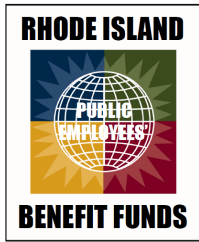


Health Care Benefits  
Provided by Your  
2018-2022 Local Union 1033  
Contracts



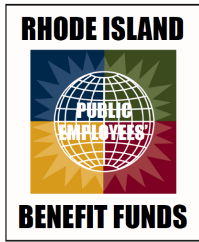
- This presentation is intended to highlight the healthcare benefits provided to Local Union 1033 members through their Union Contract.
- This presentation cannot reflect all of the specificity that a Plan Description Provides. As always, the Summary Plan documentation prevails.
- Operative changes are presented in **BOLD.**



# RI Public Employees' Health Services Fund

## VISION CARE

- Coordinated with the 1033 Health Care Plan - full eye exam during each 12-month period with additional exams as required due to medical conditions.
- Added to this bargained for benefit is your 1033 Health Fund provided vision hardware (glasses, frames, lenses and contact lenses) benefit. The Fund's Improved Vision Plan (benefits increased by 50%) is through a new provider, EyeMed Vision Care, L.L.C. ([www.eyemed.com](http://www.eyemed.com)), a subsidiary of Luxottica, with ownership interests in Lens Crafters, Pearl Vision, Target Optical, Sears Optical, JC Penney Optical, Sunglass Hut, ILORI, [contactsdirect.com](http://contactsdirect.com), and [glasses.com](http://glasses.com) as well as eyeglass frame brands Ray-Ban, D&G, Oakley, Prada, Coach, Vogue, Armani, Tory Burch and others.
- Our Fund's relationship with EyeMed supports Local Union 1033 members with a vastly larger Network of benefit providers as well as in-network frames and lenses. Improved In Network benefits include up to \$150.00 toward frames and lens (every 24 month period) and a 20% discount for costs above that allowance, a 15% discount for LASIK or PRK procedures.



# RI Public Employees' Health Services Fund

## **PREPAID PRESCRIPTION PROGRAM**

HIGHLIGHTS OF THE 1033 ACTIVE MEMBERSHIP RX PROGRAM – provided through MAXORPlus (800 687 8629).

Covered Prescriptions: Only medically necessary prescription medicines with approved FDA registration numbers will be covered.

\*Insulin is covered but blood glucose monitors, test strips, external insulin infusion pumps, devices and injection aids, syringes are covered by the Blue Cross Healthcare Plan, as durable medical equipment, and not by the prescription plan. Member must use Blue Cross designated DME Supplier.

\*All self administered injectable RXs, (except Epi-Pens & Insulin, see above) as well as blood glucose monitors & test strips are covered at 80% and **Female Contraceptive devices & patches (at a \$0 co pay)**, are covered by the Caremark/ CVS Plan and not by the MAXOR prescription plan. **To use your CVS benefit, visit any CVS, provide bin # 004336, group RX 7340, and your name and DOB.**

- Oral Contraceptive RXs are filled through MAXOR at \$0. co pay

DME suppliers: US HOMEMED, LLC 56 PINE ST , PROVIDENCE, RI 02903-2819 NORTHEAST MEDICAL EQUIPMENT INC, 31 WESTERN INDUSTRIAL DRIVE, CRANSTON, RI 02921 VANGUARD HOME MEDICAL, 155 JEFFERSON BLVD, WARWICK, RI 02888-3878 and many others



# RI Public Employees' Health Services Fund

## **PREPAID PRESCRIPTION PROGRAM**

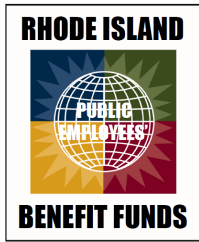
- The benefit design for the active membership includes a three-tier program, which coincides with a preferred drug list which is published twice a year. Tier 1 is Generic RX, Tier 2 is Brand Formulary Preferred RX and Tier 3 is Non Formulary Non Preferred RX.
- Generic Medication shall be dispensed when available and when the generic is therapeutically equivalent. If the Member requests a brand when a generic drug is available, the member will pay the generic co-pay plus the difference between the brand cost and generic cost, even if the Doctor prescribes a brand. There are exceptions to this rule for certain brand drugs that are therapeutically narrow index drugs. Participants are urged to use Generic Medication and save the Fund and the additional costs associated with Brand Name Medication.



