



# **HEALTH CENTER BENEFITS BOOKLET**

January 2019

## Benefits Summary

The below chart is a summary of the major benefits and services enjoyed by Health Center members and their dependents. The benefits described here are subject to eligibility rules and exclusions that are explained in this booklet. Please review it carefully and contact the Health Center if you have any questions.

	Medical	Optical	Pharmacy
<b>All members/ spouses</b>	<ul style="list-style-type: none"> <li>• Annual physical exam</li> <li>• Biannual eye exam</li> <li>• Diagnostic physician visits and specialist consultations</li> <li>• Screening tests (e.g. mammography, colonoscopy)</li> <li>• Outpatient laboratory testing and radiology testing (x-rays, other imaging)</li> <li>• Urgent care visits</li> <li>• Social service counseling</li> <li>• Adult Immunizations (e.g. influenza, shingles, pneumonia)</li> </ul>	<ul style="list-style-type: none"> <li>• Free eyeglasses every 2 years (select models)</li> <li>• Designer frames and premium lenses at whole-sale cost</li> <li>• Routine adjustments</li> </ul>	<ul style="list-style-type: none"> <li>• Zero co-pay for drugs costing less than \$4</li> <li>• Generics: 30-day supply-\$4</li> <li>• Generics: 31-to-90-day supply - \$10</li> <li>• Preferred Brand Drugs - \$10</li> <li>• Non-Preferred Brand Drugs- \$20</li> </ul>
<b>Retired members/ spouses</b>	<ul style="list-style-type: none"> <li>• All medical services above plus:</li> <li>• Office visits for management of diseases</li> <li>• Ongoing specialist physician care</li> <li>• Office procedures</li> <li>• Office delivered injections/infusions</li> <li>• Outpatient chemotherapy and radiation therapy</li> <li>• Podiatry services at SHHC</li> <li>• Outpatient physical, occupational and speech therapy</li> <li>• Dialysis services</li> </ul>	See above	See above
<b>Dependent Children (&lt;26 years old and covered by member's primary insurance)</b>	None	See above	See above
<b>Associate members/ spouses (see Part III of this booklet)</b>	None	Designer frames and premium lenses at wholesale cost	Prescriptions at pharmacy cost

A summary of the eligibility requirements for retirees who turn 60 on or after January 1, 2019 is inside the back cover of this booklet.



January 2019  
750 East Avenue  
Rochester, NY 14607

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# A Message from The Hillman President and Joint Board Manager

Your Sidney Hillman Health Center (SHHC) is one of the most unique benefits provided by an American Labor Union. The breadth and depth of benefits and services are unmatched.

It was about seventy years ago when our Joint Board leader, Abe Chatman, realized that our union members were struggling to obtain decent, affordable health care for themselves and their families. That realization launched the beginning of the SHHC and even now, we work towards serving that need as the same struggle affects workers today.

In an era when working Americans are paying increasing out-of-pocket cash for health care, SHHC remains a steady benefit to union members. Some of these benefits include:

- Deeply discounted prescription medications often priced at \$0.00, \$4.00, \$10.00, and \$20.00
- Free annual physical exam
- Free eye exam and eye-glasses every two years
- More choices in the optical department including more designer frames
- Full pharmacy and optical benefits for children under age 26 if they are covered under their parents' health insurance
- Expanded coverage of immunizations
- Coverage of all lab and x-ray testing for active and retired workers
- Free social work services
- Expanded availability of after-hours and urgent care services
- Coverage of high-cost services such as chemotherapy and dialysis



This hand-book provides a wealth of information regarding your health benefits. A copy of this book is posted on our website at: <https://rrjb.org/shhc/> along with the latest SHHC information. I hope this information is helpful to you but if you have any questions, please call or visit the health center. Our staff can work with you to get the most out of your health insurance options and SHHC benefits.



Sincerely,

*Gary V. Bonadonna Jr.*

Gary Bonadonna, Jr.  
President, Sidney Hillman Health Center  
Manager, Rochester Regional Joint Board  
International Vice President, Workers United

# I. Introduction and History

## Sidney Hillman

Sidney Hillman



There have been many heroes in the long history of the labor movement, but few whose vision burned any brighter than Sidney Hillman, the man for whom your Health Center is named. Hillman was a remarkable man who played a central role in improving the lives of hundreds of thousands of American workers.

