

Service Employees' International Union

SEIU Local 1, Detroit



SEIU Michigan Health and Welfare Fund
www.seiumichiganbenefits.org

2022 INSURANCE BENEFIT GUIDE

Insurance Benefit Office Located at

TIC International Corporation

Bingham Office Center – Between 12 & 13 Mile Road

30700 Telegraph Road, Suite 2400

Bingham Farms, MI 48025

Office: 248-645-6550, ext. 1271

Fax: 248-645-6557

Benefits are through a Collective Bargaining Agreement between SEIU Local 1 and the participating Employer.
Union members should take this benefit guide to your doctor's appointments as a reference.

PERSONAL MEDICAL DIRECTORY FOR 2022

For your personal use and for your family in case of an emergency.

Personal Physician <i>Doctor should be in the Aetna Network</i> <i>BAS for Directory 1-800-843-3831</i>	Name	
	Address	
	City	
	Office Phone	
	Provider Selection	Aetna Signaure Administrators, PPO (network of doctors and facilities)
	Group #	# 114512
	Member ID # from Card	
GYN--Gynecologist <i>(no referral needed)</i> <i>Doctor should be in the Aetna Network</i> <i>BAS for Directory 1-800-843-3831</i>	Name	
	Address	
	City	
	Office Phone	
	Provider Selection	Aetna Signaure Administrators, PPO (network of doctors and facilities)
	Group #	# 114512
	Member ID # from Card	
Specialist <i>(no referral needed)</i> <i>Doctor should be in the Aetna Network</i> <i>BAS for Directory 1-800-843-3831</i>	Address	
	City	
	Office Phone	
	Provider Selection	Aetna Signaure Administrators, PPO (network of doctors and facilities)
	Group #	# 114512
	Member ID # from Card	
	Pharmacy (Rx) <i>(Prescriptions and OTC Medicine)</i> 1-800-311-3446 www.ehimrx.com	Name
Address		
City		
Office Phone		
Insurance Provider		EHIM, Employee Health Insurance Management
Group #		#50001539-01
Member ID # from Card		
Dentist <i>Dentists should be in the A.D.N. Network</i> 888-236-1100 www.adndental.com	Name	
	Address	
	City	
	Office Phone	
	Insurance Provider	A. D. N. Administrators
	Group #	#10190
	Member ID# from Card	
Vision <i>Optometrist (Primary Vision Care, O.D.)</i> <i>Optician (Lenses and Frames)</i> <i>Ophthalmologist (Eye Doctor, M.D.)</i> 866-393-3401 www.eyemed.com	Name	
	Address	
	City	
	Office Phone	
	Insurance Provider	Eye Med - Advantage Network
	Group #	#1008033
	Member ID# from Card	
Employer <i>Under Collective Bargaining Agreement (CBA)</i> <i>with SEIU Local 1 and Employer; Benefits through</i> <i>SEIU Michigan Health and Welfare Fund</i>	Name	
	Address	
	City	
	Office Phone	
	Payroll Office	
Site Supervisor <i>Person you report to at your work site</i>	Name	
	Phone	
	Work Site Name	
	Work Site Address	
	Work Site City	

WHAT BENEFITS DO I HAVE?

2022 BENEFIT SUMMARY PER YOUR CBA

Collective Bargaining Agreement (CBA) between your Employer and SEIU Local 1
Benefits are through SEIU Michigan Health and Welfare Fund

Under the Fund, there are 6 different "types" of insurance coverage.			1	2	3	4	5	6
Collective Bargaining Agreement	Union Local	Building/Job Worksite (Current Employer is not listed)	Medical	Prescription	Dental	Vision	Life Ins.	Short-term
			Insurance	Insurance	Insurance	Insurance	A.D. & Dis.	Disability
Master	SEIU Local 1, Detroit	All Buildings under Master Agreement*	√	√	√	√	√	√
Site/MB	SEIU Local 1, Detroit	Detroit Yacht Club	√	√	√	√	√	√
Site/MB	SEIU Local 1, Detroit	Detroit Towers Condo Association	√	√	√	√	√	√
Site/MB	SEIU Local 1, Detroit	Fisher Theater	√	√	√	√	√	√
Site/MB	SEIU Local 1, Detroit	LDT, Lansing-Delta Township Plant	√	√	√	√	√	√
Site/MB	SEIU Local 1, Detroit	McNamara Federal Building	√	√	√	√	√	√
Site/MB	SEIU Local 1, Detroit	Pavilion Apartments	√	√	√	√	√	√
Site/MB	SEIU Local 1, Detroit	U.S. Federal Courthouse	√	√	√	√	√	√
Site Specific	SEIU Local 1, Detroit	Comerica Park (Detroit Tigers)	<i>This CBA not been finalized as of the printing of this booklet. Please call Fund office for more details.</i>					
Site Specific	SEIU Local 1, Detroit	Little Caesar's Arena	√	√	√	√	√	√
Site Specific	SEIU Healthcare Michigan	SEIU Local 79 Retirees	N/A	N/A	√	√	N/A	N/A

*Greater Detroit Metropolitan Area Cleaning Contract known as the "Master Agreement."
Master CBA currently has 11 signatory employers/contractors and over 70+ work sites.
Site/MB is a site specific CBA with the same benefits as the Master Agreement.
Site Specific refers to a CBA with "unique" benefits for that particular work site only.

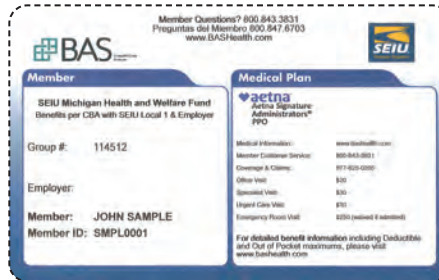
2022 Insurance Benefit "Package" Includes:

<u>Insurance Card #1</u>	Aetna Signature Administrators PPO Network Providers BAS for Eligibility and Claims <i>Major Medical Coverage, Hospital & Physician Services</i> <i>PPO—Preferred Provider Organization</i>
<u>Insurance Card #2</u>	EHIM--Employee Health Insurance Management <i>(Rx) Prescription Coverage</i>
<u>Insurance Card #3</u>	A.D.N. Administrators <i>Dental Insurance Coverage</i>
<u>Insurance Card #4</u>	Eye Med <i>Vision Insurance Coverage—eye exam, glasses, contacts</i>
No Card Issued <i>(Keep this book as a reference)</i>	Mutual of Omaha Insurance Company <i>Life Insurance/Accidental Death & Dismemberment (employee only)</i> <i>Short-term Disability Insurance (employee only)</i>

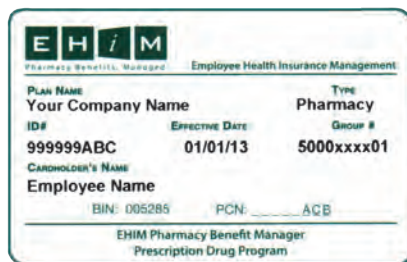
BENEFITS ARE IN EFFECT UNTIL THE END OF THE MONTH IN WHICH YOU TERMINATE YOUR EMPLOYMENT.

What's in your Wallet for 2022?