# RI Public Employees' Health Services Fund

## PREPAID PRESCRIPTION PROGRAM

- Use of the Plan: Members decide whether to fill prescriptions at the local retail pharmacy, or through mail order. Co-pays and dispensed quantities differ.
  - Local Retail Pharmacy: Receive up to a 30-day supply; per prescription co-pay shall be:
    - Generic Medication - \$5.00
    - Brand Name - Formulary (*Preferred*) Medication - \$15.00
    - Brand Name – Non formulary ( *Non-Preferred*) Medication - \$30.00
  - Mail Order Pharmacy: Receive up to a 90-day supply; per prescription co-pay shall be twice the amount of the 30- day supply(for triple the supply!) :
    - Generic Medication - \$10.00
    - Brand Name - Formulary (*Preferred*) Medication - \$30.00
    - Brand Name –Non formulary ( *Non-Preferred*) Medication - \$60.00



# RI Public Employees' Health Services Fund

## **DENTAL BENEFITS**

- Commencing January 1, 2016, Local 1033 City & PSD Members received significantly improved Dental Benefits under a new plan negotiated and administered by their Union Health Fund. Benefits were improved again in 2017 and 2018 and Today, the 1033 Delta Dental Plan offers the highest level of coverage in the State.
- Network: Delta Dental Premier, with over 145,000 Dentist and Dental Specialist in 292,000 locations throughout the USA. Whether a child is away at School, you are traveling or at home in Rhode Island, In Network- Dental Professionals are readily available. Utilizing an In Network- provider will always result in the greatest and most complete benefit. You may find In Network- providers throughout the Country by visiting [deltadental.com](http://deltadental.com).
- Deductible: Individual/Family \$0.00



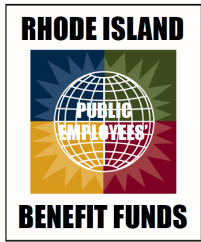
# RI Public Employees' Health Services Fund

## DENTAL BENEFITS

- Yearly Maximum benefit: \$2,000.00 per family member\* with a carry over benefit  
Lifetime Maximum: Dental unlimited - Orthodontics \$2,000.00
- You and every member of your family will receive 100% In Network- coverage for Exams, X rays, Cleanings twice a year, Sealants and Space Maintainers (adolescent), Fillings, Root Canal Therapy, Extractions and other Routine Oral Surgery, Periodontal Maintenance, Tissue regeneration and bone graphs, Repairs to Dentures, Re cementing Crowns or Bridges, Crowns over natural teeth, , Crowns over implants, Partial and, Root Planning/Scaling, Bone surgery, Gingivectomies, **Soft tissue grafts**, Crown lengthening;
- 80% In Network- coverage for **Implants**, Bridges, Complete Dentures Build ups, Posts, Cores, and
- 50% In Network- coverage Orthodontics (**to age 26**).

\*Effective 7-1-18 , with benefits retroactive to 1/1/16, our 1033 Dental Benefit Plan has include a Maximum Carry Over benefit and an In Network- **Carry Over bonus**. This enhancement **allows 1033 members and family members to annually carry over \$250, limited to a cumulative Carry Over maximum benefit of \$2000. and an additional \$100. (total \$350) if all services were provided by an In Network- Dental Office** and the member/family member had a yearly dental visit. (see plan for specific information).





# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

Local Union 1033 Members (and family members) employed by the City & PSD enjoy one of the most advantageous Medical Healthcare Plans available throughout the USA. Our negotiated Plan is based upon Blue Cross of RI's Healthmate Plan and has been continuously improved. Your 1033 Health Fund initially designed this Plan in 1991. Due to our success in providing totally comprehensive coverage at affordable rates, our Plan has been copied by scores of Public Employers.

## COVERAGE LEVELS:

In Network- Payment of a designated and fixed copay with full coverage from a broad network of hospitals, PCP'S, and specialists across the United States. Members will not be billed for charges beyond Blue Cross allowance. The network shall be equivalent to the Blue Cross National PPO Network. Includes a broad-based Local, Regional and National network of hospitals, physicians and other healthcare professionals, plus specialized networks for eye care, lab & x-ray services, DME, chiropractic, home care, mental health/substance abuse.

