



Philadelphia Federation of Teachers Health and Welfare Fund Summary of Benefits www.pfthw.org

All Health and Welfare Benefits become effective after five (5) months of employment. However, in compliance with the Affordable Care Act, participants have the option of purchasing benefits after 90 days of employment.

Who is eligible:

- Members of the PFT bargaining unit (Teachers, Non-Teaching Assistants, Comprehensive Early Learning Centers, Food Service Managers, Paraprofessionals, Secretary/Clerical, Pre-kindergarten Head Start, Professional Technical, Supportive Services Assistants)
- The member's spouse
- Children under the age of 26
- Dependent parent for prescription benefit only, under the following conditions:
 - You, yourself, are eligible for the benefit.
 - You have no other dependents (including spouse) who are eligible
 - You claim the parent as a dependent on your tax return
 - The parent is not eligible for a prescription benefit from any other source
 - A notarized copy of your most recent tax return will be required as proof

SUMMARY OF BENEFITS

Prescription Coverage

- Provider is OptumRx
 - Co-Pays - Generic \$6.75
 - Brand \$9.50
 - Retail provides a 30 day supply for one (1) co-pay
 - Mail Order provides a 90 day supply for one (1) co-pay
- How to use the benefit
 - As soon as you are eligible, and have submitted a completed enrollment card, you will be mailed a prescription card. Thereafter, as long as you are a member, you will be mailed a new card twice a year, with effective dates of May 1 and November 1.
 - Participating pharmacies - At a participating pharmacy, you present your ID card, pay the copayment and receive your prescription.
 - Non-participating pharmacy - If you fill a prescription at a pharmacy that does not participate in the plan's network, it may cost you more than the co-pay. At a non-participating pharmacy, you pay for prescriptions when you receive them and get reimbursement for allowable expenses.
 - How will I know if a pharmacy participates in my plan? You can ask the pharmacist, or call the Health and Welfare Fund office for assistance.



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- Exclusions and Limitations
 - Medications administered in a hospital, rest home, an extended care facility, nursing home, etc.
 - Medication for which member obtains reimbursement from any other source.
 - Investigational or experimental drugs.
 - Devices or appliances such as hypodermic syringes and needles (except for insulin), bandages, supports, or other such non-drug items.
 - Homeopathic drugs, vitamins, diet supplements, etc., which can be purchased without a prescription. They will not be covered even if a prescription is written for them.
 - Medication prepared by, or ordered through, an allergist, or prepared at a pharmaceutical company.
 - Injectables, except for Insulin.
 - Genetically engineered drugs.
 - Fertility drugs.

- Benefits for Dependents of Deceased Employees
 - Spouses of Health and Welfare Fund members who die will continue to be eligible for full benefits for the remainder of the current benefit period, and for all of the next benefit period.
 - Benefit periods last 6 months, May 1 to October 31, and November 1 to April 30.

Vision Care

There are two (2) Vision Care Programs

- I. **Basic Program**– *You are reimbursed after payment*
 - Examination – Every calendar year – up to \$25.00 an examination
 - Lenses – Once every two calendar years unless a change is required in the calendar year as a result of the above examination.
 - regular lenses (two).....Up to \$24.00
 - bifocal lenses (two).....Up to \$38.00
 - trifocal lenses (two).....Up to \$56.00
 - Frames – Once every two calendar years unless a change is required in the next calendar year as a result of the above lens change...Up to \$24.00

- **How does an eligible person obtain Basic Vision Benefits?**
 - Obtain a form from your Building Representative.
 - Choose a legally qualified ophthalmologist, optometrist or optician.
 - Complete your portion of the form – have the ophthalmologist, optometrist or optician complete the appropriate portions of the form.
 - Send completed form to the PFT Health and Welfare Office.
 - You will be reimbursed directly.
 - If you are not eligible, you will not receive any reimbursement.



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(II) National Vision Administrators (NVA) Program

- **Purpose**
 - To provide thorough vision analysis (including Tonometry test), lenses manufactured to exacting standards and a wide selection of quality frames.
 - To control the cost of more expensive frames and cosmetic items such as tints and photograys so that the member may save money. The savings could be as much as 50% of the retail cost.
- **If you elect to use one of the participating optometrist or ophthalmologists there is no out-of-pocket payment for:**
 - Examination
 - Fitting fee for frames
 - Any frames whose wholesale cost is \$24.00 or less
 - Regular size lenses (single or multifocal)
- **Frames**
 - Your \$24.00 allowance is applied to the wholesale cost of the frames. These typically sell at retail prices that range from \$48.00 to \$72.00.
 - If you pick more expensive frames, you pay the difference between the \$24.00 and the actual wholesale cost, plus 20% of this difference.
 - All charges are monitored by NVA.
- **Using an Unlisted Doctor**
 - You may use an unlisted Doctor (use basic form) and use a listed provider. However, check your list of providers carefully in order to see which ones will fit and make glasses without doing the examination.
- **Extras**
 - You pay wholesale cost. NVA monitors charges.
- **Payments**
 - Your basics, as listed above, are covered by the fund. You pay the optometrist or ophthalmologist for the extras.



