRYING CITY PLAN & OPTIONAL RIDER - REIMBURSEMENT = \$40/mo. / AUTOMATIC REIMBURSEMENT AT END OF YEAR	N/A

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DENTAL PROGRAM	CHOICE OF FOUR PLANS OFFERED: SIDS(SCHEDULE PLAN); DENTCARE (HMO) AMERICAN DENTAL OF FLORIDA(HMO); OR DELTA USA PLAN (HMO)	UNDER DEVELOPMENT
OPTICAL PROGRAM	1 CERTIFICATE EVERY 12 MONTHS VISUAL AID MACHINE (\$500 MAX ONCE IN A LIFETIME BENEFIT) LASER VISION CORRECTION \$500 (ONCE IN A LIFETIME BENEFIT)	SUPPLEMENTAL TO WELFARE FUND UP TO \$35 PER YEAR
HEARING AID PROGRAM	\$600 ONCE EVERY 3 YEARS CO-PAY=\$35	SUPPLEMENTAL TO WELFARE FUND UP TO \$600 EVERY 3 YEARS
HOME HEALTH AIDE CARE	EFFECTIVE 1/2005 - COVERAGE PROVIDED FOR POST HOSPITALIZATION HOME HEALTH CARE. PHYSICIAN CERTIFICATION REQUIRED TO PROVIDE COVERAGE BY CERTIFIED HOME HEALTH AIDE. AFTER \$100 ANNUAL DEDUCTIBLE. COVERAGE OF 80% TO ANNUAL MAX OF \$6,000 WITH LIFETIME LIMIT OF \$18,000	SUPPLEMENTAL TO WELFARE FUND 15% OF PAYMENT OF WHAT WELFARE FUND PAYS. NO DEDUCTIBLE, NO CO-PAY, NO MAXIMUM
CATASTROPHIC/STOP LOSS COVERAGE	EFFECTIVE DATE= 1/2005 REIMBURSEMENT OF MEDICAL EXPENSES FOR ALL OUT OF POCKET EXPENSES NOT FULLY COVERED BY BASIC HEALTH PLAN INCLUDING OFFICE VISITS, LAB CHARGES ETC. PROVIDED BASIC PLAN COVERS THESE SERVICES AFTER \$1,000 DEDUCTIBLE. FUND REIMBURSES 80% OF ADDITIONAL EXPENSES TO \$1,000 IN PAYMENT, THEREAFTER AT 100% TO \$50,000 ANNUALLY \$250,000 LIFETIME MAXIMUM	SUPPLEMENTAL TO WELFARE FUND ADDITIONAL 15% OF PAYMENT OF WHAT WELFARE FUND PAYS. NO DEDUCTIBLE, NO CO-PAY, NO MAXIMUM
RX COPAY REIMBURSEMENT FOR NON-MEDICARE/GHI RETIREES AND HMO RETIREES	EFFECTIVE 2006 - RX COPAY REIMBURSEMENT = SUBJECT TO \$100 DEDUCTIBLE / PAYABLE @ 80% / MAX=\$5,000	SUPPLEMENTAL TO W.F. - 15% OF FUND PAYMENT
RX COPAY REIMBURSEMENT GHI MEDICARE ELIGIBLE	AFTER MEETING \$3,600 TROOP EXPENSE - REIMBURSEMENT OF COPAYS = NO DEDUCTIBLE / PAYABLE @100% / MAX=\$5,000	SUPPLEMENTAL TO W.F. - 15% OF FUND PAYMENT

ELIGIBILITY FOR RETIREE CHAPTER SUPPLEMENTAL HEALTH BENEFITS

Enrollees must join within 6 months of their retirement date in order to receive benefits. Anyone joining after the 6 month enrollment period may not claim Retiree Chapter supplemental health benefits for 3 years from the enrollment date.