Out of Network- Members may also choose to see any other non-participating provider and still receive coverage at 80% of the In Network. The network allowance is based upon the U.S. Blue Cross PPO Regional allowance for the Region in which medical services are received.



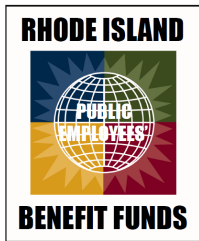
# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

- Deductible – Currently there is NO In Network deductible but there is an Out of Network *annual deductible of \$100 per individual - \$300 per family.*
- **January 1, 2019 - New Employees will have a \$750. per person/\$1500. max per family deductible for In & Out of Network services (excepting preventative and early detention care)**
- **July 1, 2019 - ALL Employees will have a \$750. per person/\$1500. max per family deductible for In & Out of Network services (excepting preventative and early detention care)**

***BUT YOUR FAMILIES COVERAGE WILL BE ENHANCED & YOUR OUT OF POCKET MEDICAL EXPENCES WILL BE LOWER!***

Our City & PSD Local Union 1033 Medical Plan will include a Healthcare Reimbursement Account (HRA) which will directly pay to your Healthcare Providers all deductible expenses....**Pre January 1, 2019 Local Union 1033 members and their family members will bear NO OUT OF POCKET DEDUCTABLE EXPENCES, whether incurred IN or OUT of Network through a funded HRA covering up to \$750 per individual in deductible costs And up to \$1500 in benefits for the entire Family.**

**Post January 1, 2019 members will receive HRA benefits funded at \$300. for an individual Plan and \$600. for a Family Plan. The Union Health Fund will provide an additional \$100 in FSA benefits during the members initial year of Union Membership.**



# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

- Members contributions to the City & PSD Local 1033-Medical Plan – **July 1, 2019**
  - Employees with annual base wages less than \$43,501 shall co-share in the cost of healthcare insurance through pre-tax weekly payroll deduction by the payment of 15% of the negotiated working rate
  - **Employees with annual base wages less than \$51,501.00 but more than \$43,501 shall co-share... 16.5% of the negotiated working rate.**
  - Employees with annual base wages of \$51,501.00 or more shall co-share... 20% of the negotiated working rate.
  - **These rates shall be indexed to reflect the salary increases over the life of the agreement. Example Union members receive 2% wage increase,,, less than \$44,371@15%; \$44,501 to \$52,531@ 16.5%; \$52,531 and greater at 20%**
  - **BUT beginning in July, 2019, 1033 Members will have an opportunity to earn a \$300. annual Individual Plan Credit or a \$600. annual Family Plan Credit** by participating in our **City & PSD Local 1033 Wellness Benefit**; for example Enroll in the program, Get an Annual Exam, Get a Dental Exam and Cleaning, Enroll in Telmed, have a Vision Exam, attend the 1033 Health Screening and receive a \$300. or \$600 (spouse must also participate) credit toward your Medical Plan Co-share.



# Carrot & Stick

## City & PSD - Local 1033 Wellness Benefit

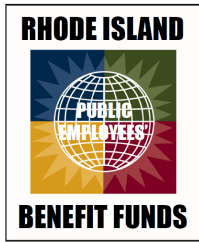
Purpose: Enhance the Quality of Life for every Local 1033 Member and their Family Members by: Incentivize healthy behaviors through a Carrot & Stick approach.

Earn Co Share Credits by participating in preventative medicine & good health events: Example: Clerk IV with family coverage pays a co share of \$2652., with Wellness credits of \$600. co share is reduced to \$2052.