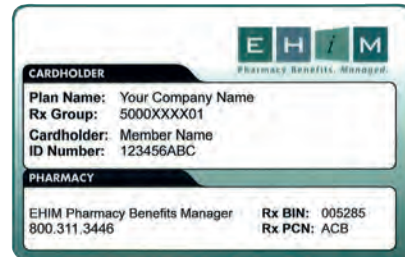
Medical Card—BAS & Aetna



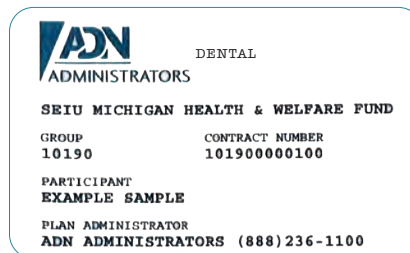
Prescription Card—EHIM



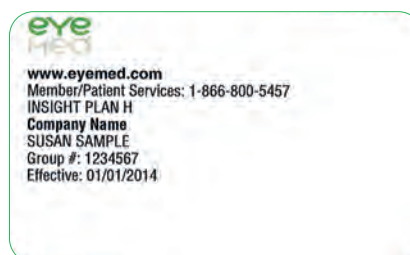
or



Dental Card—A.D.N. Administrators



Vision Card—Eye Med



Your New Medical Card for 2022

SEIU Michigan Health and Welfare Fund

A self-funded health plan. Your card looks different. The Fund pays its own medical claims.

Group #114512

BAS, Benefit Administrative Systems

Confirming Eligibility and Processing Claims

In conjunction with

Aetna Signature Administrators, PPO

A Selection of Doctors and Medical Facilities

Front of Card

Member Questions? 800.843.3831
Preguntas del Miembro 800.847.6703
www.BASHealth.com

Member

SEIU Michigan Health and Welfare Fund
Benefits per CBA with SEIU Local 1 & Employer

Group #: 114512

Employer: PBS Preferred Building Services

Member: John Sample Card
Member ID: xxxxxxx

Medical Plan

Aetna Signature Administrators® PPO
www.aetna.com/asa

Medical Information: www.bashealth.com
Member Customer Service: 800-843-3831
Coverage & Claims: 877-808-4400

Office Visit: \$20
Specialist Visit: \$30
Urgent Care Visit: \$30
Emergency Room Visit: \$250 (waived if admitted)

For detailed benefit information including Deductible and Out of Pocket maximums, please visit www.bashealth.com

Aetna is your *network of medical providers*.
Choose from the approved in-network list by calling BAS at 1-800-843-3831.

Aetna is *not* your insurance company.
Aetna *does not* have information about your eligibility. Benefits are through a union health fund.

If there has been a recent change with an employer, and your card shows the prior employer, it *does not* affect your coverage.

Your doctor's office must confirm your eligibility and coverage by contacting BAS *not* Aetna.

3 Different Ways to Contact BAS

1. www.ProviderPlatform.com
2. Call 708-647-3401
3. Call 800-523-0582

Back of Card

Medical Claims Submission

EDI: Payor ID 36149
Mail: Benefit Administrative Systems, LLC
PO Box 2920
Milwaukee, WI 53201-2920
Providers: 800.523.0582

Eligibility Verification

Provider PLATFORM
For verification of eligibility, claim status and quotation of benefits
24/7 Health Portal: www.ProviderPlatform.com
24/7 IVR with Fax Capabilities: 708.647.3401
Provider Call Unit: 800.523.0582

This card is for identification purposes only and is not a guarantee of benefits.

Utilization

Utilization Review
Hospital Pre-Admission/Admission Call
Services such as inpatient admission, outpatient surgery, etc. may require pre-certification. Refer to your plan booklet for services requiring pre-certification. Please call 833.834.1630 for pre-certification.

Utilization of In-Network Providers
It is your responsibility to verify each provider's participation in the network on the date you obtain services. Failure to do so may result in a reduction of benefits.



**SEIU Michigan Health & Welfare Fund
Health Benefit Plan**



Benefit Period, Annual Deductible, Annual Co-insurance Maximums		
Benefit Period	Calendar year	January 1 through December 31
Annual Deductible	\$200 Individual / \$400 Family	
Coinsurance (Amount member pays)	20%	
Annual Co-insurance Maximum	\$2,200 Individual / \$4,400 Family	The following do not accumulate: Premiums, balance-billed charges, health care this plan doesn't cover, penalties, deductibles, services with 50% Coinsurance & Copays
Services	Coverage	Limitations*
Preventative Services		
Preventative Office Visit/Physical Exam	Covered - Deductible Does Not Apply	
Well Baby Office Visit	Covered - Deductible Does Not Apply	
Routine Hearing Exam	Covered - Deductible Does Not Apply	
Routine Eye Exam	Covered - Deductible Does Not Apply	
Immunizations	Covered - Deductible Does Not Apply	
Related Laboratory & Radiology Services	Covered - Deductible Does Not Apply	
Pap Smears & Mammograms	Covered - Deductible Does Not Apply	
Outpatient and Physician Services		
Personal Care Physician Office Visit	\$20 Copay - Deductible Does Not Apply	
Specialty Physician Office Visit	\$30 Copay - Deductible Does Not Apply	
Gynecology office Visit	\$30 Copay - Deductible Does Not Apply	
Audiology Office Visit	\$30 Copay - Deductible Does Not Apply	
Eye Exam/Office Visit	\$30 Copay - Deductible Does Not Apply	
Allergy Treatment & Injections	Plan pays 80% After Deductible	
Laboratory & Radiology Services	Plan pays 80% After Deductible	
Dialysis	Plan pays 80% After Deductible	
Chemotherapy	Plan pays 80% After Deductible	
Radiology Therapy	Plan pays 80% After Deductible	
Outpatient Surgery	Plan pays 80% After Deductible	
Chiropractic Office Visit & Services	\$30 Copay - Deductible Does Not Apply	Up to 20 visits per benefit period
Emergency / Urgent Care		
Emergency Room Services	\$250 Copay - Deductible Does Not Apply	Copay waived if admitted
Urgent Care Facility Services	\$30 Copay - Deductible Does Not Apply	
Emergency Ambulance Services	Plan Pays 80% After Deductible	Emergency Transport Only
Inpatient Hospital Services		
Hospital Inpatient Stay - Semi private unit, specialty units as medically necessary, Physician Services, Surgery, Therapy, Laboratory, Radiology, Hospital Services & Supplies	Plan pays 80% after deductible	
Bariatric Surgery & Related Services	Plan pays 80% after deductible	1 Procedure per lifetime
Maternity Services		
Initial Pre-natal office visit	Covered - Deductible does not apply	Covered under preventative services
Subsequent pre-natal office visits	Covered - Deductible does not apply	Covered under preventative services
Post Natal Office Visits	\$30 copay - Deductible Does Not Apply	

Services	Coverage	Limitations*
Mental Behavior Health		
Inpatient Services	Plan pays 80% after deductible	
Outpatient Services	\$20 Copay - Deductible Does Not Apply	
Substance Use Disorder		
Inpatient Services	Plan pays 80% after deductible	
Outpatient Services	\$20 Copay - Deductible Does Not Apply	
Other Services		
Home Healthcare	Plan Pays 80% after deductible	Up to 60 visits per benefit period See P/T, O/T, S/T
Hospice Care	Plan Pays 80% after deductible	Up to 210 Days per Lifetime
Skilled Nursing Care	Plan Pays 80% after deductible	Covered for authorized service up to 100 days per benefit period
Durable Medical Equipment Prosthetics and Orthotics	Plan Pays 70% after deductible	Coverage provided for approved equipment based on medical necessity
Hearing Aid Hardware		
Vision Hardware	Not Covered	
Physical Therapy, Occupational Therapy, Speech Therapy (P/T, O/T, S/T)	Plan Pays 80% after deductible	Up to 60 Combined Visits per Benefit Period. May be rendered at home.
Voluntary Sterilizations	Women: Covered Men: Plan Pays 80% After Deductible	
Voluntary Termination of Pregnancy	Not Covered	
Infertility Services	Plan pays 50% after deductible	Services limited to diagnosis, counseling, & treatment of anatomical disorders causing infertility
Assisted Reproductive Technologies	Not Covered	
Pharmacy		
Generic & Brand	Not Covered	



Your **Rx** Benefits

26711 Northwestern Highway, Suite 400 • Southfield, MI 48033-2154 • 800-311-3446 • 248-948-9900 • www.ehimrx.com

No Changes

- We are pleased to announce that there will be **NO** changes to your existing pharmacy benefit plan for the upcoming year!
- You can continue to utilize the current ID card that you have.