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- **How does an eligible person use the NVA Vision Benefits?**
 - Obtain a list of eligible providers from your Building Representative –or-
 - Go to PFTHW.org
 - Make your appointment and notify the NVA participating provider that your coverage is administrated by NVA and sponsored by the PFT.

CONDITIONS APPLICABLE TO BOTH VISION PLANS

- **Benefit Periods**
 - Examination – Every calendar year
 - Lenses and frames or contacts once every two calendar years unless a lens change (.5 diopters is required)
- **Contact Lenses**
 - Contact lenses – Only if medically required as verified by the PFT Health and Welfare Doctor – up to \$80.00 a len (contact Health & Welfare Office)
 - Contact lenses that are not medically required will receive an allowance of \$73.00 (including the examination allowance of \$25)

Exclusions and Limitations

- Expenses for which benefits are payable under any Workers' Compensation Law
- Special procedures such as surgical or medical treatment of the eyes, orthoptics, and visual training
- Replacement of lost, stolen or broken lenses and/or frames (until allotted waiting period stated above has been completed)
- Services or supplies not listed in the Benefits listed above
- Expenses for services and supplies for which no payment is required of the member
- Expenses for services and supplies unless they are prescribed by a legally qualified ophthalmologist, physician, optometrist, or optician
- Medical exams
- In the event a member, spouse or an eligible dependent is entitled to receive payment from any other source, then in such event the liability of this Fund is limited solely and completely to the payment of the excess, if any, of the amount otherwise payable by this Fund. (Submit to other Program first - then send copy of their form showing payment with the PFT Vision Care form.)



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Dental Plan

The dental plan administered by United Concordia provides for payment on the basis of the ‘usual and customary’ rather than on the basis of a fee schedule or table of allowances. The ‘usual and customary fee’ is determined by the following:

- The usual fee charged by the dentist to the majority of his or her patients for the procedure performed.
- The customary fee charged in a particular geographical and economic area for services performed by dentists of similar training and experience.
- The reasonable fee charged for services performed which involve unusual circumstances requiring additional time, skill and special consideration.
- Limits determined by the Fund Administration.

What is a participating dentist?

- A participating dentist is a dentist who has signed a contract with United Concordia. The participating dentist agrees to accept the total allowable charge (prevailing fee) determined by United Concordia. This becomes the basis for the 100%, 80% or 50% determination.
- The statement sent by United Concordia to the member will show the total charge allowed. This charge represents the ‘prevailing fee’.
- The participating dentist must accept the total allowed charge (prevailing fee) as his or her fee. United Concordia will pay the dentist 100%, 80% or 50% of the permitted total, depending upon the services. The member pays either: nothing, or 20% of the prevailing fee, or 50% of the prevailing fee, depending on the services. If the charge of a participating dentist exceeds the charge permitted by United Concordia, please call the Health and Welfare Fund office.
- Payments are made directly to the provider.

What is a nonparticipating dentist?

- A nonparticipating dentist may charge more than the prevailing fee. In such cases, United Concordia will pay only 100%, 80% or 50% of the total allowable fee, depending on the services. The member may then have to pay a fee to the dentist, depending on the service provided. There are no controls over the fees of nonparticipating dentists.
- Payments by United Concordia will be made to the subscriber, who is then responsible for paying the dentist.



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The summary of benefits are as follows:

Stainless Steel Crowns(Caps), Prefabricated Resin Crown(Cap), Buildups, Crown(Cap) Repair	80% Of Allowance
Single Crowns(Caps), Inlays, Onlays, 1 In 5 Years	80% Of Allowance
Palliative Treatment(Emergency Pain Relief), Simple Extractions, Endodontics(Root Canals)	100% Of Allowance
Exams, 1 In 6 Months, Full Mouth X-Rays, 1 In 36 Months	100% Of Allowance
Bitewing X-Rays, 1 In 6 Months	100% Of Allowance
Dental Oral Surgery Services	80% Of Allowance
Medical Oral Surgery Services	80% Of Allowance
Fillings, No Alternate Benefit For Posterior Resin Fillings	100% Of Allowance
Orthodontic(Braces) Treatment, Any Age	50% Of Allowance
Orthodontic(Braces) Lifetime Maximum	\$1200 Per Person
Calendar Year Program Maximum	None
Calendar Year Program Deductible	None
Surgical And Non Surgical Periodontic (Gums) Services	50% Of Allowance