He was born in 1887 in Zagare, Lithuania, received a rabbinical education, but then went to work in a chemical laboratory. Soon, the Czarist government threw him in prison for advocating labor reforms. After his release, Hillman eventually immigrated to the United States, and went to work in 1909 in a men's clothing factory in Chicago. Within a year, he was leading a garment workers' strike there.



Hillman subsequently moved to New York. In 1914, he was elected president of the Amalgamated Clothing Workers of America (ACWA), the forerunner of today's Workers United organization. He served as ACWA president until his death in 1946. Hillman's achievements at the helm of the union included:

- Winning unemployment insurance long before it was legally required
- Organizing two banks, which during the Great Depression preserved several garment businesses by loaning money or buying their stock
- Playing a key role in securing the passage of the national Fair Labor Standards Act, establishing for the first time a nationwide minimum wage and legislation aimed at curbing sweatshops
- Helping to found the Congress of Industrial Organizations (CIO)

Hillman had a lifelong, passionate dedication to workers. In many ways, his entire philosophy was summed up in a newspaper interview shortly before his death. This excerpt shows why your Health Center is dedicated to his memory:

*"It is within the power of America to provide for our people conditions beyond the dreams of generations past... This Earth can be made a place where men and women can walk together in peace and friendship, and enjoy all that this work can provide. We want a better America, an America that will give its citizens, first of all, a higher and higher standard of living so that no child will cry for food in the midst of plenty."*

- Sidney Hillman

# History of the Health Center

Your Sidney Hillman Health Center benefits are some of the most valuable union benefits you have, especially as most Americans have to devote a growing share of their income to covering normal and expected health care needs.

Now five decades since its inception, it has grown into a substantial union benefit for active workers and retirees, one none of us should take for granted. That certainly was a hard fought and contentious benefit in its early days when it triggered controversy in the medical community and workers alike.



Abe Chatman

Abe Chatman, the legendary early manager of the Joint Board, dreamed of better health care for union members – and a facility where they could get it. The longer Chatman held the dream, the more of a burning passion it became with him. In 1962, Chatman persuaded the late Dr. Robert Burton to create the Hillman Center program and become its first Medical Director. Dr. Burton served in that capacity for 36 years and left an indelible mark.

Dr. Burton was a perfect choice: intelligent, well-trained, unafraid of controversy, patient, tenacious – and with a ready sense of humor. He would need all of those qualities in the first years of the Center. The Monroe County Medical Society and community physicians were strongly opposed to the Center, especially to the creation of a separate facility with full-time doctors who would see only union members. And, while it seems totally surprising today, many union members were also opposed to the Health Center concept, and the wage concessions that were used to help fund it.

The late business agent Vito Salamone once described those times: “At the beginning, the Hillman Center was funded by employers and by a small percentage wage concession by the union members of every Local in the Joint Board. There was quite a bit of grumbling, frankly, because members weren’t sure what they were going to get in exchange for the wage concession. No one was sure what the Hillman Center would be like. It didn’t take very long, though, before members were happy about it.”



Dr. Robert Burton

Dr. Burton was undeterred by the grumbling from his peers and by the threat to his own standing in the medical community. He forged ahead to create a unique, ground-breaking health center that gave Abe Chatman what he wanted, while successfully addressing some of the concerns of the Medical Society by compensating community physicians for core health services provided in their offices to union members.

The Hillman Center opened to its first patients on February 11, 1963. Just 11 months later, more than 4000 people had already applied for services - significant testimony to the need the Center was fulfilling. From the beginning, members could choose from several hundred physicians for diagnostic health visits that included many state-of-the-art services at that time, including X-rays, blood tests and electrocardiograms. In addition, when needed, members could also be referred to a variety of medical specialists for diagnostic studies. In August 1964, the Hillman program began covering eye exams, and within two months, some 1,700 people filed for the exams.

*"The services here mean everything! I don't know where I could find my medication at the cost that I receive it. I also get my glasses at a discounted price and sometimes I can get free frames. The service can't be beat. The staff seem to know everyone by name. they're polite, and they're willing to help in any way they can. I really appreciate it."*

- Edith Page, Xerox Retiree





Dr. Joseph Nicholas  
Medical Director

In 1966, chronic treatment services were offered for the first time to retirees and their eligible spouses. It was a dramatic improvement in benefits because, as Dr. Burton noted, “It meant for the first time that the people who were more likely to require treatment, but the least likely to afford it, were covered in a substantial new way.”

