



\$2,000,000 Catastrophe Major Medical Insurance Plan

FOR PSC-CUNY WELFARE FUND MEMBERS AND THEIR FAMILIES

Includes convalescent home & home health care benefits, private duty nursing, and more!

The PSC-CUNY Welfare Fund Catastrophe Major Medical Insurance Plan is now more important than before!



Why? There are really two main reasons.

- #1 Medical costs will continue to increase.**
- #2 Your basic health insurance may not be capable of covering a catastrophic illness or accident.**

If you were involved in a catastrophic accident or illness, the last thing you would want to be concerned with would be your medical and hospital expenses. Yet, many people don't realize that their health insurance may not be able to pay all the costs associated with such a major medical expense.

Most health plans (including Medicare) have a limit on the benefits they will pay. While your current plan may have a significant lifetime benefit (perhaps \$1,000,000), this amount can quickly be depleted by a catastrophe.

And what if your recuperation required a stay in a convalescent center? Who would pay those bills? Without the insurance protection of a plan like the PSC-CUNY Welfare Fund Catastrophe Major Medical Insurance Plan ... you would.

The PSC-CUNY Welfare Fund Plan is designed to enhance your various City of New York coverages or Medicare. It picks up where those coverages leave off. That's why this Plan includes a \$10,000 deductible (or the amount paid by your health plan, whichever is greater). **Once your deductible is met, the Catastrophe Major Medical Plan pays up to 100% of all eligible reasonable and customary expenses up to a maximum of \$2,000,000 per benefit period for up to 10 years from the date the first eligible expense is incurred and used to satisfy the deductible.**

Works with your Basic Health Coverage

All applicants must be covered under a basic health insurance plan. The required basic plan is a medical insurance plan which provides benefits at least as great as the following: semi-private room and board up to 70 days; \$10,000 for extra hospital services other than room and board; \$25,000 for physician services; and a lifetime maximum benefit of \$1,000,000. At claim time, if you do not have a basic plan equal to these benefits, any charges incurred for: the first 70 days of each hospital confinement; the first \$10,000 of charges for chemotherapy, radiation therapy, physical or

speech therapy; the first \$25,000 of charges for physician services; and the first \$2,500 of charges for out-of-hospital prescription drugs will not be covered.

IMPORTANT FEATURES

Catastrophe Coverage

The Catastrophe Major Medical Insurance Plan is **DESIGNED TO HELP PICK UP ELIGIBLE EXPENSES** not covered by the various City of New York Employee Benefit Programs, any other major medical, hospitalization plans or Blue Cross/Blue Shield. It even pays beyond the limits of Medicare Parts A and B. These plans may provide adequate health insurance protection, but may **LIMIT BENEFITS ON A YEARLY BASIS** and may **LIMIT BENEFITS AGAIN** as to covered charges. The \$2,000,000 Catastrophe Major Medical Insurance Plan has been designed to enhance your basic policy and ease your financial concerns.

Who Is Eligible?

All members in good standing and retired members are eligible to apply for coverage for themselves and their lawful spouse/domestic partner. An insured member's unmarried, dependent children from birth to 29 years are also eligible (subject to state variations). All applicants must be covered under a basic medical plan or Medicare Parts A & B.

Effective Date

Coverage will be effective following receipt and acceptance of the written Application and applicable premium payment. The effective date for insurance will be delayed if the insured or insured dependents are unable to perform the normal activities of a person of like age and sex, with like occupation or retired status. Insurance will take effect on the day the insured resumes such activities.

Coverage for Recurrent Conditions

You are eligible for the maximum benefit as much as \$2,000,000 during one benefit period. If a period of 12 consecutive months passes in which no covered expenses are incurred, treatment for the same or related condition will be treated as a new illness with a new deductible and benefit period. If less than 12 consecutive months pass between the incurred covered expenses, treatment for the same or related condition will be treated as part of the same claim with the same benefit period and maximum limit.

Convalescent Home Benefits

Anyone at any age can require confinement in a convalescent or custodial care facility due to a non-job related injury or sickness. That's why this is an extremely important benefit to you ... a benefit that may not be included in your basic health insurance plan. Should ANY insured family member become confined as an in-patient in a convalescent or custodial care facility due to a non-job related injury or sickness, after the deductible is satisfied, the Plan pays eligible expenses for room and board, general convalescent care services and supplies up to \$400 per week — up to 52 weeks (lifetime maximum). Confinement must begin within fourteen days following hospitalization of at least three days and must be due to the injury or sickness which required the hospitalization.

A Convalescent Home **MEANS** a licensed institution that has on its premises — organized facilities to care for and treat its patients; a staff of physicians to supervise such care and treatment; and a registered nurse on duty at all times. A Convalescent Home **DOES NOT** mean a place, or part of one, which is used mainly for — the aged; alcoholics; drug addicts; or persons with mental, nervous or emotional disorders.

Home Health Benefits

After the deductible has been satisfied the Plan will pay the reasonable and customary charges for covered home health care treatment up to 300 visits in any period of 12 consecutive months. These services must be provided by a certified home health care agency. Each visit by a member of a home health care team will be considered as one home health care visit. Four hours of home health aide services will be considered one home health care visit. Home health care is in lieu of confinement in a hospital or skilled nursing facility.