Summary of Copayments

Copayments are the dollar amount which will be collected at the pharmacy every time you receive a prescription. Generally, your copayment will be lowest for generic prescriptions and highest for medications that are considered Non-Preferred under your plan design. Below highlights your plan's copay levels:

Customer Service

800-311-3446 • 24/7/365

EHIM's primary mission is to provide our members with the best customer service possible. If you are experiencing a problem **filling a retail or mail order prescription**, contact EHIM's Pharmacy Help Desk.

For your convenience, our help desk has a representative available **24 hours a day, 7 days a week, 365 days a year.**

Our toll free number is **printed on the front of your ID card** for easy reference.

EHIM values our clients and we appreciate the opportunity to continue to service our members.

\$8	Copayment on any generic medication
\$50	Copayment on any Preferred Brand Medication
\$100	Copayment on any Non-Preferred Brand Medication
\$100	Copayment on any Multi-Source Brand Medication (Brand Name Drugs that are dispensed when an exact generic is available) The <i>physician</i> will indicate "DAW" or "Dispense as Written" on the prescription.
\$100	Copayment plus the difference in cost between the brand & generic on any Multi-Source Brand Prescription (Brand Name Drugs that are dispensed when an exact generic is available) The <i>patient</i> indicates the brand to be dispensed. DAW penalty does not count towards the OOP Max
\$0	Copayment on any medication covered under the EHIM OTC program
Generic \$16 Brand \$100 NP Brand \$200	Standard Copayment for all eligible maintenance medication filled in a three month supply. Brand & Generic eligible maintenance medications can be filled through the Local Retail Pharmacy or through Mail Order in order to obtain them in a 3 month supply.

Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. Medications that are subject to quantity limits are to help ensure these medications are not utilized inappropriately or recommended maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by our licensed, clinical staff.

EHIM Maintenance List (Three Month Supplies)

EHIM has a list of commonly used medications that are eligible to be filled in higher quantities (three month supplies) This list of medications approved to be filled in three month supplies is known as EHIM's Maintenance List. This list is extensive, yet does NOT include every single medication. Types of medications found on the maintenance list are: Insulin, Blood Pressure medications, Heart medications, Cholesterol medications, and Thyroid medications. Your physician must write for a three month supply of medication to be dispensed at one time. You may pick up your three month supply at any participating retail pharmacy. To determine whether or not your medication is on the Maintenance List, please contact our Pharmacy Help Desk at 800-311-3446.

Mail Order

EHIM offers a mail order program which allows you to receive a three month supply (61-90 days maximum) for the plan's designated number of copays. The program includes maintenance medications covered under the Prescription Plan. Prescriptions can be ordered through the mail order website (www.ehimrx.com/mailorder.php) or by completing a hard copy prescription order form. You must complete a registration form prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. You may contact EHIM at 800-311-3446 for assistance with registering.

Non-Preferred Drug List (\$100 Copay)

Some medications under this program are classified as "Non-Preferred". This means there are alternative medications which are therapeutically equivalent. If your physician writes for a medication that is part of our Non-Preferred List, you may want to discuss alternative medications that are just as effective.

EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies and most independent pharmacies. You may visit our website at www.ehimrx.com for our National Pharmacy Directory and Pharmacy Locator tool.

EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at www.ehimrx.com.

Several major retail chains have started initiatives to help individuals receive medications. Wal-Mart, Target and Kroger offer a list of medications available for \$4.00, while Meijer has implemented a program that offers certain medications for \$0.00.

You may take advantage of these programs even if you have prescription benefit coverage. You must have a prescription for the medication by your physician and certain limitations may apply. You will need to check with participating pharmacies for their specific requirements.

\$4.00 Rx Programs

Certain grocery and retail pharmacy chains offer select generic drugs at \$4.00 for a one-month supply. These include: Wal-Mart, Sam's Club, Kroger, and Target. You may obtain the full list of drugs that qualify for each of these programs at each of these retailers' websites.

- Kroger: | www.kroger.com/pharmacy
- Meijer: | www.meijer.com/pharmacy
- Target: | www.target.com/pharmacy
- Wal-Mart: | www.walmart.com/pharmacy
- Sam's Club: | www.samsclub.com/pharmacy

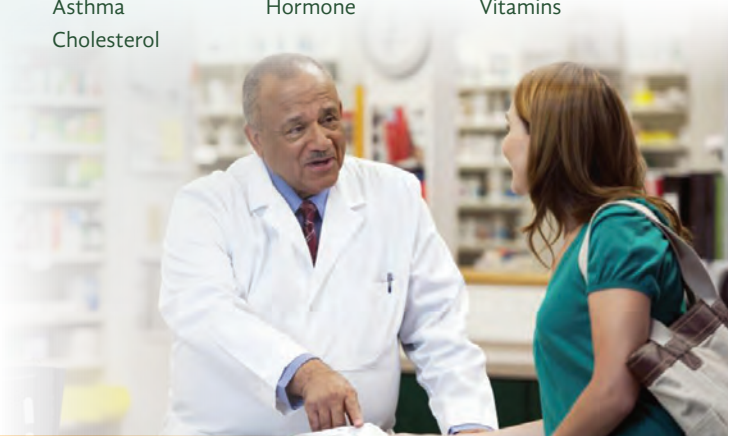
For your reference, there are generic medications in each of the therapeutic classes below that are included in these programs.

Allergy	Anti-fungals	Cough/Cold	Oncology
Analgesics (Pain)	Anti-psychotics	Diabetes	Parkinson's Disease
Anti-anxiety	Anti-virals	Gastrointestinal	Seizure
Anti-inflammatory	Anxiety	Glaucoma (Eye)	Thyroid
Antibiotics	Asthma	Hormone	Vitamins
Anti-depressants	Cholesterol		

\$0.00 Meijer

Sample LIST:

- amoxicillin
- ampicillin
- atorvastatin
- cephalexin
- ciprofloxacin
- penicillin VK
- prenatal vitamins
- smz-tmp



EHIM

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800-311-3446 :: 248-948-9900 :: www.ehimrx.com

Date Created: 00/00/00

OTC Medications available for **\$0 COPAY**

How to Use the OTC Program:

1. If you are currently using a prescription Anti-Ulcer or Allergy medication, talk to your physician about using an Over-the-counter (OTC) treatment.
2. If your physician believes an OTC treatment is right for you, ask them to write a prescription for the OTC medication. (OTC must be written on the script)
3. Present that prescription to the pharmacist.
4. The pharmacist will bill the prescription to EHIM.
5. You will receive the OTC product for a \$0 copay!

You can receive certain Over-the-counter (OTC) medications for a \$0 copay. Your prescription drug program through EHIM provides coverage for certain OTC Anti-Ulcer and Allergy medications. These OTC medications are considered to be therapeutically equivalent to those medications available by prescription only.

To help reduce some of your current out of pocket costs, you may want to consider utilizing a medication available through the OTC program instead of your prescription medication.