Dr. Burton’s leadership blazed new trails, both in Rochester and nationally. When the Center opened, it was the only one of its kind in the country. The model of care provided the impetus that led to the establishment of the Preferred Care HMO (today’s MVP Health Care), with Dr. Burton serving as its first medical director.

Under Dr. Burton’s guidance, not only were the number of services consistently expanded through the years, but many of those services were extended to more people, including spouses and dependents.



# Your Current Health Center

Over the last two decades the Health Center has dramatically expanded its retiree coverage for many high cost services, including chemotherapy, dialysis and advanced diagnostic tests, and expanded its active worker coverage for all laboratory and radiology testing, as well as screening tests. We have partnered with local hospitals, physicians and insurers to try to fill the gaps in the current health care system for our members. And we continue to fight for improved primary health care insurance for active workers. All in all, the majority of members get thousands of dollars in benefits every year, particularly during the high health care cost years of retirement.



Sarah Costanza, SHHC Manager

## Important Features

The Hillman Center is a non-profit organization. The money used by the Center to provide member benefits comes from a trust fund that is financed solely by contributions from participating employers and from money earned on investments made by the trust fund. A Board of Directors oversees the fund and the policies

of the Hillman Center. The Board is made of representatives from both the union and contributing employers and is empowered to make decisions to maintain the benefit for future workers and retirees. This does involve potentially changing some aspects of the benefit from year to year.

*"We have one of the best pharmacies and optical centers around. If you have any questions they are there on the phone or at the window to answer all our questions. We are very fortunate as a union to have a Sidney Hillman Center."*

- Jeff Altman



Your Health Center has three key service departments: Medical Services, Pharmacy, and Optical; how the departments work to support you are described in the upcoming sections in Part 2 of this booklet.

Your primary health insurance is still the most important coverage you have for your health care; SHHC does not cover all medical services, particularly services delivered in hospitals, nursing homes or the emergency room, and does not cover most surgical procedures done outside of a physician office. Physicians must be credentialed and on our panel and tests must be ordered under the supervision of panel physicians for your benefit to apply. Don't hesitate to call us to verify your SHHC benefit for any particular health service or particular provider or facility.

Any benefit disputes are referred to the medical director, and, if necessary, the Executive Committee of the Board. It is their job to make sure the benefit remains fair and solvent for all current and future beneficiaries. They have the discretion to alter or modify benefits at any time and to interpret the terms of this plan.

The strength of the Health Center remains the people. Our staff can help you understand your medical bills, your Hillman benefit, and other federal and state benefits to help defray your health care costs and get you the health care you need.

As the complicated American health care system continues to change, the Sidney Hillman Health Center is there to help ensure that you are not facing these issues alone.



Joseph Conway  
Comptroller





Sheryl Hoyt  
Financial Office



Courtney Roemer  
Financial Office

Phyllis Zimmerman  
Health Services



# Key Insurance Terms

## **Premium**

How much you pay monthly for an insurance policy.

## **Co-payment**

A fixed out-of-pocket payment for individual medical services. Usually a standard amount (e.g. \$50 or \$100).

## **Co-insurance**

A percentage-based out-of-pocket payment for individual medical services. Usually a standard percentage (e.g. 20%).

## **Deductible**

Out-of-pocket amount before insurer starts to pay for a portion of health care costs. Typically, patients pay the full amount of all costs until the deductible is met.

## **Out-of-pocket maximum**

Total amount of co-payments, co-insurance and deductible payments paid by the subscriber, after which the insurer covers 100% of remaining covered health care costs. Does not include premium payments.

## Other Important Definitions

### **Covered Employment**

Employment in a bargaining unit represented by the RRJB/WU at an employer who makes contributions to the SHHC on behalf of the members in the unit. Covered Employment is tracked at SHHC based on payment of union dues.

### **One Year of Service**

Is credited for each year in which you paid union dues for at least 26 weeks.

### **Break Year**

Defined as a year in which you did not work in covered employment for at least 26 weeks.