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Cleanings, 1 In 6 Months, Fluoride Under Age 19, 1 In 6 Months	100% Of Allowance
Sealants	Not Covered
Space Maintainers Under Age 26 On Primary And Permanent First Molars	100% Of Allowance
Denture Adjustments, Denture Repairs, Relining And Rebasing	50% Of Allowance
Fixed And Removable Prosthetics(Bridges, Dentures)	50% Of Allowance
Implant Related Crowns(Caps)	50% Of Allowance

Long Term Disability Insurance Benefit

- If you are unable to work because of a long-term disability (LTD), the disability policy purchased by the Health and Welfare Fund will pay monthly, 60% of your basic monthly earnings with a maximum monthly limit of \$3,500.
 - **Eligibility begins on the date you become a member, in a position represented by the Philadelphia Federation of Teachers, provided you have completed one full day of active work.**
 - Basic Monthly earnings is gross salary before deductions shown on your last paycheck prior to the time the disability started. It does not include extracurricular, staff development, overtime or any other extra compensation.
- Your monthly income under this benefit will be reduced by other income you receive or are eligible to receive while the LTD benefits are paid. An example of other income is Social Security disability (one-time offset) and your PSERS pension.
 - LTD Benefit: 60% of the first \$5,833 of your Pre-disability Earnings, reduced by Deductible Income.



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- Maximum: \$3,500 before reduction by Deductible Income.
- Minimum: \$100
- Benefit Waiting Period: 365 days.
- Maximum Benefit Period: Determined by your age when Disability begins, as follows:
 - Age Maximum Benefit Period
 - 61 or younger: To age 65, or to SSNRA*, or 3 years 6 months, whichever is longest.
 - 62: To SSNRA, or 3 years 6 months, whichever is longer.
 - 63: To SSNRA, or 3 years, whichever is longer.
 - 64: To SSNRA, or 2 years 6 months, whichever is longer.
 - 65: 2 years
 - 66: 1 year 9 months
 - 67: 1 year 6 months
 - 68: 1 year 3 months
 - 69 or older.....: 1 year

*Social Security Normal Retirement Age (SSNRA) means your normal Social Security retirement.

➤ DISABILITIES EXCLUDED FROM COVERAGE

A. War

You are not covered for a Disability caused or contributed to by War or any act of War.

B. Intentionally Self-Inflicted Injury

C. Preexisting Condition

1. Definition

Preexisting Condition means a mental or physical condition whether or not diagnosed or misdiagnosed:

a. For which you have done any of the following:

- i. Consulted a physician or other licensed medical professional;
- ii. Received medical treatment, services or advice;
- iii. Undergone diagnostic procedures, including self-administered procedures;
- iv. Taken prescribed drugs or medications;

b. Which, as a result of any medical examination, including routine examination, was discovered at any time during the 90-day period just before the date your insurance becomes effective.

2. Exclusion

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you have been continuously insured under the Group Policy for 12 months.



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➤ DISABILITIES SUBJECT TO LIMITED PAY PERIODS

A. Mental Disorders, Substance Abuse and Other Limited Conditions

Payment of LTD Benefits is limited to 24 months during your entire lifetime for a Disability caused or contributed to by any one or more of the following, or medical or surgical treatment of one or more of the following:

1. Mental Disorders;
2. Substance Abuse; or
3. Other Limited Conditions.

However, if you are confined in a Hospital solely because of a Mental Disorder at the end of the 24 months, this limitation will not apply while you are continuously confined.

If you are the recipient of Long Term Disability payments, you are entitled to a prescription benefit. To receive this benefit, call the Health and Welfare Fund office.

Retirement Counseling Benefit

- Retirement Counseling sessions will provide information and assistance as follows:
 - In-depth explanation of the retirement system as it pertains to you and your family, including normal retirement, early retirement and disability retirement.
 - Accurate and up-to-date information on the Public School Employees' Retirement System.
 - Explanation of medical coverage options and Health and Welfare benefits after retirement.
 - Assistance with purchase of service, in and out-of-state.

