NPUT *Benefits At A Glance*

NPUT

NEW PALTZ UNITED TEACHERS BENEFIT TRUST FUND

Ron Noelle, Administrator

BENEFITS FOLLOW UP
CATASTROPHE MAJOR MEDICAL (CMM)

July 10, 2015

CATASTROPHE PLAN – DOCUMENTATION

For the processing of claims the member has felt too much documentation is required. We have had conversations with th insurers as to what they NEED in terms of documentation for a catastrophe claim and it comes down to the following :

1 - An Itemized Bill for services rendered (Including Date of Service)
2 - The diagnosis
3 - The CPT Codes (Current Procedural Technology)
4 - Insurance Company Explanation of Benefits and / or Medicare Summary

The member usually does not see the Itemized Bill as that goes to Medicare and / or your private insurance company. Therefore you have to ask your doctor for the bill. The member has three (3) rolling years to file a Catastrophe claim. Considering the member does not usually file Catastrophe claims for months or even a year later quite a few bills will accumulate. You will need to retain copies of all bills related to the medical issue. Quite often there are a number of doctors involved. While this is time consuming, nobody else can do it but you or your representative. If we know a claim is to be filed, we ask members to advise their doctors to make sure the above noted information (1, 2, and 3) is on all bills in their file (chart). In this way, when you ask for those bills and send the claim in they should not be returned because that information is missing. You don't need that extra work load when you are dealing with a personal illness or with someone else who is ill. Also, the doctor's office staff may become less cooperative each time you go back.

The member often thinks the Explanation of Benefits covers what is needed – it doesn't. The Explanation of Benefits only tells you how much was charged and how much the insurance company paid the doctor (UCR – Usual & Customary Rate) and how much you are responsible for. It does not have the diagnosis or CPT codes (for confidentiality reasons).

One of our members recently reported the following after using the Plan,

"In 2000, I signed my mother up for the Catastrophe Plan through the Benefit Trust. I hoped that she would never have to use it but the premiums were low and the potential benefit was high. In 2013, she had to go into an assisted living facility and within a year, her rent plus medications, physical therapy and other miscellaneous expenses exceeded the $25,000 deductible for unreimbursed medical expenses. I gathered all of the necessary paperwork and submitted a claim. The claim was rejected. Following a consultation with Ron and his contact with the NYSUT representative overseeing the fund, my claims have resulted in payments that I will be able to put toward continuation of my mother's care.
Please do not hesitate to get this benefit to work for you. Yes, it does take time to gather the information but Ron is there to assist you at every turn. The time spent will be well worth it."

(NOTE: Originally in 1997 we were able to include parents/in-laws in the plan, however the insurance company terminated that option in 2005, grandfathering those already covered.)

WE ARE OFTEN ASKED "WHAT IS THE CATASTROPHE PLAN OR WHAT DOES IT COVER". CONSIDER THE FOLLOWING SUMMARY:

II. GROUP CMM SUMMARY OF BENEFITS

Deductible for each Covered Participant per Accumulation Period for:

Preventive and primary care benefits for children up to age 30	**None. No Deductible applies to these services.**
Critical Illness benefit	**None. No Deductible applies to this benefit.**
For participants who remain covered under a Basic Plan, after their effective date	**The amount of the Deductible you must meet before benefits are paid by this Plan is the greater of:** • **The benefits of the Basic Plan; or** • **Covered Charges that total $25,000 which are incurred in a dedicated Accumulation Period.** **Covered Charges include cumulative benefit payments and out-of-pocket costs incurred under the Basic Plan both of which are based on the Allowed Amount determined by the Claim Administrator.** **See the *Definitions* section for complete definitions of Covered Charges, Allowed Amount and Accumulation Period.**
For participants who do not remain covered under a Basic Plan, after their effective date	**The amount of the Deductible you must meet before benefits are paid by this Plan is an amount equal to:** • **Covered Charges incurred during the first 70 days of each confinement in a Hospital;** • **The first $10,000 of Covered Charges incurred for radiation or chemotherapy, physical or speech therapy;** • **The first $50,000 of Covered Charges incurred as a result of services received from all Physicians; and** • **The first $2,500 of Covered Charges received for prescription drugs during periods when the participant is not hospitalized.**

Deductible Accumulation Period	**36 consecutive months**
Benefit Period	**Five (5) years**
Benefits to be paid during each Benefit Period after the Deductible is satisfied	**100% of Covered Charges, except for private duty nursing which is paid at 85% of Covered Charges up to the lifetime maximum.**

Please note: A participant or Group Purchaser cannot request an increase or decrease in the per person deductible amount.

Maximum Benefits for each Covered Participant for:

Each Benefit Period	**No maximum benefit other than those outlined in this Plan Document**
Charges for Hospital room and board, per day	**100% of Covered Charges for semi-private room**
Charges for intensive care, per day	**100% of Covered Charges incurred in an intensive care unit**
Charges for private duty nursing	• **$120 per 8 hour shift ($360 per day)** • **$35,000, while eligible for benefits under the Plan** **Benefits are paid at 85% of Covered Charges up to the lifetime maximum.**
Charges for ambulance service, while eligible for benefits under the Plan	**100% of Covered Charges**
Charges for home health care	**Up to 1,200 hours per calendar year during each Benefit Period**
Charges for care in a Convalescent Home or Custodial Care Facility	• **$500 per week** • **$80,000, while eligible for benefits under the Plan** **Benefits begin on the 6th day of such confinement.**

Critical Illness benefit	**$2,500, while eligible for benefits under the Plan**

Please note: The preceding is a summary please consult your Group CMM (Policy #CMMI-002) Plan Document for more detailed description of benefits.