Anti-Ulcer (Acid-Reflux) Medications

If you take:

- Dexilant
- Nexium

You are currently paying:
Up to \$100 Copay

If you change to:

- Axid (nizatidine)
- Pepcid AC & Complete (famotidine)
- Prevacid OTC (lansoprazole)
- Prilosec OTC (omeprazole OTC)
- Tagamet (cimetidine)
- Zantac (ranitidine)
- Zegerid OTC (omeprazole/sodium bicarbonate)

You would pay:
\$0 Copay

Allergy Medications

If you take:

- Flonase Nasal Inhaler
- Nasacort AQ
- Nasonex Nasal Inhaler
- Rhinocort Aqua Nasal Inhaler
- Veramyst Nasal Inhaler
- Xyzal

You are currently paying:
Up to \$100 Copay

If you change to:

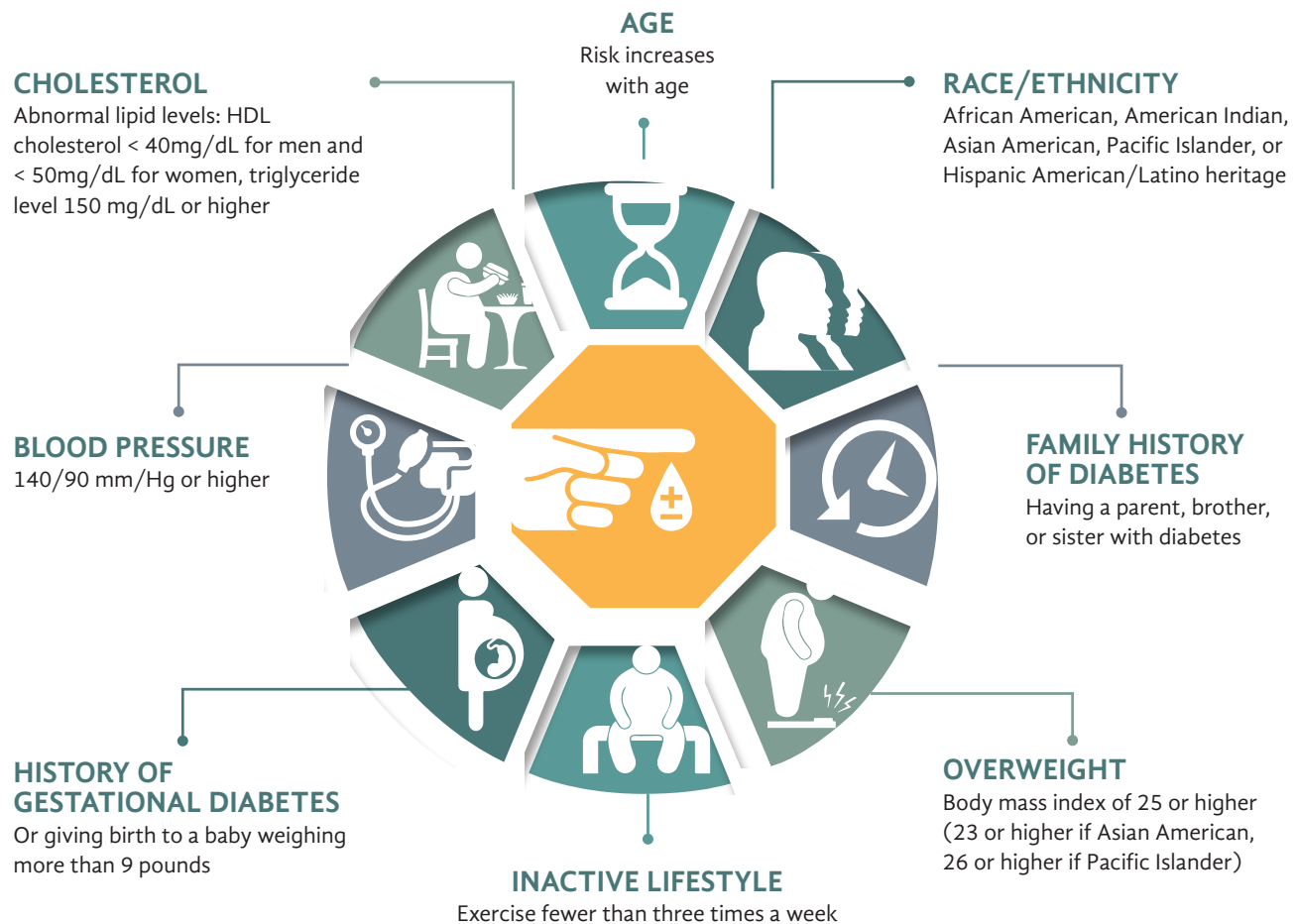
- Alavert (loratadine)
- Alavert-D (loratadine-D)
- Allegra (fexofenadine)
- Allegra-D (fexofenadine-D)
- Benadryl (diphenhydramine)
- Claritin (loratadine)
- Claritin-D (loratadine-D)
- Nasacort Allergy 24 HR
- Rhinocort Allergy Spray
- Zyrtec (cetirizine)
- Zyrtec-D (cetirizine-D)

You would pay:
\$0 Copay



Risk Factors for Pre-Diabetes

Diabetes is a serious disease, but learning to manage it by making healthy choices can help you feel better. Contrary to what people might believe, a person's risk of diabetes depends on more than just weight. See the chart below to learn more about your potential risk factors for pre-diabetes.



Want to learn more about what you can do if you're at increased risk for diabetes?

Contact us at (248) 948-9900 or visit www.ehimrx.com

In an effort to support the wellness of our employees, we are pleased to announce that we are offering a Smoking Cessation program! The smoking cessation benefits will include the following:

Both over the counter (OTC) medications and prescription medications are covered!

SAMPLE OF OVER-THE-COUNTER (OTC) MEDICATIONS INCLUDED:			
• Commit 2mg Lozenges	\$0	• Nicotine 21/24 Hr. TD Patch	\$0
• Commit 4mg Lozenges	\$0	• Nicotine Polacrilex 2mg (Nicotine Gum)	\$0
• Nicotine 7/24 Hr. TD Patch	\$0	• Nicotine Polacrilex 4mg (Nicotine Gum)	\$0
• Nicotine 14/24 Hr. TD Patch	\$0		

SAMPLE OF PRESCRIPTION MEDICATIONS INCLUDED:			
• bupropion hcl 150mg SA	\$0	• Nicotine Cartridge Inhaler	\$0
• Chantix Continuing Pack	\$0	• Nicotine Nasal Inhaler	\$0
• Chantix Starting Pack	\$0		

Talk to your physician about which treatment may be right for you!

How to Use the Smoking Cessation Program:

1. Talk to your doctor about which anti-smoking treatment may be right for you.
2. Obtain a prescription for either the over the counter (OTC) medication or the prescription strength medication.
3. Present that prescription to the pharmacist.
4. Pharmacist will bill the prescription to EHIM.
5. You will receive the medication for a \$0.00 copay.



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Medication List



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Patient Name: _____ **Date of Birth:** _____

List all prescriptions, over the counter drugs, vitamins, and herbal medicines. **Bring this form to your doctor's appointments, emergency and/or hospital visits.** If you have any complications with medications, immediately contact your doctor.

Allergies: _____ **Emergency Contact:** _____ **Phone:** _____

Pharmacy Name: _____ **Street:** _____ **Phone:** _____

Pharmacy Name: _____ **Street:** _____ **Phone:** _____

Insurance Provider: _____ **Street:** _____ **Phone:** _____

Medication List

Rx or OTC	Medication Name (Brand/Generic)	Strength	Purpose/Condition/Treats	Start Date	Dose	How Often	AM	PM	Prescribing Doctor	Stop Date

When at your doctor's office, you will need to provide a list of all medications that you are taking. This form is for your personal use. It is **NOT** a required form.

Keep Track of your Insurance Deductions from your Paycheck Statement

Coverage	Employee Contribution Per Month	Employee Contribution Per Year (\$ x 12 months)	24 Equal Deductions from your Paycheck	26 Equal Deductions from your Paycheck
Single				
Two-Party				
Family				

Employee contributions are made through the employer's payroll deductions. Employees/Members should call their employer's payroll office and ask if your employee monthly contribution will be deducted once per month or by 24 or 26 equal deductions per year, unless your employer pays 100% of the contributions per your CBA.

