

**BENEFIT****CSA RETIREE WELFARE FUND****CSA RETIREE CHAPTER\*\***

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| <b>DENTAL PROGRAM</b>   | CHOICE OF FOUR PLANS OFFERED:<br>SIDS (SCHEDULE PLAN); DENTCARE (HMO)<br>AMERICAN DENTAL OF FLORIDA (HMO) OR DELTA<br>DENTAL (HMO)  | UNDER DEVELOPMENT  |
| <b>OPTICAL PROGRAM</b>  | 1 CERTIFICATE EVERY 12 MONTHS<br><i>Effective Jan. 1, 2023</i> \$150 REIMBURSEMENT DIRECT TO PARTICIPANT<br>GVS participating provider up to \$150<br><br>VISUAL AID MACHINE (\$500 MAX-ONCE IN A LIFETIME)<br><br>LASER VISION CORRECTION \$500 (ONCE IN A LIFETIME)<br><br>MULTI-FOCAL LENS FOLLOWING CATARACT SURGERY - \$ 500 PER EYE<br>(ONCE IN A LIFETIME)                                 | <b>EFFECTIVE JANUARY 1, 2018:</b> SUPPLEMENTAL TO WELFARE<br>FUND – UP TO \$65 PER YEAR FOR MEMBER AND COVERED<br>SPOUSE |
| <b>HEARING AID PROGRAM</b>  | <i>Effective Jan. 1, 2014</i> - \$800 ONCE EVERY 3 YEARS -  | <b>EFFECTIVE JANUARY 1, 2012:</b> SUPPLEMENTAL TO WELFARE<br>FUND UP TO \$800 EVERY 3 YEARS                              |
| <b>HOME HEALTH AIDE CARE</b>  | <b>EFFECTIVE 1/2019</b> – COVERAGE PROVIDED FOR POST HOSPITALIZATION<br>HOME HEALTH CARE. PHYSICIAN CERTIFICATION REQUIRED TO<br>PROVIDE COVERAGE BY CERTIFIED HOME HEALTH AIDE. AFTER \$100<br>ANNUAL DEDUCTIBLE, COVERAGE =80% TO ANNUAL MAX OF \$10,000<br>LIFETIME LIMIT=\$30,000   | SUPPLEMENTAL TO WELFARE FUND = 20% OF PAYMENT OF<br>WELFARE FUND PAYMENT<br>NO DEDUCTIBLE/NO CO-PAY/NO MAXIMUM           |
| <b>CATASTROPHIC /STOP LOSS<br/>COVERAGE</b>   | EFFECTIVE 1/2005<br>REIMBURSEMENT OF MEDICAL EXPENSES FOR ALL OUT OF POCKET<br>EXPENSES NOT FULLY COVERED BY CITY BASIC HEALTH PLAN INCLUDING<br>OFFICE VISITS, LAB CHARGES ETC. PROVIDED BASIC PLAN COVERS THESE<br>SERVICES AFTER \$1,000 DEDUCTIBLE, FUND REIMBURSES 80% OF<br>ADDITIONAL EXPENSES TO \$1,000 IN PAYMENT, THEREAFTER, AT 100%<br>TO \$50,000 ANNUALLY / \$250,000 LIFETIME MAX | SUPPLEMENTAL TO WELFARE FUND ADDITIONAL 20% OF<br>WELFARE FUND PAYMENT.<br>NO DEDUCTIBLE/NO CO-PAY/NO MAXIMUM            |
| <b>RX CO-PAY REIMBURSEMENT FOR<br/>NON-MEDICARE/GHI RETIREES<br/>AND HMO RETIREES</b>             | EFFECTIVE 2006<br>RX CO-PAY REIMBURSEMENT = SUBJECT TO \$100 DEDUCTIBLE /<br>PAYABLE @ 80% / MAX=\$10,000   | SUPPLEMENTAL TO WELFARE FUND ADDITIONAL 20% OF<br>FUND PAYMENT   |
| <b>RX CO-PAY REIMBURSEMENT FOR<br/>GHI MEDICARE ELIGIBLE RETIREES<br/>W/CITY PLAN &amp; RIDER</b> | FOR 2023 = AFTER MEETING \$7,400 TROOP EXPENSE– REIMBURSEMENT<br>OF CO-PAYS = NO DEDUCTIBLE/ PAYABLE @100%/ MAX=\$5,000<br>For 2022 = AFTER MEETING \$7,050 TROOP EXPENSE, 2021 TROOP =<br>\$6,550  | N/A  |
| <b>RX CO-PAY REIMBURSEMENT FOR<br/>MEDICARE ELIGIBLE SURVIVING<br/>SPOUSES</b>                    | SURVIVING SPOUSES COVERED BY A CITY PLAN THROUGH COBRA/ <u>or</u><br>OWN HEALTH PLAN W/RX COVERAGE = RX CO-PAY REIMBURSEMENT=<br>\$100 DEDUCTIBLE /@ 80% / MAX = \$5,000  | SUPPLEMENTAL TO WELFARE FUND = 20% OF FUND<br>PAYMENT  |

**\*\*ELIGIBILITY FOR RETIREE CHAPTER SUPPLEMENTAL BENEFITS:**

Enrollees must join within 12 months of their retirement date. Anyone joining after the 12 month enrollment period may not claim Retiree Chapter supplemental health benefits for 18 months from the enrollment date.