Private Duty Nursing Services

Medically necessary private duty nursing services by a registered or licensed practical nurse while in a hospital or at home — up to \$120 maximum per 8-hour shift (\$360 maximum per day) up to a lifetime maximum of \$35,000 per insured after the satisfaction of your deductible.

Common Disaster Provision

If more than one insured family member is injured in the same accident ... or contracts the same contagious disease within 30 days ... only one deductible needs to be satisfied and each insured family member will still be eligible for up to \$2,000,000 in benefits for up to 10 years from the date the covered expenses were first incurred against the deductible.

Pays Up To 100% Of Eligible Reasonable And Customary Expenses After Your Deductible And Your Basic Plan Benefits

- Hospital charges for daily semi-private room and board and intensive care.
- Miscellaneous hospital services and operating room charges.
- Treatment by a licensed physician — in a hospital, at home or in the office.
- Dental care, treatment or surgery if natural teeth are injured by a covered non-job related accident which occurs while insured; and such services are rendered within 12 months of the accident *or* they are made by a hospital while hospitalized.
- X-ray, physiotherapy (by a licensed physiotherapist) or laboratory services for diagnosis and treatment.
- Anesthetic and its administration.
- Any form of ambulance service (including airplane, railway, etc.) to and from any hospital for treatment prescribed by a licensed physician ... as much as \$2,000 lifetime maximum per insured.
- Prescription drugs, casts, splints, braces, trusses or crutches both in and out of the hospital.
- Oxygen and rental of equipment for its administration and rental of wheelchairs or hospital beds.
- Rental of mechanical equipment for treatment of respiratory paralysis; rental of mechanical equipment for medical or surgical treatment.
- PLUS ... Expenses for room and board, general nursing care services and supplies for convalescent or custodial care as an in-patient in a convalescent home up to \$400 per week for up to 52 weeks (lifetime maximum).

Your Deductible

The \$2,000,000 Catastrophe Major Medical Insurance Plan includes a \$10,000 deductible (or the amount paid by your health insurance, whichever is greater). When insured, eligible reasonable and customary expenses count toward your deductible in full. Even those eligible expenses paid for by your health insurance policy as well as those paid out of your own pocket count toward meeting your deductible.

Once you become insured under the Plan, you have up to one full year to satisfy your deductible beginning with the date the first eligible expense is incurred for a covered injury or sickness and used to satisfy the deductible. And, once the deductible is satisfied during any one benefit period, benefits are payable for eligible expenses incurred for hospital-surgical-medical and convalescent care, regardless of whether or not the expenses are related to the same injury or sickness.

Payroll Deduction Option

All actively employed members are eligible to apply for this coverage through payroll deduction. Simply select the payroll deduction option on the enclosed Application and return it with the Payroll Deduction Authorization Card. Your premiums will then be deducted over 26 pay periods.



Pension Deduction Option

All retired members who are in the Teachers Retirement System (TRS) or the Teachers Insurance Annuity Association (TIAA) are eligible to apply for this coverage through pension deduction. Simply select the pension deduction option on the enclosed Application and return it with the Pension Deduction Authorization Card. Your premiums will then be deducted from your pension account over 12 months each year.

Termination of 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 eligible expenses were first incurred (a new deductible must be satisfied when the benefit period ends); two million dollars have 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.

Termination of Coverage

A member's coverage will terminate if the group policy is terminated; the premium is not paid when due; or he/she is no longer a member of PSC-CUNY. Coverage for dependents will terminate if the member's insurance ends; dependents' insurance ends under the group policy; the person ceases to be a dependent, or premium is not paid for the dependent when due.

Alcohol & Substance Abuse Treatment

Charges incurred for diagnosis and treatment of alcoholism, alcohol abuse, substance abuse or substance dependency will be covered — while hospitalized; for in-patient rehabilitation in a certified or accredited alcoholic or substance abuse treatment center, up to 30 days per calendar year; for out-patient diagnosis and treatment in a certified or accredited alcoholic or substance abuse treatment center, up to 60 visits per calendar year. Up to 20 such visits may be for family members of the alcoholic or substance abuser.

Mental, Nervous or Emotional Disorder Treatment

Charges incurred for diagnosis and treatment for psychiatric, mental, nervous or emotional disorders, ailments or illnesses will be covered while hospitalized, up to 30 days per calendar year (if claimant has not already received 30 days coverage from another source); for out-patient visits, up to 30 visits per calendar year, subject to a maximum benefit of \$50 per visit (the facility for such visits must have been issued an operating certificate by the commissioner of mental health pursuant to the mental hygiene law; or be operated by the office of mental health, a psychiatrist or psychologist licensed to practice or a professional corporation of such psychiatrists or psychologists); for up to three (3) psychiatric emergency visits per calendar year, subject to a benefit of \$60 per visit. Benefits provided for emergency visits will reduce benefits otherwise payable for in-patient or out-patient care as described.