COBRA Continuation Coverage

- Federal law requires that most group health plans (including this plan) give employees and their families the opportunity to continue their benefit coverage (dental, vision and prescription through the Health and Welfare Fund and basic health care through the School District Benefits office) when there is a 'qualifying event' that would result in the loss of coverage under the employer's plan.
- Length of COBRA Coverage Period:
 - In the case of a loss of coverage due to the end of employment or reduction in hours of employment, coverage generally may be continued for up to a total of 18 months.
- In the case of a loss of coverage due to an employee's death, divorce or legal separation, the employee's becoming eligible for Medicare or a dependent child ceasing to be a dependent under the terms of the Plan, coverage may be continued for up to a total of 36 months. It is the member's responsibility to notify the Fund office within 60 days of death, divorce or a dependent child ceasing to be a dependent under the terms of the Plan. **It is also important to note that COBRA and retiree health plans are not considered coverage based on current employment. You are not eligible for a Special Enrollment Period when COBRA coverage ends.** So if you are eligible for Medicare when you retire, or become



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eligible at any time during the period you are enrolled in COBRA, you should enroll in and pay for Part B. Failure to do so may subject you to a late enrollment penalty.

- Social Security Disability Determination:
 - If it is determined that you or any other qualified beneficiary in your family (e.g., your spouse or dependent child(ren), if any) was determined to be disabled (by the Social Security Administration) at any time during the first 60 days of COBRA coverage or before COBRA coverage began and the individual is still disabled at the end of the original maximum continuation period (generally 18 months), the original maximum continuation period may be extended for up to an additional 11 months for all qualified beneficiaries who elected COBRA coverage on account of the initial qualifying event. This extension applies only if the Fund is notified in writing before the end of the initial maximum COBRA period and within 60 days of the later of (1) the date the qualified beneficiary is notified of the disability determination by the Social Security Administration; (2) the date you terminated or reduced your hours of employment; and (3) the date on which coverage would be lost under the plan as a result of your termination or reduction in hours of employment.
- Early Termination of COBRA Coverage:
 - COBRA coverage may terminate early if the required premium payment is not paid when due or if the Fund were to terminate for all active participants.

Hardship Cases

- Unique hardship cases eligible for continuation of Fund benefits must meet the following requirements:
 - No paid leave is available to the member.
 - No other full time employment is permitted.
 - No other parallel benefit coverage is available.
 - The member intends to return to the system.
 - Limited to one year of coverage from date of authorization.
 - Maternity leave, study leaves, special leaves without pay are excluded.

Each case must be presented to the Board of Trustees.



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Occupational and Environmental Health Activities Services – Active Members

- The Fund responds to faculty and parental concerns in addressing the health, safety and environmental conditions of the school's occupants.
- If problems arise, have your Building Representative call the Fund Office. Problems we address include:
 - Exposures to lead
 - Asbestos
 - Bacteria and fungus
 - Dust
 - Fumes
 - Odors and vapors associated with construction activities
 - Areas of high incidences of cancer
 - The impact of toxins on young children and pregnant teachers
 - Lead paint and lead in drinking water

Orthotics

- The PFT Health and Welfare Fund has entered into an agreement with Pro Support Systems to provide reduced rates for orthotic appliances. An orthotic is a three-layered shoe insert made to control and balance the foot while providing cushioned shock absorption.
- The discounted price for members of the Fund (including dependents) will be \$195.00. This includes the casting.
 1. Contact the PFT Health & Welfare Fund Office at 215-561-2722 to request verification of eligibility.
 2. Receive eligibility verification in mail and contact Pro Support Systems at 610-664-0848 or 800-262-3338.
 3. Make arrangements for payment and receipt of [voucher](#) certificate.
 4. Find a [Preferred Provider](#) who accepts the voucher certificate.
 5. Upon receipt of the voucher, the member will choose a provider from the list. Remember, you must select a provider who participates in the program to use the discount voucher.

Once you receive the voucher certificate, your medical insurance will determine the next step. Orthotics are eligible for diabetics only as a standard benefit.

● Personal Choice

- Those with Personal Choice will select a provider from the Pro Support Systems Network and present the voucher to receive orthotics.



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- All providers in the Pro Support Systems Network participate in Personal Choice. The provider will perform an examination, take a cast impression and provide a prescription for the orthotics and forward them to the PSS lab. The provider will charge Personal Choice for all applicable office visits, x-rays and surgical fees. The insured will be responsible for the co-pay on these services.
- **Keystone**
 - Members enrolled in Keystone will see their provider and obtain a prescription from the Keystone Provider for the orthotic.
 - If the provider is a member of the Pro Support Systems Network, the provider will cast and fit the orthotic.
 - Should the doctor not be a member of the Pro Support Systems Network, the patient will select a provider from the Pro Support Systems Network, present the voucher certificate and the doctor's prescription and receive the casting and fitting at no additional charge.
- **Medicare**
 - The procedures will be the same for Personal Choice. Medicare will be the primary or secondary payer, depending on whether the member is active (secondary) or retired, Medicare eligible (primary) or not Medicare eligible (secondary).