(Surviving spouses must join within 6 months of the member's death)

| <u>BENEFIT</u>                      | <u>CSA RETIREE WELFARE FUND</u>  | <u>CSA RETIREE CHAPTER</u>   |
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| <b>SUPPLEMENTAL MEDICAL PROGRAM</b> | <p>REIMBURSEMENT @80% OF COSTS AFTER \$100 ANNUAL DEDUCTIBLE<br/>REIMBURSEMENT OF EXPENSES SUPPLEMENTAL TO COVERAGE PROVIDED BY GHI OR HMO FOR ALL OF BELOW LISTED SERVICES</p> <p>SURGERY / ANESTHESIA / DIAGNOSTIC INVASIVE PROCEDURES SUCH AS COLONOSCOPIES AND BRONCHOSCOPIES</p> <p>PRIVATE DUTY NURSING (Separate \$10,000 Max)</p> <p>RADIATION &amp; CHEMOTHERAPY COSTS EXCLUSIVE OF DRUGS</p> <p>EMERGENCY AMBULANCE NOT FULLY COVERED BY BASIC CITY PLAN / NON-EMERGENCY AMBULANCE OR AMBULETTE SERVICES BY REVIEW (\$2,500 MAX)</p> <p>WIGS FOR CANCER TREATMENT OR ALOPECIA (\$1,000 MAX PER YEAR)</p> <p>SURGICAL STOCKINGS(3 PR. YEAR MAX) EFF: 1/1/05 =(\$150 ANNUAL MAX)<br/>REMOVABLE OR PORTABLE TOILET SEAT (1 PER YR/\$100 MAX)</p> <p>ORTHOTICS (MAX=\$400 per pair, 2 pair maximum – total \$800)</p> <p>PHYSICAL, SPEECH, OCCUPATIONAL THERAPY &amp; COUNSELING – UP TO \$2,000 REIMBURSEMENT AFTER PRIMARY BENEFIT EXHUSTED (eff. 1/2015)</p> <p>ACUPUNCTURE – UP TO 36 VISITS PER YEAR BY LICENSED PROVIDER, MAX ALLOWABLE CHARGE \$100 PER VISIT</p> <p>\$300 HOSPITAL DEDUCTIBLE (MAX=\$750)</p> <p>HMO OFFICE VISIT COPAYS REIMBURSEMENT</p> | <p>ALL COVERAGE SUPPLEMENTAL TO WELFARE FUND COVERAGE. PAYMENT UP TO 20% OF FUND COVERAGE UNLESS OTHERWISE STATED. NO DEDUCTIBLE/NO CO-PAYS/NO MAXIMUM FOR ALL OF BELOW LISTED SERVICES</p> <p>SUPPLEMENTAL TO W.F. - 20% OF FUND PAYMENT</p> <p>SUPPLEMENTAL TO WELFARE FUND - 20% OF FUND PAYMENT</p> <p>SUPPLEMENTAL TO WELFARE FUND - 20% OF FUND PAYMENT</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>N/A (COST INCLUDED IN CATASTROPHIC BENEFIT)</p> <p>SUPPLEMENTAL TO WELFARE FUND - 20% OF FUND PAYMENT</p> |
| <b>EXTENDED HOSPITALIZATION</b>     | <p>THE CITY HEALTH PLAN COVERAGE FOR GHI-CBP/EBCBS PROVIDES COVERAGE OF 365 FULL DAYS OF HOSPITALIZATION FOR NON-MEDICARE ELGIBLE MEMBERS</p> <p>FOR MEDICARE ELIGIBLE = EXTENDED COVERAGE TO 365 DAYS IS PROVIDED ONLY THROUGH THE OPTIONAL BENEFITS RIDER.</p> <p>HOWEVER, CSA PICKS UP THE COST FOR THIS EXTENDED HOSPITALIZATION COVERAGE EVEN IF RIDER IS NOT SELECTED</p>  | COVERED BY CSA RIDER   |
| <b>SURVIVOR BENEFITS</b>            | <p>ELIGIBLE DEPENDENT SURVIVORS COVERED BY FUND FOR 5 YEARS AFTER DEATH OF MEMBER AT NO COST</p> <p>THEREAFTER, COVERAGE AT COBRA RATE WITHOUT TIME LIMITATION</p>   | <p>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</p>   |