PSC-CUNY WELFARE FUND
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CIGNA
MAJOR MEDICAL SUPPLEMENT
FOR MEMBERS IN GHI-CPB
The CIGNA Major Medical Supplement is designed to provide you with additional protection against the extraordinary cost of a serious of long-term illness. When your GHI-CBP allowances for covered procedures do not cover your medical bills, the Major Medical Supplement can help.

**Do YOU HAVE TO SIGN UP FOR THIS COVERAGE?**

No. If you are eligible, you and your eligible dependents will automatically be enrolled in the CIGNA Major Medical coverage.

**WHO IS ELIGIBLE FOR COVERAGE?**

You are eligible for his coverage if you are:

- Covered by the GHI-CPB Plan either through the City University of New York or any other City Agency and your are:
- An active full-time member of the City University instructional staff, or
- A retired member and Medicare is not your or your dependent’s primary coverage.

**WHAT ABOUT YOUR DEPENDENTS?**

If you are an active member and your dependents are enrolled under your or your spouse’s New York City GHI-CPB Plan, they are also covered under the CIGNA Major Medical Supplement.

If you are retired and you and your dependent(s) are not Medicare eligible, you are eligible for this coverage, if Medicare is the member’s or Dependent(s)’ primary coverage, this coverage is not available.

**HOW DOES THIS PLAN WORK?**

If you have covered medical expenses that are not completely reimbursed under you GHI-CPB Plan, you must first meet a deductible: Individual, $1,000 with the Optional Rider through GHI, $4,000 without it. Families, $2,000/$8,000 maximum deductible. Therefore, you must pay for the first $1,000/$2,000 of your own covered expenses before the Major Medical Supplement will reimburse you. Once you meet the deductible, you will be paid for up to 70% of your remaining expenses if they are reasonable and customary. Once your total out-of-pocket expenses reach $3,000 for an individual or $6,000 for a family, you will be reimbursed for up to 100% of your remaining covered expenses.
IS THE SUPPLEMENT BASED ON GHI’S SCHEDULE OF ALLOWANCES?

No. The Supplement will only reimburse you based on current reasonable and customary charges. Reasonable and customary charges are determined by examining how much most providers charge for procedures in the same geographic area.

If your provider’s fees exceed the normal charges, you would have to pay the difference.

HOW DOES THE DEDUCTIBLE WORK?

All of your out-of-pocket expenses contribute to the deductible. This includes:

- Co-payments to GHI-CPB participating providers,
- GHI-CPB deductibles for nonparticipating providers,
- The difference between your actual costs, if they are reasonable, and GHI’s schedule for nonparticipating providers.

If you have individual coverage, you may submit a claim as soon as you reach the $1,000/$2,000 in out-of-pocket expenses.

If you have family coverage, you may submit a claim as soon as one family member reaches the $1,000/$2,000 or when your total family out-of-pocket expenses reach $4,000/$8,000.

For example:
John has family coverage and has the optional rider through GHI. His deductible is $1,000. He has incurred $1,000 in out-of-pocket expenses. His wife has $500 in out-of-pocket expenses. Their three children each have $50 in out-of-pocket expenses as well. Since John has $1,000 in out-of-pocket expenses, he can submit a claim for any medical expenses that he has. His family total out-of-pocket expenses are $1,650. If the family incurs an additional $350 in out-of-pocket expenses, anyone in the family can submit a claim.

WHAT IS COVERED UNDER THE CIGNA PROGRAM?

The CIGNA program covers the same service covered by the GHI-CPB Plan except as noted under the limitations. If an item is not covered by GHI-CPB, it is never covered by this plan.
WHEN DO YOU FILE A CLAIM?

File a claim as soon as you meet the deductible. DO NOT SUBMIT A CLAIM UNTIL THE DEDUCTIBLE IS MET.

HOW DO YOU FILE A CLAIM?

First, submit each of your claims to GHI and receive an Explanation of Payments (EOP). Be sure to save all EOP’s that GHI sends to you as well as copies of the claims you submitted. Second, when you submit your claim to CIGNA, be sure to include all the original GHI EOP’s and copies of your claims or bills. Also, you must complete a CIGNA claim form. You can batch a number of claims together. We suggest you always keep copies for future reference.

Send your claims and EOP’s to:

CIGNA HEALTHCARE
DES MOINES SERVICE CENTER
P.O. BOX 10447
DES MOINES, IOWA 50306

DO THE CO-PAYMENTS TO GHI-CPB PARTICIPATING PHYSICIANS COUNT AS OUT-OF-POCKET EXPENSES?

Yes. The GHI-CPB co-payments count as an out-of-pocket expense. However, a special form must be used. Please contract the Welfare Fund or your Personnel Department for the necessary forms.

DO YOU HAVE TO PAY ANYTHING FOR THIS COVERAGE?

No. The Welfare Fund pays the full cost of this major Medical Supplement.

ARE THERE PRE-EXISTING CONDITIONS LIMITATIONS?

No. There are no limitations on preexisting conditions.
IS THERE A CALENDAR YEAR/LIFETIME MAXIMUM BENEFIT?

Yes. This coverage mirrors your GHI calendar year maximum. This depends on whether you are purchasing the optional rider or not. There is no annual maximum for this benefit.

CAN YOU CONTINUE COVERAGE FOR YOUR HANDICAPPED CHILDREN?

Yes. If you child is mentally ill, developmentally disabled, mentally retarded or physically disabled, your child's coverage can be continued beyond age 19. Please contact the Welfare fund for the necessary forms.

CAN YOU CONVERT THIS COVERAGE?

Only those members who are not Medicare Eligible can convert. Contact the Welfare Fund for the necessary forms.

ARE THERE ANY EXCLUSIONS?

Yes. The exclusions under the CIGNA Policy include:

♦ Prescription drugs.
♦ Outpatient psychiatric care, and other items not covered by the GHI-CPB Plan.
♦ Hospitalization.
♦ Home care services, home infusion therapy, private duty nursing and durable medical equipment.

LIMITATION

Medical Rehabilitation benefits are limited to a lifetime maximum of $100,000.

WHEN DOES COVERAGE TERMINATE?

Active members lose coverage if they leave GHI-CPB, retired members when they leave GHI-CPB or when they become Medicare Eligible. The same rules apply to dependents.
IS THIS COVERAGE PART OF THE COBRA PACKAGE?

Yes. In most cases, COBRA allows persons who would lose their health coverage to continue coverage for a limited time on a contributory basis. If you should lose your coverage and are not Medicare Eligible, contact your Personnel Office or the Welfare Fund for details.

This booklet is only a brief summary of your benefits under the CIGNA Major Medical Supplement.

The actual conditions of your coverage are determined by the contract with CIGNA and cannot be fully explained within the constraints of a brief pamphlet. If you have a specific question about your coverage, write or call the Welfare Fund.