**OR**

**Effective July 1, 2019, any employee who fails to receive an Annual Preventative Medicine Exam during a contract year (July 1 to June 30) shall have his or her co-share obligation increased by an additional one percentage point (1%) (e.g. 21%, 17.5% or 16%) for the following contract year unless exempted by both the Administrator of the RI Public Employees Health Services Fund and the City's Director of Employee Benefits.**

Example: Clerk IV with family coverage pays a co share of \$2652, with Wellness credits of \$600. co share is reduced to \$2052 but by not getting an Annual Exam, co share will be \$2813. !!! \$761. more



# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

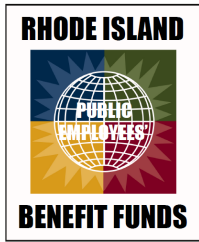
- **PRE-AUTHORIZATION:** Authorization is obtained by participating (In Network) providers. Members are responsible only when using non-participating providers and for certain diagnostic testing, including MRI.
- **ANNUAL MAXIMUM EXPENSE:**

**Benefits increased to full coverage after an annual maximum expense of \$1,000 per individual; \$3,000 per family for all Health Care Plan out of pocket expenses**, separate In Network vs Out of Network. (deductibles & co pays for medical services covered by your PSD Local 1033 Health Care Plan). And your HRA pays \$750./\$1500. (Prior to 7-1-19 \$4000/\$8000)

Benefits increased to full coverage after maximum expense of \$1,300 per individual; \$2,600 per family for all self-administered inoculation out of pocket expenses.

Benefits increased to full coverage after maximum expense of \$1,300 per individual; \$2,600 per family for all oral RX out of pocket expenses.

**MOOP –All deductibles, copays, coinsurance apply to the MOOP!**



# RI Public Employees' Health Services Fund

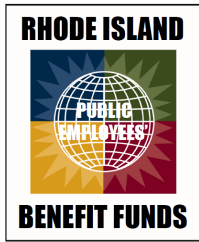
## **CITY & PSD Local 1033-Medical Plan**

- LIFETIME MAXIMUMS: Unlimited.
- DEPENDENT COVERAGE: Spouse, Domestic Partner and children (**Children through the end of month in which the child turns age 26**).
- OUTPATIENT SERVICES: PREVENTIVE & EARLY DETECTION CARE: Including Well-baby visits, Adult Annual, Pediatric Office visits, Preventive counseling/education, Immunizations administered by a Healthcare Professional and Preventative Screenings. In Network- covered in full. Out of Network- \$15 copay, then coverage at 80% of the In Network allowance after meeting the annual deductible.

OFFICE VISITS: In Network- **\$0. co-payment at Network PCMH\***, \$15 co-payment at Primary Care Physician, **\$30. co-payment for Specialist**, excepting Preventative & Early Detection Care as defined above. **\*Patient Centered Medical Home Providers- see directory.**

Out of Network-\$15 copay at Primary Care Physician, **\$30. co-payment for Specialist**, then coverage at 80% of the In Network allowance after meeting the annual deductible.

**TeleMedicine – In Network ONLY, \$7.50 co payment then Covered in Full**



# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

- **EYE EXAMS:** In Network-\$15 co-payment for one routine exam per year, Out of Network-\$15 copay, then coverage at 80% of the In Network- allowance after meeting the annual deductible.
- **OUTPATIENT SURGERY:** In Network- Covered in full, after meeting annual deductible. **(no longer \$100.co payment)**  
Out of Network- Co pay then coverage at 80% of the In Network- allowance, after meeting annual deductible. **(no longer \$100.co payment)**
- **DIAGNOSTIC LAB & X-RAY:** In Network- Covered in full **after meeting annual deductible** (excepting Preventative & Early Detection Care), subject to Pre authorization, at In Network lab, diagnostic and x-ray facilities.  
Out of Network- Plan pays 80% of the In Network- allowance after an annual deductible, (also subject to Pre authorization).
- **CHIROPRACTIC CARE (15 per year total visits)** In and Out of Network):  
In Network- Office visits **\$30. co-payment**; lab tests & x-rays covered in full.  
Out of Network- Office visits **\$30. co pay** then coverage at 80% of the In Network- allowance after an annual deductible; lab tests & x-rays Plan pays 80% of the In Network allowance after an annual deductible.



# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

- INPATIENT SERVICES (includes MATERNITY): **(NO LONGER \$100. Co Payment)**
- HOSPITAL ROOM & BOARD including SURGICAL-MEDICAL: In Network- Covered in full for unlimited days of care in a semiprivate room with all necessary medical services **after meeting the annual deductible.**

Out of Network- Coverage at 80% of the In Network allowance for unlimited days of care in a semiprivate room with all necessary medical services after meeting the annual deductible.