Pay Check	Pay Period Begin Date (From your Paycheck Stub)	Pay Period End Date (From your Paycheck Stub)	Check #	Check Date	Insurance Deduction (From your Paycheck Stub)
1			#		\$
2			#		\$
3			#		\$
4			#		\$
5			#		\$
6			#		\$
7			#		\$
8			#		\$
9			#		\$
10			#		\$
11			#		\$
12			#		\$
13			#		\$
14			#		\$
15			#		\$
16			#		\$
17			#		\$
18			#		\$
19			#		\$
20			#		\$
21			#		\$
22			#		\$
23			#		\$
24			#		\$
25			#		\$
26			#		\$
TOTAL EMPLOYEE DEDUCTIONS FOR THE YEAR:					\$

Your employer issues your paycheck. Any problems with payroll deductions, please call your employer's payroll office.

Disclaimer: This form is for your personal use. This not a required form by the Fund, your employer, or the union local.

Turning 65?

Medicare Information¹

- **Medicare Part A** (Hospital Insurance) Provides help with the cost of inpatient hospital stays, skilled nursing services following a hospital stay, hospice, respite care, some home health services.
- **Medicare Part B** (Medical Insurance) Provides help with the cost of doctor visits, lab tests, outpatient care, physical therapy, durable medical equipment, some preventive services, some home healthcare services, and other services Part A does not cover.
- **Medicare Part C** (Medicare Advantage Plans) Medicare-approved plans offered by private insurers. Plans require copays, use of a network doctor and hospitals, usually requires referrals to see specialists.
- **Medicare Part D** (Medicare Prescription Drug Plan) Provides help to cover your prescription drug costs through a monthly premium and can be purchased separately from Part A and Part B.

Question: ***“What is Medicare?”***

Answer: Medicare is the federal health insurance program for people who are 65 or older and certain younger people with disabilities.

Question: ***“When do I apply for Medicare Part A?”***

Answer: There is a 7-month Initial enrollment for Medicare Part A (Hospital insurance) which begins **3 months before the month you turn 65 and ends 3 months after the month you turn 65. If eligible, there is no cost for Part A.** If you are not eligible for the cost-free Part A and do not sign up for Medicare Part A when you are first eligible, there may be a penalty. However, there are Special Enrollment Periods for Medicare Part A and Part B if you continue to be covered by a group health plan and there is no penalty if you sign up during the time you are covered by a group health plan or in the 8 months after your employment ends.

Question: ***“Where do I apply for Medicare?”***

Answer: You can apply on-line at www.ssa.gov/medicare/apply.html, or call **1-800-772-1213** to make an appointment at the closest Social Security office near your home or place of employment.

Question: ***“When do I apply for Medicare Part B?”***

Answer: Part B (Medical Insurance) requires a monthly premium payment. If you are actively working past age 65 and are enrolled through the Fund’s group healthcare coverage, you can delay signing up for Part B. However, when you retire or lose regular (not COBRA) coverage through the Fund, you have **8 months** to enroll in Part B without a penalty.

Question: ***“What if I sign up late for Part B when I no longer have group coverage?”***

Answer: There will be a late enrollment penalty of 10% of the premium for each 12-month period you were eligible for Part B, but didn’t sign up for it.

Question: ***“Do I need to sign up for Part D (prescription drug plan) when I’m 65?”***

Answer: If you are actively working and are covered under the Fund’s group healthcare plan, your current prescription coverage is considered “credible” coverage so you will not be penalized if you enroll at a later date. You can call **1-800-633-4227** or visit www.Medicare.gov/publications.

Question: ***“Why should I have both Medicare and group coverage through the Fund if I qualify?”***

Answer: If working past age 65, your medical coverage **through the Fund is considered the “primary” payer and Medicare is the “secondary” payer.** This means fewer out-of-pocket expenses for you. **When you retire, Medicare becomes your primary health insurance.**

¹ **Disclaimer:** SEIU Michigan Health and Welfare Fund (“Fund”) has made every attempt to ensure the accuracy of the information provided. The Fund does not accept any responsibility or liability for the accuracy, content, completeness, legality or reliability of the information provided. Please contact your attorney or agent for assistance with all Medicare decisions.

Retiring Soon?

You Need to Plan Ahead!

SEIU National Industry Pension Fund (NIPF)

1-800-458-1010

<https://www.seiufunds.org>

The National Industry Pension Fund (NIPF) is designed to work with your Social Security benefits, your personal savings, and investments to provide you with income when you retire. The Fund/Plan is provided at **no cost to you**. It is funded by **employer contributions**.

The Pension Plan is a “**defined benefit**” retirement plan. This means that the amount of your pension benefit is generally based on the number of years you worked for an employer and the amount your employer contributed to the Plan on your behalf.

Depending on your Collective Bargaining Agreement (CBA) between SEIU Local 1 and your employer, your eligibility for Pension requires that you meet certain criteria. Call the Pension office at **1-800-458-1010** well in advance of your retirement date to see if you qualify. **You should apply for your pension benefit about four months, but no more than six months, prior to your intended retirement date.**

Steps to Begin the Process

Step 1 Contact the SEIU Benefit Funds office at **1-800-458-1010**, Monday through Friday, from 9 to 5:30 PM Eastern Standard Time. Provide the pension office with your name and your social security number. The Pension office will inform you if you are “**eligible**” and if you are “**vested**.”

Step 2 Ask for a **Pension Service Credit Report** (pension contribution statement) and a **Pension Application Form**. Update your mailing address with the pension office.

Step 3 Use the website at <https://www.seiufunds.org> to obtain copies of the required forms including the **Summary Plan Description**. You will receive a copy of the SPD in the mail when your Pension Application Form arrives. On-line, read the section labeled Pension “FAQS.” It is an extremely useful tool full of information.

Step 4 Or contact the pension office by email and request information and forms.

Application Packets: applicationrequest@seiufunds.org
Estimates: estimaterequest@seiufunds.org
General Questions: pensionfunds@seiufunds.org

*Please note: Not all Collective Bargaining Agreements (CBAs) contain a pension benefit.
Consult your CBA as a reference and/or contact your union local.*

Rev 7/11/2019



PO BOX 610
SOUTHFIELD,
MI 48037-0610
888-236-1100
248-901-3705

EXAMPLE SAMPLE
30700 TELEGRAPH RD #2400
BINGHAM FARMS, MI 48025-

Welcome to ADN,

We are pleased to provide you with identification cards for your new benefit plan administered by ADN Administrators, Inc. Please be sure to remove them from this page and place them in your wallet or a secure location. We recommend you present this card to your Provider at your next visit or contact your providers with the new information now to be sure there are no problems at your next visit.

Your dental plan uses multiple Provider networks, ADN Dental Network and DenteMax. Please feel free to visit www.adndental.com to search for Providers in your area. You may select a participating Provider from either of these networks.

Your Explanation of Benefits (EOB) are available at www.adndental.com. Please register for email notification EOBs on this secure site. You will need information from your ID card to register, including the group and contract numbers, the employee's date of birth and a valid email address. Following your enrollment, you will receive an email confirmation. You must click on the link in this email to activate your online account. You may also request additional or replacement ID cards using this account. If you have any questions regarding the online EOBs, please contact ADN Administrators at (888)236-1100.