Exclusions

No medical care benefits will be paid by the group policy for charges incurred for treatment which: (1) is given after a person's insurance ends, regardless of when the injury or sickness occurred (however, medical care benefits may be provided in the Benefits After Insurance Ends provision of a given benefit section); (2) is not essential for the necessary care or treatment of the injury or sickness involved; (3) would be given free of charge if the person was not insured; (4) results from a war or an act of war; (5) results from intentionally self-inflicted injury; (6) is given by a person's spouse or his or his spouse's father, mother, son, daughter, brother or sister; (7) is given by a person's employer or an employee of such employer, dental care, treatment or surgery except to the extent that it is necessary to treat a non-job related injury to natural teeth, the injury is caused by an accident which occurs while insured and such services are rendered within 12 months of the accident or they are made by a hospital while the person is insured; treatment for temporomandibular joint dysfunction (TMJ) will be covered except for those charges for crowns or bridgework; eye exams to prescribe or fit corrective lenses for eyeglasses except to the extent that it is necessary to treat a non-job related injury and the injury is caused by an accident which occurs while insured, cosmetic treatment or surgery except to the extent that it is necessary to treat a non-job related injury or sickness or a congenital disease or anomaly of a dependent child resulting in a functional defect; diagnosis and treatment for alcoholism or alcohol abuse and substance abuse or substance dependence or psychiatric, mental, nervous or emotional disorders, ailments or illness except as provided herein, or for persons who are not covered under a basic plan at time of claim, the following charges will not be covered: hospital charges incurred during the first 70 days of each confinement; the first \$10,000 of charges for chemotherapy, radiation therapy, physical therapy or speech therapy that would otherwise be covered; the first \$25,000 of charges for physician services that would otherwise be covered.

Eligible expenses for Home Health Care do not include services or supplies not included in the insured's Home Health Care Plan as established by attending physician; and transportation services or care provided while the person is not under the continuing care of a physician. This plan does not cover charges to buy or rent air conditioners; air purifiers; motorized transportation equipment; escalators or elevators in private homes; eye glass frames or lenses; hearing aids; swimming pools or supplies for them; general exercise equipment; charges for a routine physical exam, except charges for preventive mammography and cytologic screening.

This listing is representative of the losses not covered. All the exclusions are detailed in the Certificate of Insurance.

Survivor's Coverage

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

Pre-Existing Conditions

An injury or sickness for which an ordinarily prudent person would have sought medical advice, diagnosis, care

or treatment within 6 months prior to the effective date of coverage, or any injury or sickness for which medical advice, diagnosis, care or treatment was recommended or received within 6 months prior to the effective date is a pre-existing condition. A pregnancy that exists on the

effective date is also a pre-existing condition. Pre-existing conditions will not be covered until the insured has been covered under the Group Policy for 12 continuous months. All covered accidents and sicknesses which originate after the effective date of insurance are covered immediately.

CATASTROPHE MAJOR MEDICAL INSURANCE

Affordable Group Premium Rates

Note: All premiums — are based on applicant's age when insurance becomes effective and on applicant's attained age on renewal dates. Premiums increase when the insured enters a new age bracket. Although this is a group plan, rising trends in medical costs could result in a future premium increase on a group basis. You, however, will never be singled out for an increase in cost.

PAYROLL DEDUCTION PREMIUMS (Based on 26 Pay Periods)				
\$10,000 DEDUCTIBLE				
Applicant's Age	Applicant Only	Applicant & Spouse/ Domestic Partner	Applicant & Spouse/ Domestic Partner & Child(ren)	Applicant & Child(ren)
Under 40	\$1.60	\$3.19	\$5.56	\$3.96
40-49	3.19	6.40	8.76	5.57
50-59	5.30	10.62	12.98	7.68
60-64	7.99	15.98	18.36	10.36
65 & Over	9.88	19.74	22.80	12.48

PENSION DEDUCTION & AUTOMATIC CHECK WITHDRAWAL PREMIUMS				
These rates are based on 12 Monthly Payment Periods				
\$10,000 DEDUCTIBLE				
Applicant's Age	Applicant Only	Applicant & Spouse/ Domestic Partner	Applicant & Spouse/ Domestic Partner & Child(ren)	Applicant & Child(ren)
Under 40	\$3.47	\$6.92	\$12.06	\$8.59
40-49	6.94	13.86	19.00	12.06
50-59	11.51	23.00	28.14	16.63
60-64	17.33	34.64	39.78	22.45
65 & Over	21.38	42.78	49.42	27.02

SEMI-ANNUAL DIRECT BILL PREMIUMS				
\$10,000 DEDUCTIBLE				
Applicant's Age	Applicant Only	Applicant & Spouse/ Domestic Partner	Applicant & Spouse/ Domestic Partner & Child(ren)	Applicant & Child(ren)
Under 40	\$20.76	\$41.52	\$72.30	\$51.54
40-49	41.58	83.16	113.94	72.36
50-59	69.00	138.00	168.78	99.78
60-64	103.92	207.84	238.62	134.70
65 & Over	128.34	256.68	296.52	162.18

All billing modes except annual will include a \$2.00 billing fee. To avoid the fee, select EFT as a safe and secure payment option.