CRITICAL ILLNESS BENEFIT

The Critical Illness benefit of $2,500 is payable in a lump sum upon the diagnosis of a Critical Illness by a Physician. No Deductible applies to this benefit, and it is payable one time while eligible for benefits under the Plan.

"Critical Illness" means a heart attack, stroke, terminal illness, cancer, quadriplegia or an illness requiring coronary bypass surgery or a major organ transplant.

"Heart Attack" means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. The diagnosis must include all of the following criteria: 1) EKG findings consistent with Myocardial Infarction; and 2) elevation of cardiac enzymes above generally accepted laboratory levels of normal; and 3) chest pains.

"Stroke" means a cerebral vascular accident or incident. Stroke does not include Transient Ischemic Attacks and attacks of Vertebrobasilar Ischemia. The Plan will pay a benefit for Stroke which produces permanent neurological sequela persisting for at least 30 days following an initial diagnosis. The Claim Administrator must receive evidence of the permanent neurological damage provided by a CAT scan or MRI.

"Terminal Illness" means a medical condition: 1) which is expected to result in the participant's death within 12 months; and 2) from which the participant is not expected to recover.

"Cancer" means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer includes leukemia. Excluded are cancers such as: 1) pre-malignant tumors or polyps; 2) cancer in-situ, intraductal non-invasive carcinoma of the breasts; 3) any skin cancers except melanomas; or 4) Stage 1 Hodgkin's Disease. The Plan will not exclude a clinical diagnosis of cancer if, in the opinion of the attending Physician, a positive diagnosis cannot otherwise be made without jeopardizing the life of the participant. In any event, there must be a definitive treatment for cancer.

"Quadriplegia" means the complete and permanent loss of the use of all four limbs through paralysis for a continuous period of 180 days, as confirmed by a Physician.

"Coronary Bypass Surgery" means bypass surgery using either the saphenous vein or internal mammary artery graft for the treatment of coronary artery disease. The surgery must be performed for the treatment of coronary artery disease to correct a severe stenosis: 1) in the main trunk or left coronary artery; and 2) proximal stenosis of major coronary branches. The Claim Administrator must receive: 1) a confirmation by a consulting cardiologist; and 2) angiographic evidence of the underlying disease.

"Major Organ Transplant" means surgery to transplant any of the following organs: heart, kidney, lung, liver of bone marrow. Major Organ Transplant does not include transplanted organs from non-human donors.

(Please note; the $25,000 deductible does not apply to the Critical Illness Benefit.)

HEALTH ADVOCATE BENEFIT

Members have additional assistance in dealing with medical issues

Health Advocate has been added to the NYSUT Member Benefits Trust-endorsed Catastrophe Major Medical Plan. The Board of the NYSUT Member Benefits Trust announced the addition of the medical assistance and information service to the CMM benefits package at no additional charge.

The CMM Plan supplements your basic hospitalization and major medical insurance, including Medicare. If you or a loved one were to become afflicted with a serious sickness or severely injured, the CMM Plan assists with your out-of-pocket costs – saving you from additional stress and headaches during an already difficult time.

CMM participants do not need to have an ongoing CMM claim to utilize Health Advocate's services – which cover a wide variety of medical situations that require assistance. Health Advocate offers assistance in navigating the health care system, understanding treatment options and maximizing health insurance benefits.

It specializes in helping individuals navigate through health care and insurance issues such as medical, hospital, dental, mental health, prescription drug and other matters. Health Advocate can also assist with medical billing problems and other insurance-related concerns.

Health Advocate can provide assistance in areas such as:

- **Resolving medical claim problems**
- **Assisting with complex health care needs**
- **Finding the correct specialists and treatment facilities**
- **Advising claimants about appeal rights and coverage denials**
- **Researching and coordinating eldercare services**

Participants in the CMM Plan who need to contact Health Advocate will be assigned their own Personal Health Advocate (typically a registered nurse) and will be asked to provide necessary background information so the Personal Health Advocate can begin

working on their issue. Health Advocate treats inquiries confidentially, and no information is shared with other parties unless authorized by the individual.

By helping participants use the health care system more efficiently, Health Advocate can improve clinical outcomes and reduce medical costs. Its services are available to CMM participants and their spouse/domestic partner, dependent children and parents and parents-in-law.

If you participate in the CMM Plan, you should have recently received your newsletter in your mailbox. Details about the Health Advocate benefit as well as how to access it were included.

To find out more about the CMM Plan, please visit www.memberbenefits.nysut.org.

For information about this program or about contractual endorsement arrangements with providers of endorsed programs, please contact NYSUT Member Benefits at 800-626-8101 or visit www.memberbenefits.nysut.org.

Agency fee payers to NYSUT are eligible to participate in NYSUT Member Benefits-endorsed programs.

CLAIM FORMS FOR ARE AVAILABLE FROM THE TRUST ADMINISTRATOR