SEIU MICHIGAN HEALTH & WELFARE FUND

GROUP CONTRACT NUMBER
10190 101900000100

PARTICIPANT
EXAMPLE SAMPLE

PLAN ADMINISTRATOR
ADN ADMINISTRATORS (888)236-1100



SEIU MICHIGAN HEALTH & WELFARE FUND

GROUP CONTRACT NUMBER
10190 101900000100

PARTICIPANT
EXAMPLE SAMPLE

PLAN ADMINISTRATOR
ADN ADMINISTRATORS (888)236-1100



PO Box 610
 Southfield, MI 48037
 248-901-3705

SEIU MICHIGAN HEALTH & WELFARE FUND Dental Benefits Plan

Group #10190

The Plan-at-a-Glance

PPO Networks: ADN Dental Network, DenteMax

Maximum Benefits

January 1st through December 31st

Annual Maximum \$800 per eligible individual for covered class I, II and III services.
 Lifetime Maximum \$800 per eligible individual for covered class IV services

Class I Preventive Services – 100% In-Network / 50% Non-Network

Oral Examinations & Evaluations	Twice per plan year (regardless of specialty)
Prophylaxis (Cleaning)	Twice per plan year (includes Periodontal Maintenance)
Topical Application of Fluoride	Twice per plan year to age 19
Bitewing X-Rays	Twice per plan year
Sealants	Once per 36 months per permanent molar, up to age 19
Full-Mouth Series or Panoramic X-Rays	Once per 60 months
All Other X-Rays	
Space Maintainers	Once per area per lifetime, up to age 14

Class II Restorative Services – 75% In-Network / 50% Non-Network

Composite and Amalgam fillings	Once per tooth surface per 24 months
Onlays and Crowns**	Once per permanent tooth per 60 months
Root Canal Therapy	
Periodontal Maintenance	Twice per plan year, following treatment (includes Prophylaxis)
Periodontal Root Planing	Once per quadrant per 24 months
Periodontal Surgery	Once per quadrant per 36 months
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	Once per plan year
Denture Repair and Adjustment	
Denture Reline or Rebase	Once per 36 months, per arch

Class III Major Services – 50% In-Network / 50% Non-Network

Complete and Partial Removable Dentures	Once per arch per 60 months
Fixed Partial Dentures (Bridges)	Once per area per 60 months
Addition of Teeth to Partial Dentures	
Endosteal Implants	Once per permanent tooth per 60 months

Class IV Orthodontic Services – 50% In-Network / 50% Non-Network

Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19

Not Covered

Epoosteal & Transosteal Implants TMJ/TMD Treatment Cosmetic Treatment

Deductible – None

Missing Tooth Clause – None

12 Month Billing Limitation

Waiting Periods – None

COB – Standard

**Porcelain and ceramic not covered for posterior teeth, alternate benefit applies

**Prosthetics are considered on delivery date

****Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding \$250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**



SEIU Michigan H&W Fund

SUMMARY OF BENEFITS

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

30% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only

Take a sneak peek before enrolling

- You're on the ADVANTAGE Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.888.203.7437.
- For LASIK providers, call 1.877.5LASER6.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$0 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay, \$130 Allowance, 20% off balance over \$130	Up to \$91
Standard Plastic Lenses		
Single Vision	\$15 Co-pay	Up to \$30
Bifocal	\$15 Co-pay	Up to \$50
Trifocal	\$15 Co-pay	Up to \$70
Lenticular	\$15 Co-pay	Up to \$70
Standard Progressive Lens	\$75 Co-pay	Up to \$50
Premium Progressive Lens	\$75 Co-pay, 70% of Charge less \$110 Allowance	Up to \$50
Lens Options		
UV Treatment	\$12	N/A
Tint (Solid and Gradient)	\$12	N/A
Standard Plastic Scratch Coating	\$12	N/A
Standard Polycarbonate--Adults	\$35	N/A
Standard Polycarbonate--Kids under 19	\$35	N/A
Standard Anti-Reflective Coating	\$40	N/A
Polarized	30% off retail price	N/A
Other Add-Ons and Services	30% off retail price	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	\$0 Co-pay, \$130 Allowance, 15% off balance over \$130	Up to \$130
Disposable	\$0 Co-pay, \$130 Allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$210
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 24 months	
Frame	Once every 24 months	

Benefits are not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered - fund as a Bifocal lens. Standard Progressive lens covered - fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam with dilation as necessary (Once every 12 months)	\$0 Co-pay	Up to \$40
Frames (Once every 24 months)	\$0 Co-pay; \$130 allowance; 20% off balance over \$130	Up to \$91
Single Vision Lenses (Once every 24 months) Or Contacts (Once every 24 months)	\$15 Co-pay \$0 Co-pay; \$130 allowance; plus balance over \$130	Up to \$30 Up to \$130

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

**84%
SAVINGS
with us***

	With EyeMed	Without Insurance**
Exam	\$0 Co-pay	Exam \$106
Frame	\$163 -\$130 allowance \$33 -\$6.60 (20% discount off balance) \$26.40	Frame \$163
Lens	\$15 Co-pay \$12 UV treatment add-on +\$12 Scratch coating add-on \$39	Lens \$78 \$23 UV treatment add-on +\$25 Scratch coating add-on \$126
Total	\$65.40	Total \$395



Download the EyeMed Members App

It's the easy way to view your ID card, see benefit details and find a provider near you.



*This is a snapshot of your benefits. Actual savings will depend on provider, frame and lens selections. **Based on industry averages.

United of Omaha Life Insurance Company Mutual of Omaha

Group Term-Life Insurance and Accidental Death/Dismemberment Benefit Amounts Short-term Disability Insurance Benefit Amounts Benefit Amounts are per your Contract

With the Fund's plan, the cost of your monthly premium for life insurance does not increase as you age. Instead, your benefit level decreases.

Master Contract Agreement						
Building/Work Site	Life Insurance and Accidental Death and Dismemberment					Short-term Disability
<i>Policy is for Employee Only</i>	<i>Member Under 64 years of Age</i>		<i>Member 65-69 years of Age</i>		<i>Member 70+ years of Age</i>	
<i>Benefits are in effect only while employed</i>	<i>Benefits are subject to age reductions</i>		<i>At age 65, amounts reduce to 65%</i>		<i>At age 70+, amount reduces to 50%</i>	
All Buildings under Master	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
						\$250 for 13 weeks

Site Contracts						
Building/Worksite	Life Insurance and Accidental Death and Dismemberment					Short-term Disability
<i>Policy is for Employee Only</i>	<i>Member Under 64 years of Age</i>		<i>Member 65-69 years of Age</i>		<i>Member 70+ years of Age</i>	
<i>Benefits are in effect only while employed</i>	<i>Benefits are subject to age reductions</i>		<i>At age 65, amounts reduce to 65%</i>		<i>At age 70+, amount reduces to 50%</i>	
Detroit Yacht Club	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
Fisher Theatre	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
LDT--Lansing-Delta Township Plant	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
McNamara Federal Building	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
Pavilion Apartments	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
U.S. Federal Courthouse	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
						\$250 for 13 weeks

Site Specific Contracts						
Building/Worksite	Life Insurance and Accidental Death and Dismemberment					Short-term Disability
<i>Policy is for Employee Only</i>	<i>Member Under 64 years of Age</i>		<i>Member 65-69 years of Age</i>		<i>Member 70+ years of Age</i>	
<i>Benefits are in effect only while employed</i>	<i>Benefits are subject to age reductions</i>		<i>At age 65, amounts reduce to 65%</i>		<i>At age 70+, amount reduces to 50%</i>	
Comerica Park (Detroit Tigers)	The Collective Bargaining Agreement at the time of printing was not finalized. Call the Fund office for more details.					
Little Caesar's Arena	\$16,000	Benefit Amount	\$10,400	Benefit Amount	\$8,000	Benefit Amount
						\$250 for 13 weeks

Short-term Disability

Call the Fund office when you need a **short-term disability claim form**.

The Fund will **mail you a copy** of the claim form and a set of **instructions**.

