

SEIU HEALTH AND WELFARE FUND

Chicago Metropolitan Tier 3 & Tier 4 Security Officers Benefit Summary

Effective 7/1/18

Plan A

Residents of Cook, DuPage, Lake, Kane and Will
counties

Plan B

Residents of all other counties

CONTACT INFORMATION

Benefit Administrators	
Medical Plan A HMO	<p>Outpatient Primary and Specialty Care Union Health Service (UHS) 1634 West Polk Street Chicago, IL 60612 (312)423-4200 www.unionhealth.org</p> <p>Emergency and Inpatient Care BlueCross BlueShield of Illinois PO Box 805107 Chicago, IL 60680 (800)660-9989 www.bcbsil.com</p>
Medical Plan B PPO	<p>BlueCross BlueShield of Illinois PO Box 805107 Chicago, IL 60680 (800)660-9989 www.bcbsil.com</p>
Prescription Drug Plans A & B	<p>OptumRx Administered by Union Health Service (UHS) 1634 West Polk Street Chicago, IL 60612 (312)423-4200 www.unionhealth.org</p>

SEIU Health and Welfare Fund Office	
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<p>Timothy Royal – Health and Welfare Fund Analyst CBA questions, employer contracts, rates, COBRA issues</p>	<p>(202)730-7529 Timothy.Royal@seiufunds.org</p>
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Plan A - HMO with Union Health Service (UHS)
Available for residents of Cook, DuPage, Kane, Lake and Will counties

The SEIU Health and Welfare Fund has contracted with Union Health Service (UHS) - a comprehensive health program which provides medical services for you and your dependents (if enrolled) at UHS facilities. It allows you to receive most of your medical care from a UHS facility with a \$10 co-pay. Preventative care is covered at no cost to you. Medical care is available 24 hours a day, seven days a week.

Union Health Service's main facility is located at 1634 West Polk Street. It is easily reached by either public transportation or car. Free parking is available. UHS also has primary care neighborhood centers and adult medical centers located throughout Chicago. Their phone number is (312)423-4200 and their website is www.unionhealth.org

Inpatient hospital care and out of state care at non UHS facilities are covered under this plan with a referral from a UHS doctor. **Services received without a referral will not be covered.** In the event of a life-threatening emergency, you can go to any facility; however, UHS must be contacted within 48 hours for services to be covered under your plan.

You will receive 3 identification cards under this plan:

- ✓ **Union Health Service ID card**
- ✓ **BC/BS ID card (to use when referred by a UHS physician)**
- ✓ **OptumRx ID card**

Plan B – PPO with Blue Cross and Blue Shield of IL
Available for residents of all other counties

The SEIU Health and Welfare Fund has contracted with Blue Cross and Blue Shield (BC/BS) of Illinois to provide a medical option for those individuals living outside of the UHS service counties. This arrangement utilizes a network of participating doctors and hospitals to provide health care services to you and your dependents (if enrolled). Under this plan, you will access care through a BC/BS network doctor and hospital to have the lowest out of pocket costs.

Preventative care is covered at no cost to you. **Non-preventative care services has a deductible of \$750 per subscriber or child/ren and a \$1,250 per subscriber and child/ren and then the plan pays 70% of the charges and you pay 30% of the charges.** You do not need a referral to access care under this plan.

You will receive 2 identification cards under this plan:

- ✓ **BC/BS ID card**
- ✓ **OptumRx ID card**

Chicago Metropolitan Suburban Health Plan SEIU Local 1

	Plan A HMO - UHS Residents of Cook, Dupage, Kane, Lake & Will counties	Plan B PPO Residents of all other counties
Medical Coverage	All services must be rendered by a UHS facility or a facility referred to by UHS	Blue Cross / Blue Shield Network
	Limitted out-of-network benefits (Emergency & Out of State) MUST have UHS approval to access	
Annual and Lifetime Maximum	Unlimited	Unlimited
Annual Maximum Out of Pocket	At UHS Facilities \$2,200 Per Subscriber or Child \$4,400 Subscriber + Child/ren	In-Network \$5,000 Per Subscriber or Child/\$10,000 Per Subscriber + Child/ren Out-of-Network \$10,000 Per Subscriber or Child/\$20,000 Per Subscriber + Child/ren
Annual Deductible	At UHS Facilities \$200 Per Subscriber or Child \$400 Subscriber + Child/ren	In-Network \$750 Per Subscriber or Child/\$1,250 Per Subscriber + Child/ren Out-of-Network \$1,000 Per Subscriber or Child/\$1,750 Per Subscriber + Child/ren
Inpatient Hospital Services	Must use a UHS referred facility Plan pays 80% after deductible	In-network - Plan pays 70% after deductible Out-of-network - Play pays 60% after deductible
Outpatient Services	UHS facility - Plan pays 100% after \$10 co-pay UHS referred facility - Plan pays 80% after deductible	In-network - Plan pays 70% after deductible Out-of-network - Play pays 60% after deductible
Preventative Care Services	Must use a UHS Facility Plan pays 100% - No co-pay or deductible	In-network Plan pays 100% - No co-pay or deductible Out-of-network - Plan pays 60% after deductible
Physician Office Visits	UHS Physician - Plan pays 100% after \$10 co-pay UHS referred Physician - Plan pays 80% after deductible	In-network - Plan pays 70% after deductible Out-of-network - Play pays 60% after deductible
Outpatient Laboratory and X-Ray Services	UHS Facility - Plan pays 100% after \$10 co-pay UHS referred Facility - Plan pays 80% after deductible	In-network - Plan pays 70% after deductible Out-of-network - Play pays 60% after deductible
Urgent &Emergency Care	UHS Facility - 100% of Physician charges amd 80% of Facility charges if an emergency and UHS is called within 48 hours. Non emergency charges - Plan pays 50%	Plan pays 70% after deductible if an Emergency and precertification is obtain within 48 hours. Otherwise Plan pays 50%
Mental Health Treatment	UHS Facility - Plan pays 100% after \$10 co-pay UHS Referred -Plan pays 80% after deductible	In-network - Plan pays 70% after deductible Out-of-network - Play pays 60% after deductible
Substance Abuse Treatment	Must use a UHS referred facility Plan pays 80% after deductible	In-network - Plan pays 70% after deductible Out-of-network - Play pays 60% after deductible
Prescription Drug Coverage	Prescription drug coverage is limitted to the medications on the UHS Formulary Generic \$5.00 co-pay Brand \$20.00 co-pay	Prescription drug coverage is limitted to the medications on the UHS Formulary Generic \$5.00 co-pay Brand \$20.00 co-pay