Break Years can cause you to lose the service you have earned. If you had five or more years of Covered Employment AND you had five consecutive Break Years,

OR

You had fewer than five years of Covered Employment and the number of consecutive Break Years exceeds the number of years in Covered Employment,

THEN,

Your Years of Service will be forfeited, and you must start building up your Service Credit again.

**NOTE:** A Break Year caused by long-term disability (as verified by your employer and/or an insurance carrier) will not cause a Break in Service. However, time spent on disability will not count toward years of Covered Employment for eligibility purposes.

Other exceptions include active duty in the US Military and Social Security Disability. See “Special Situations”.

**NOTE:** If you are laid off from Covered Employment and are re-hired within 12 months by a covered employer, you will not be charged with a Break in Service.

If you leave covered employment for any reason and are re-hired by a Covered Employer after more than one year, your benefits will resume after three months of employment. You will be charged with a Break in Service.

If you leave covered employment for any reason and are re-hired by a Covered Employer within six months, your benefits will resume after thirty (30) days. You will not be charged with a Break in Service.

### **Disability**

As used herein, “disability” means verified illness or injury that prevents a member from working for 26 weeks or more as verified by the employer.

### **Retired**

In order to be considered “retired” you must be no longer working in Covered Employment and be receiving retirement benefits from a contributing employer.

### **Lifestyle Medication**

These are medications for weight loss, hair growth, and other cosmetic purposes. Eligible members may purchase Lifestyle Medications from the Center at wholesale cost.

### **Spouse**

The Health Center uses the same definition of “spouse” that is used by the Internal Revenue Service. This definition includes same-sex and opposite-sex spouses whose marriage was legal in the state in which it was performed, regardless of their current state of residence.

# Your Health Center Benefits

## II. Benefits and Coverage

### **Accessing Your Benefit**

Your Hillman benefit works to fill in some of your medical costs, by paying for co-payments, co-insurance and deductibles for office-based services and tests. You must have an active primary health insurance policy to access the full Hillman benefit. It is important to understand that for most specific services (except for annual physical exams and annual eye exams), your primary health insurance needs to cover these services to access your Hillman benefit. Please note that the Hillman benefit does not cover services in several areas including but not limited to: inpatient or observation hospital visits, emergency room visits, surgical procedures done outside the office, or nursing home care. For these reasons, it is important that whenever possible you select a primary health insurance plan that works best for you; the Hillman benefit alone is not enough.



Shelly VanAuker  
Optical

### **If you are actively employed:**

- You must maintain insurance through your employer or another family member or purchase a private insurance product.
- Your primary insurance must include outpatient and prescription drug coverage
- You must have a primary care physician who is on the SHHC panel

*"It means everything to the people in my company. We have many employees who need medication and Chris Powderly (RRJB Business Agent) even brings it to us."*

- Monika Shelton, Alleson Athletic



### **If you are retired:**

- You must maintain insurance through the government (e.g Medicare part B, +/- Medicare Advantage), **or** through another source, such as your spouse.

You must have a primary care physician who is on the SHHC panel  
There are some additional options for members who retire before Medicare eligibility, or who have recently lost employer-based insurance.

For more details, please see Section III of this booklet, Eligibility.

## **Benefits and Covered Services**

The following is a list of the categories of medical services that are part of your Hillman benefit. For services to be covered, they must be provided by a physician or an entity on the SHHC panel. All coverage decisions are subject to review and approval by the SHHC medical director, to make sure your specific service falls in one of the covered categories. More detail on these services can be found in the next section.

### **For All Members (including spouses)**

- Annual physical exam<sup>1</sup>
- Biannual eye exam for vision screening<sup>1</sup>
- Physician office visits to diagnose and screen for diseases
- Screening tests (e.g. mammography, colonoscopy)
- Outpatient laboratory testing and radiology testing (x-rays, other imaging)
- Urgent care visits
- SHHC Pharmacy coverage
- Biannual eyeglass benefit (designer frames and premium lens designs)<sup>2</sup>
- Jewish Family Service social service counseling
- Adult Immunizations (e.g. influenza, shingles)

### **Additional Benefits for Retired Members (including spouses)**

- Office visits for management of diseases
- Ongoing specialist physician care
- Office procedures
- Office delivered injections/infusions
- Outpatient chemotherapy and radiation therapy
- Podiatry services at SHHC
- Outpatient physical, occupational and speech therapy
- Dialysis services

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1 Must be pre-authorized by the Center and given by a participating provider.