- ORGAN TRANSPLANT: In Network- Covered in full for unlimited days of care for eligible services to the recipient and the donor associated with kidney, liver, lung, heart, cornea and homologous bone marrow transplants, after meeting the annual deductible.

Out of Network- Coverage at 80% of the In Network allowance for eligible services to the recipient and the donor, after meeting the annual deductible.

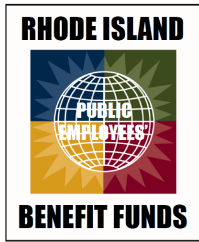
- Free Standing Surgi Center In Network- Covered in full **after meeting the annual deductible (NO LONGER \$100. Co Payment)**
- Out of Network- Coverage at 80% of the In Network allowance after meeting the annual deductible , **(NO LONGER \$100. Co Payment)**





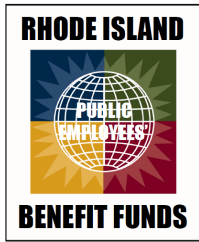
# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

- EMERGENCY ROOM: **\$125. co-payment** for treatment of accident or life threatening medical emergency within 24 hours of onset of symptoms (co-payment waived if admitted to Hospital within 24 hours, including being held for observation for 8 hour or longer).
- URGENT CENTER: "Walk In" In Network- **\$45. Co Pay.**  
Out of Network- **\$45. Co Pay** then coverage at 80% of the In Network allowance after the annual deductible.
- DIALYSIS SERVICES: In patient, outpatient, and home, In Network- covered in full **after meeting the annual deductible.**  
Out of Network- coverage at 80% of the In Network allowance after meeting the annual deductible.
- RADIATION THERAPY/CHEMOTHERAPY SERVICES: outpatient & physician's office, In Network- covered in full.  
Out of Network- coverage at 80% of the In Network allowance after meeting the annual deductible.
- RESPIRATORY THERAPY: outpatient & physician's office, In Network- covered in full.  
Out of Network- coverage at 80% of the In Network allowance after meeting the annual deductible.



# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

- BEHAVIORAL HEALTH, MENTAL HEALTH & SUBSTANCE ABUSE  
INPATIENT: In Network- Covered in full for an unlimited days of care, after meeting the annual deductible .  
Out of Network- Coverage at 80% of the In Network- allowance after meeting the annual deductible.
- OUTPATIENT: In Network- Covered in full for an unlimited days of care.
- Out of Network- Coverage at 80% of the In Network- allowance after meeting the annual deductible.
- PHYSICAL, SPEECH & OCCUPATIONAL THERAPY OUTPATIENT:  
In Network- 80% coverage. **Covered in full if within 30 days of hospital admission.**  
Out of Network- 80% of the In Network allowance after meeting the annual deductible.
- PRIVATE DUTY NURSING & HOME HEALTHCARE:  
In Network- 80% coverage. **Covered in full if within 30 days of hospital admission.**  
Out of Network- 80% of the In Network- allowance after meeting the annual deductible.
- AMBULANCE: - \$50. Co pay per occurrence. Does not include Air Ambulance.



# RI Public Employees' Health Services Fund City & PSD Local 1033-Medical Plan

- DURABLE MEDICAL EQUIPMENT, MEDICAL & DIABETIC SUPPLIES, INTERNAL FORMULA & FOOD, PROSTHETIC DEVICES:

In Network- 80% coverage.

Out of Network- 80% of the In Network allowance after meeting the annual deductible.

- SKILLED NURSING FACILITY CARE (skilled or sub-acute care)

In Network- \$20. per admission co pay then Covered in Full.

Out of Network- \$20. per admission co pay then 80% of the In Network allowance after meeting the annual deductible.

- AUTISM SERVICES: Behavioral analysis, PT, OT, ST and Autism diagnosis:

In Network- covered in full.

Out of Network- 80% of the In Network allowance after meeting the annual deductible.

\* Intermittent Home care services and Home Hospice, Cardiac Rehab, Gender Affirmation Services, Hearing exam, diagnostic testing and Hearing aids, Leukocyte Antigen testing, Infusion Therapy Administration and Infertility Treatment are covered by RI Law, greatest level of coverage is always received In Network.