Educational Issues Department

- The Educational Issues Department offers professional development workshops and courses ranging from classroom management, effective instruction, literacy, mathematics, technology, science, social science, special education and world languages.
- School-Based professional development leaders provide professional development at schools.
- Strong Beginnings provides Teacher Induction and year-long support for new teachers.
- Programs for Teaching is the Fund's annual educational conference.
- The Fund is an Act 48 approved provider.



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Medical Coverage Premiums Monthly Rates

School District of Philadelphia (SDP) Contributions*

PLAN NAME		SINGLE	PARENT/ CHILD	PARENT/ CHILDREN	COUPLE	FAMILY
Personal Choice 20/30/70 w/Modifications	SDP Contribution	\$679.92	\$951.90	\$1,223.87	\$1,359.86	\$2,039.77
Keystone	SDP Contribution	\$575.90	\$806.26	\$1,036.31	\$1,151.80	\$1,727.70

*Additional 2% charge added to COBRA rates

PFT Member Contributions

Effective 9/1/2010 — all new employees shall be enrolled in Keystone for a period of four (4) years from the date of appointment. This chart is a basic overview of the benefits available.

Please see plan brochures for more details.

*Those hired before 9/1/10 and are switching to Personal Choice will pay 3% of premium. Those hired on or after 9/1/10 will pay 5%.

Anyone enrolled in Personal Choice prior to 9/1/10 does not contribute to the premium.

PLAN NAME		SINGLE	PARENT/ CHILD	PARENT/ CHILDREN	COUPLE	FAMILY
Personal Choice 20/30/70 w/Modifications	5% PFT Member Contributions/	\$15.69 Per pay	\$21.96 Per pay	\$28.24 Per pay	\$31.38 Per pay	\$47.07 Per pay
	3% Contributions	\$9.42	\$13.18	\$16.95	\$18.83	\$28.24
Keystone	PFT	NO MEMBER CONTRIBUTIONS				

Benefit Comparison Chart

Benefit	Personal Choice Plan 20/30/70 w/Variations		Keystone HMO 15
Deductible Individual/Family	In-Network \$0 Individual/ \$0 Family	Out of Network* \$500 /\$1,000	N/A
After deductible, plan pays:	100%	70%	N/A
Out of Pocket Individual/Family	Co-payment maximums Individual \$1,000/Family \$2,000	Co-payment max \$3,000 Individual \$6,000 Family	Co-payment maximums Individual \$1,000/Family \$2,000
Overall Lifetime Maximum	Unlimited	Unlimited	N/A



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Benefit	Personal Choice Plan	20/30/70 w/Variations	Keystone HMO 15
Office Visits	Primary Care \$20 co-pay Specialist \$30 co-pay	70% after deductible	\$15 PCP; \$25 Specialist
Pediatric Immunization	100%, no co-pay	70% (no deductible)	100%
Mammogram	100%	70% (no deductible)	100%
Maternity	100%, First OB visit \$20	70% after deductible	100%, First OB visit \$25
Inpatient Hospital Days	100%	70%	100%
Hospital Care Inpatient and Outpatient	100%	70%	100%
Emergency Room	\$40 co-pay (waived if admitted)	\$40 (waived if admitted)	\$35 (waived if admitted)
Laboratory	100%	70%	100%
Outpatient X Ray Radiology	\$30 co-pay	70%	100%
Physical, Speech & Occupational Therapy	\$20 co-pay (visits 1-30) \$30 co-pay (visits 31-60) (60 visits/year)	70% after deductible	100% (60 visits per calendar year)
Chemo/Radiation Therapy	100%	70% after deductible	100%
Cardiac Rehabilitation	\$20 co-pay	70% after deductible	100%
Substance Abuse Treatment -Outpatient/Partial Facility visits -Rehabilitation -Detoxification	\$30 co-payment 100% 100%	70% after deductible 70% after deductible 70% after deductible	\$25 co-payment, 100%
Mental Health Care – Outpatient/Inpatient	\$30 co-pay /100%	70% after deductible	\$25 co-pay Outpatient
Serious Mental Health Care – Outpatient/Inpatient	\$30 co-pay /100%	70% after deductible	100% (35 days per calendar year)
Nutrition Counseling	6 visits per year/100%	70% after deductible	6 visits per year/100%
Assisted Reproductive Technologies	100%	70% after deductible	N/A