

Optional Benefits

Extended Disability

Total disability is defined as **the inability to work in any job for which you are fitted by education, training or experience, due to an illness or injury** . The carrier for this benefit is **The Standard Life Insurance of New York** .

Total disability must be **verified by an evaluating physician** approved by the carrier.

Participants may elect after one year of service to purchase the **optional extended long term disability plan** . If the election is made **within 60 days** of initial eligibility, issue is "guaranteed"-no medical evaluation is required to qualify for the higher level of protection. **Later elections require a medical evaluation by the carrier** . The medical forms are available here for residents of [New York](#), [New Jersey](#), [Connecticut](#) or [Pennsylvania](#). Address is on the form.

For a premium-generally met through payroll deduction-the benefits are improved three ways:

- **Income replacement is at 60% of pre-disability basic salary** with a minimum of \$1,500 per month and a maximum of \$6,000 per month. Actual payment is net of required deductions, as described above.
- **The duration of payments is not constrained to five years** , but extends from inception to age 65. If the participant is over 60 on the disability effective date, the five-year/age-70 provision of the basic plan applies.
- **Pension payments are made** on behalf of the participant to a TIAA-CREF (defined contribution) pension in the amount of 10% of pre-disability basic salary.

The premium is determined by an age and salary matrix available from the carrier or from the PSC-CUNY Welfare Fund. It will change from time to time with changes to salary and increases to age. The plan year begins April 1st. Premium changes according to age and salary will be reflected in the employee's paycheck deduction or billing at the start of the applicable plan year.

Welfare Fund Continuation of Benefits During Disability Payment Period

Other Welfare Fund benefits continue for the duration of the benefit payment period. The benefit payment period may end for a variety of reasons, most typically the end of the disabling condition or return to work, or attainment of the maximum age or duration limit of the benefit, whether it is the basic coverage or the extended coverage. **When the benefit payments stop, eligibility for other benefits also stops.***

A brochure providing more detailed information on the PSC-CUNY Welfare Fund Long Term Disability Program is part of the material distributed to each new employee who will be a plan participant.

An insurance certificate explaining the features of the long term disability plan through the Standard Life Insurance Company is available [here](#). Copies of the insurance certificate are also available off-line and may be requested through a campus Benefits Officer or by contacting the PSC-CUNY Welfare Fund.

This description was expanded and clarified, April 2011.

Life Insurance

If under age 65, you and your spouse can apply for up to \$1 million in term life insurance at premiums negotiated specifically for NYSUT members. If you are between the ages of 65 and 84, you may be eligible for a lesser amount of insurance. The life insurance is underwritten by MetLife, and the program is administered by Mercer Consumer. For more information and links to online applications please follow this link to [NYSUT Member Benefits](#) .

Long-Term Care

Enrollment in the the benefit described here is closed. This description is meant to serve as a brief overview of the John Hancock program for current plan participants. A complete policy certificate is available to plan participants by calling 888-513-2071 or 800-543-7108.

Welfare Fund members who wish to enroll in a long-term care program may choose a benefit endorsed by New York State United Teachers (NYSUT). Information on the program offered by New York Long Term Care Brokers is available [here](#).

Benefits

This policy is intended to provide payment toward care that becomes necessary for persons unable to care for themselves due to chronic illness, severe physical impairment, the normal aging process, or cognitive impairment, such as Alzheimer's disease or senile dementia, which requires constant supervision.

This long-term care insurance provides payment for services ranging from nursing home care to skilled nursing care to custodial care at home, including help with daily activities such as eating and dressing, to professional attention. It also includes services offered through adult day health care programs and other community agencies. The plans are designed to help safeguard financial assets and plan for the future by providing financial protection against the devastating cost of long-term care.

Some plan benefits vary according to personal choices made at the time of enrollment and during periodic premium rate increases. However, all participants have contracted for a specific Daily Maximum Benefit (DMB), usually an amount between \$100 and \$350, which is the most the insurance may pay for all covered services received on any day, for a term of four or five years, depending on the contract.

Participants become eligible for benefits when a John Hancock Coordinator verifies that eligibility requirements have been met. Generally, this is when the participant needs substantial

assistance by another person to perform two or more of the five Activities of Daily Living: bathing and/or dressing, eating, transferring, toileting, and maintaining continence, due to loss of functional capacity which is expected to continue for at least 90 days. Benefits begin when a 90-day Qualification Period has been completed.

Personal Policy Information

Coverage under the plan varies according to choices made by policy holders at the time of enrollment and during periodic premium rate increases. For specific details, plan participants must refer to the individual *certificate* issued by the John Hancock company. **If a certificate has been lost or misplaced, participants must call John Hancock at 888-513-2071 or 800-543-7108 for a replacement.**

Catastrophic Major Medical

Enrollment in the the benefit described here is closed. This description is meant to serve as a broad overview of the Welfare Fund Catastrophe Major Medical program for current policy holders.

The Catastrophe Major Medical Insurance Plan has been designed to supplement the basic health insurance policy as well as supplemental policies provided by the PSC-CUNY Welfare Fund. Additionally, it pays in excess of Medicare Parts A & B. The plan includes a large deductible and may limit certain benefits. In addition to addressing uncovered expenses of the basic health insurance, benefits covered under this plan include: Convalescent Home Benefits, Home Health Benefits, and Private Duty Nursing Services.

Eligibility

Full-time or retired members, spouses and domestic partners are eligible to apply for coverage, regardless of age as long as all are covered under the NYC Health Benefits Program or Medicare (Parts A and B). An insured member's unmarried, dependent children from birth to 26 years are also eligible.

Deductible

There is a \$10,000 deductible (or the amount paid by the health insurance if higher). When insured, reasonable and customary eligible expenses count toward meeting deductible in full. Even those eligible expenses paid for by the basic health insurance policy, as well as those paid out of own pocket, count toward the deductible.

Enrollment (currently closed)

[Catastrophe Major Medical Insurance Description](#)

[Payroll Deduction Authorization](#)

Effective Date

Coverage will be effective following receipt and acceptance of the written application and applicable premium payment. Applicants must meet medical conditions of insurability.

Premium

The premium for this plan is based on age when insurance becomes effective and on attained age bracket on renewal dates.

Premiums may be paid through a) payroll/pension deduction (with the authorization noted above), b) automatic check withdrawal or c) direct billing.

Benefit Period

An insured's benefit period begins on the date the first eligible expense is incurred and will cease at the earlier of: completion of 10 years from the day eligibility expenses were first incurred; \$2,000,000 has been paid; the insured recovers; after 24 months from the date the first eligible expense is incurred if 90 consecutive days pass without at least \$150 of eligible expenses being incurred; or the end of 12 consecutive months during which no charge is incurred.

Survivor's Coverage

Coverage continues for covered dependent spouse or domestic partner and children as long as the dependents meet eligibility requirements, premiums are paid at the adjusted rate (depending on the survivor's age) and the policy remains in force.