If you were hurt at work, it is **NOT** short-term disability. Contact your employer.

Notify your employer immediately of any injury or accident.

A **Family Medical Leave of Absence (FMLA)** is through your employer, **not the Fund**.

If you have the **Fund's insurance package**, you are **eligible** for short-term disability benefits.

Short-term disability can be utilized if you are injured or if you need to have a medical procedure and cannot work.

Check your contract for specific terms and details regarding your health insurance while on disability.

If you have any questions, contact the Fund office at 248-645-6550.

Life Insurance

Always keep your "Designation of Beneficiary" form **up to date**.

You can **change** your beneficiary form **at any time** by completing a new one by calling the Fund office at 248-645-6550.

In the event of a member's death, **the family** should inform the Fund office immediately.

Life insurance benefits are **only in effect while the member is employed**.

When a member is **no longer employed**, you can opt to **self-pay directly** to Mutual of Omaha within 30 days of separation.

Contact the Fund office for further details.

No insurance card is issued for this coverage.

Keep this book as a reference.

BENEFITS ARE IN EFFECT UNTIL THE END OF THE MONTH IN WHICH YOU TERMINATE YOUR EMPLOYMENT

Revised 5/12/2022

Are you a diabetic?



If you use a Cigna OAP Durable Medical Equipment supplier, your diabetic supplies are covered under your medical plan!

Call BAS to find a Diabetic DME supplier: 1-877-625-0205

- ✓ **Take Control**
 - Monitor your glucose as recommended by your physician
- ✓ **Take full advantage of your medical benefits**
 - Use a **Cigna OAP DME supplier** for your diabetic testing supplies to ensure you are reimbursed under your medical plan. (Show your Cigna ID card to the DME supplier.)
 - Your medical plan covers blood glucose monitors, insulin infusion pumps & supplies
 - Your medical benefits include diet and self-management sessions with a certified diabetes educator, registered nurse, or dietitian.
 - If you have peripheral neuropathy, including diabetic neuropathy, shoe inserts are covered
 - If you require specialty shoes, it is a covered benefit!
 - Call BAS with any questions: 1-877-625-0205 or www.BASHealth.com
- ✓ **Take your prescribed medication**
 - **Insulin is covered under the pharmacy benefit through EHIM and your Rx card.**
- ✓ **Control your diet**
- ✓ **Get help when you need it**
 - Take advantage of your Well Disease Management Program which provides motivational coaching, health information, medication reviews and more
 - Reach out to a wellness nurse at: 1-833-834-1630 (M-F) 7 AM – 7:30 PM EST
 - Email a wellness nurse at: www.Wellness@HealthComp.com
 - **Call BAS to find a Diabetic DME supplier in your area: 1-877-625-0205**

Frequently Asked Questions

Question: ***“When am I eligible for my benefits?”***

Answer: Members must have completed their probationary period which can be a maximum of 90 days of employment. If you do not apply at the end of your probationary period, you can then apply at Open Enrollment in November. Members should check their CBA/Collective Bargaining Agreement.

Question: ***“Can I add my spouse and children to my insurance plan?”***

Answer: Only if your contract allows for 2-party or family coverage. You must supply your marriage certificate and/or birth certificates for your children. Check your contract or call the Fund office for further information.

Question: ***“When can I apply for my benefits?”***

Answer: Members have a 30-day window before or after their probationary period to apply for their insurance benefits with the Health and Welfare Fund in person.

Question: ***“Who do I contact when I want my insurance benefits?”***

Answer: Call SEIU Michigan Health and Welfare Fund office, now located at TIC International to complete your paper work. Information is on the front and back of this benefit book.

Question: ***“What if I didn’t apply at my probationary period?”***

Answer: The annual Open Enrollment is November 1 through November 30. Members may apply at that time. Benefits will be effective January 1 of the New Year.

Question: ***“Can I cancel my insurance?”***

Answer: Yes the subscriber can cancel their insurance. Call the Fund office at 248-645-6550 for the Cancel Form and Opt-Out Form. Both forms must be signed, dated, and returned to the Fund office before cancelling can occur. The employer will be notified by the Fund.

Question: ***“How do I pay for my insurance?”***

Answer: Members must sign a payroll deduction authorization form with their employer each year. Please become familiar with your payroll “stub.”

Question: ***“Who do I contact if I have a question regarding my payroll deductions?”***

Answer: Call your employer’s payroll office. Your employer issues your paycheck.

Question: ***“What if I move or change my phone number?”***

Answer: (1) Call the customer service number on the back of your insurance cards.
(2) Call the Fund office and update your information.

Question: ***“How long will my benefits be effective once I stop working?”***

Answer: Until the end of the month that you terminate your employment.

Question: ***“Should I leave my insurance cards at home when I go to work?”***

Answer: No, you should always carry your cards. If you prefer, take a photo of the front and back of your cards with your phone. That way, you will always have them with you.

Question: ***“If I lose my insurance cards, who do I call?”***

Answer: Call the Health and Welfare Fund office at 248-645-6550. The Fund will order new replacement insurance cards for you and for your dependents.

- Question: ***“What do I bring to open enrollment if I am applying for benefits for the first time?”***
 Answer: Copies of the following: SSNs of all family members you are enrolling, marriage certificate, birth/adoption certificate and if applicable, your Medicare card.
- Question: ***“What if I lose my insurance coverage through another source?”***
 Answer: You can apply for the Fund’s health insurance within 30 days of that loss. However, proof of loss must be given at the time of enrollment.
- Question: ***“What if my spouse or my dependent child loses their coverage from another source?”***
 Answer: You can add your spouse or dependent to your existing coverage within 30 days if your contract allows for 2-party or family coverage.
- Question: ***“Why should I visit my primary care doctor’s office when I am not sick or ill?”***
 Answer: You should take advantage of all the “free” preventative care that is built into your coverage. Consult this *Insurance Benefit Guide* for details.
- Question: ***“When should I go to an Urgent Care site instead of the Emergency Room?”***
 Answer: If it is not “life threatening,” you should seek treatment at an urgent care site rather than the emergency room. The emergency room is the most expensive place to seek medical help.
- Question: ***“Why should I get a prescription for over-the counter medicine, such as Claritan?”***
 Answer: You have an Over-The-Counter (OTC) Program with your prescription provider. Many allergy and ulcer medications are “free” or at “no charge” with your prescription card.
- Question: ***“What if my contract/CBA doesn’t offer 2-party or family coverage?”***
 Answer: You can apply for health care coverage through the market place which is commonly called the “exchange” by going on-line to www.healthcare.gov.
- Question: ***“When I retire and am no longer working, can I keep my insurance through the Fund?”***
 Answer: No, when you separate employment with your employer, your benefits will terminate at the end of the month.
- Question: ***“What happens to my insurance coverage when I get laid off or am terminated?”***
 Answer: You will receive a COBRA letter from the Fund informing you of your rights to continue your benefits by paying 100% of the cost of the coverage or by choosing coverage through the marketplace on-line to www.healthcare.gov.
- Question: ***“Can I put my grandchildren on my insurance coverage?”***
 Answer: Yes, but only if you have custody papers to prove you are the responsible party.
- Question: ***“If I don’t go to the dentist in the current year, will my \$800 roll over to next year?”***
 Answer: No it does not roll over to the next year. You should go twice a year to get your free oral exam, x-rays, and cleaning; even if you have dentures.
- Question: ***“How do I know which dentists I can use with my A.D.N. Administrators card?”***
 Answer: Call the Fund office at 248-645-6550. The office will print out a personal directory for you based on your zip code.
- Question: ***“How will I know where to get my glasses or eyes examined?”***
 Answer: Call the Fund office at 248-645-6550. The office will print out a personal directory for you based on your zip code. Eye exams are free each year. New frames and lenses are once every 24 months.

TERM LIFE AND AD&D INSURANCE BENEFITS SUMMARY



For Members of SEIU Michigan Health and Welfare Fund

ELIGIBILITY - ALL ELIGIBLE MASTER CONTRACT EMPLOYEES AND/OR ALL ELIGIBLE SITE CONTRACTS WITH SAME BENEFITS

Eligibility Requirement	You must be an actively eligible member to be eligible for coverage. The policyholder's definition of actively eligible is on file and approved with the company underwriting this coverage.
Coverage Payment	Your Fund pays 100% of the premium for this coverage.

GUARANTEE ISSUE AMOUNT(S)

For You	\$26,000
<i>Note: Subject to any reductions shown below, guarantee issue means the amount of insurance applied for which does not require evidence of insurability. Guarantee Issue is available to New Hires only. For New Hires, coverage amounts over the Guarantee Issue Amount will require a health application/evidence of insurability. For Late Entrants, all coverage amounts will require a health application/evidence of insurability.</i>	

BENEFITS

Life Insurance Benefit Amount	For You: \$16,000* <i>* In the event of death, the benefit paid will equal the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</i>
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of life insurance benefit.

FEATURES

Living Care/Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$100,000.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Paralysis
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your Fund. Please contact your Fund if you have questions prior to enrolling.

AGE REDUCTIONS AND EXCLUSIONS

Your life insurance benefits and guarantee issue amounts are subject to age reductions. At age 65, amounts reduce to 65%. At age 70+, amounts reduce to 50%. Coverage terminates at retirement.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Term life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, Nebraska 68175. United of Omaha Life Insurance Company is licensed in every state except New York. Term Life Policy Form Number 7000GM-C-EZ-2001. AD&D Policy Form Number 7000M-M-EZ 2001.

MASTER CONTRACT and SITE CONTRACTS with SAME BENEFITS

SHORT-TERM DISABILITY INSURANCE BENEFITS SUMMARY



For Members of SEIU Michigan Health and Welfare Fund

ELIGIBILITY - ALL ELIGIBLE MASTER CONTRACT EMPLOYEES AND-OR ALL ELIGIBLE SITE CONTRACTS WITH SAME BENEFITS	
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Coverage Payment	Your Fund pays 100% of the premium for this coverage.
BENEFITS	
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> · On the 8th day of your disabling injury. · On the 8th day of your disabling illness.
Weekly Benefit	\$250
Maximum Benefit Period	Short-term disability benefits are available for up to 13 weeks.
Maximum Weekly Benefit	
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings is the gross weekly income you receive from your Fund for the week immediately prior to the onset of disability, which is used to determine your benefit in the event of a claim. Earnings may include commissions, bonuses, overtime, shift differential pay or other extra compensation.
FEATURES	
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your Fund. Please contact your Fund if you have questions prior to enrolling.</i>	
EXCLUSIONS & LIMITATIONS	
Information about the exclusions for this plan will be included in the certificate booklet, available from your Fund. Please contact your Fund if you have questions prior to enrolling.	

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Short-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.

MASTER CONTRACT and SITE CONTRACTS with SAME BENEFITS

Insurance Contact List

BAS, Benefit Administrative Systems
Confirming Eligibility/Processing Medical Claims
Member's Customer Service: 1-800-843-3831
www.bashealth.com



- ✓ Will help you find an in-network Aetna provider
- ✓ Answers benefit questions
- ✓ Explain your Explanation of Benefits
- ✓ Assists in determining if you have benefits for a specific service.
- ✓ In the case of a catastrophic medical event, BAS will contact you to help you & your family maneuver through the healthcare system with a personal assistant

Aetna, Signature Administrators PPO
In-network Medical Providers
Member's Customer Service: 1-800-843-3831



Do NOT contact Aetna yourself. Aetna does not have information about your eligibility. Call BAS at the Customer service number above for assistance.

EHIM—Employee Health Insurance Management
Prescription Provider (Rx)
Customer Service: 800-311-3446
(24 hours a day, 7 days a week, 365 days per year)
www.ehimrx.com



Insurance Contact List

**A.D.N. Administrators
Dental Insurance Provider**

Member's Customer Service: 888-236-1100

www.adndental.com



**Eye Med
Vision Insurance Provider**

Customer Care Center: 1-866-393-3401

www.eyemed.com



**MOO—Mutual of Omaha Life Insurance Company
Life Ins. Accidental Death and Dismemberment
Short-Term Disability Provider**

Contact the Fund for Information

Once claims are processed:

MOO Customer Service: 800-228-7104

MOO STD Claims: 800-877-5176 ex. 8058

www.mutualofomaha.com

Fax: 402-997-1865



Did you know?



*Does “Do you take my insurance?” equal “Are you in-network?”
Do you think the above means the same thing? Most people do.*

NO! IT DOES NOT MEAN THE SAME THING!

- When you call a doctor’s office and ask, “Do you take my insurance?” without asking any additional questions, almost 100% of the time they will say “yes.” But are you and that office agreeing on what that means?
- “Taking insurance” just means that the doctor’s office will file a claim with your insurance provider on your behalf. They are free to charge what they want and what is not covered by your insurance, **you pay the difference**. They are not tied to any fees dictated by the insurance company. **For medical claims, it may mean that you don’t receive benefits at all!**
- **What does “in-network” mean?** It means that your insurance company has already negotiated the fees on your behalf and that is all the doctor’s office can charge. **This means it’s more affordable and you pay less money out of pocket. All charges are subject to your deductible, coinsurance, and copayment requirements.**
- Whether you are using your medical insurance, your dental insurance, or your vision insurance for services, always choose a doctor and a facility that is **in-network**.
- How do you know which doctors and facilities are in-network? Call the **customer service number** on the back of your insurance card, or check out the **website** of your insurance company on your smart phone to look for a list of doctors and facilities that are in-network, or call the **Fund office** for assistance.

Unless it is a medical emergency, your doctor and your medical facility must be in the Aetna Network to receive medical benefits.



Contact Information for Members

www.seiumichiganbenefits.org

SEIU Michigan Health and Welfare Fund

TIC International Corporation
30700 Telegraph Road, Suite 2400
Bingham Office Center--Between 12 & 13 Mile--Heading North
Bingham Farms, Michigan 48025

248-645-6550
Fax: 248-645-6557
8:15 AM – 4:30 PM EST
Benefit Office
www.seiumichiganbenefits.org

SEIU Local 1, Detroit Union Office

2211 East Jefferson Avenue, 3rd Floor
Corner of Jefferson & Chene
Detroit, Michigan 48207

313-567-3900
Fax: 313-567-3921
9 AM – 5 PM EST
www.seiu1.org

SEIU Local 1, Chicago Union Office

Main Office for Local 1
111 East Wacker Drive, Suite 1700
Chicago, Illinois 60601

312-240-1600
9 AM – 5 PM CST
www.seiu1.org

Member Resource Center

For ALL Local 1 Members (Chicago, Detroit, Ohio)
Grievances, Dues, and COPE

877-233-8880
9 AM – 5 PM CST

Open Enrollment for Benefits

Closed Thanksgiving Weekend
For New Enrollees Only
Or if Adding a Spouse or Dependent up to age 26

November 1 – 30
Benefits begin January 1
www.seiumichiganbenefits.org

SEIU National Industry Pension Fund (NIPF)

1800 Massachusetts Ave NW, Suite 301
Washington, D.C. 20036
(Plan for your retirement 3-4 months in advance.)

1-800-458-1010
www.seiufunds.org
Fax: 202-747-2906

U.S. Social Security Administration

Official website

1-800-772-1213
<https://www.ssa.gov>

Medicare

Official website

1-800-633-4227
<https://medicare.gov>