2 Covers standard frames and lenses. Special frames and lenses are also available at the difference in cost compared to the allowance for standard frames and lenses.

## Benefits for Dependents

- Biannual eyeglass benefit (designer frames and premium lens designs)<sup>2</sup>
- SHHC Pharmacy coverage

## Not Covered

- Inpatient or observation hospital visits
- Emergency room visits
- Surgical or other invasive procedures done outside the office
- Nursing home care
- “Lifestyle” medications (see Definitions in Part 1 of this booklet)



Mark Sidebotham  
Manager, Optical Department

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<sup>2</sup> Covers standard frames and lenses. Special frames and lenses are also available at the difference in cost compared to the allowance for standard frames and lenses.

## Urgent Care Locations

### Five Star Urgent Care

- **Rochester** 3648 Dewey Ave Rochester NY 14616  
(585) 736-3504
- **Fairport** 18 Courtney Drive Fairport, NY 14450  
(585) 421-7537
- **Batavia** 4189 Veterans Memorial Drive Batavia, NY 14020  
(585) 201-5598
- **Geneva** 1 White Springs Rd. Geneva, NY 14456  
(315) 230-4074
- **Niagra Falls** 7432 Niagra Falls Blvd. Niagra Falls, NY 14304  
(716) 371-4260

### FLH Medical Urgent Care

- **Geneva** 789 Pre-Emption Rd. Geneva, NY 14456  
(315) 781-2000
- **Seneca Falls** 1991 Balsley Rd. Seneca Falls, NY 13148  
(315) 835-4900

### Greater Rochester Immediate Care

- **Brighton** 1881 Monroe Ave. Rochester, NY 14618  
(585) 613-3099
- **Greece** 2745 W. Ridge Rd. Greece NY 14626  
(585) 225-5252
- **N. Greece** 470 Long Pond Rd. Greece NY 14612  
(585) 338-1200
- **Henrietta** 2685 E. Henrietta Rd. Henrietta, NY 14467  
(585) 444-0058
- **Irondequoit** 2701 Culver Rd. Rochester, NY 14622  
(585) 266-4000
- **Penfield** 2226 Penfield Rd. Rt.441, Penfield, NY 14526  
(585) 388-5280
- **Webster** 1065 Ridge Rd. Webster, NY 14580  
(585) 872-2273
- **Wilson** 1425 Portland Ave. Wilson Bldg. Rochester, NY 14621  
(585) 338-1200



## U of R Urgent Care

- **Farmington** 1160 Corporate Dr. Farmington, NY 14425  
(585) 924-1510
- **Greece** 2047 W. Ridge Rd. Rochester, NY 14626  
(585) 276-9100
- **Henrietta** 1300 Jefferson Rd. Suite 100 Rochester, NY 14623  
(585) 413-1800
- **Newark** 800 W. Miller St. Unit 11 Newark, NY 14513  
(315) 226-8900
- **Penfield** 2134 Penfield Rd. Penfield, NY 14526  
(585) 276-8280
- **Perinton** 1669 Pitts-Victor Rd. Victor, NY 14450  
(585) 276-0800
- **Pittsford** 3400 Monroe Ave. Rochester, NY 14618  
(585) 203-1055
- **Spencerport** 42 Nichols St Spencerport, NY 14559  
(585) 349-7094

## Urgent Care Now

- **Webster** 60 Barrett Dr. Suite A, Webster, NY 14580  
(585) 872-1003

**PLEASE NOTE:** Urgent care participants may change. Please call ahead to get the most up-to-date information.

## Important Health Center Phone Numbers

Health Services (coverage questions, general information):  
585-473-2000

Pharmacy 24-hour line: 585-473-2555

Optical department: 585-271-1911

Podiatry: 585-473-2000

Social services: 585-242-7667

Scheduling: 585-473-3280

## Pharmacy Services

Members and dependents must have primary prescription drug coverage to receive Hillman's low-cost drug coverage for outpatient prescriptions. Depending on the cost of the drug and its classification by your primary insurance company, members pay co-pays ranging from 0-\$20 for a 30-day supply. To determine how your medications are classified, call your insurance carrier or doctor. In addition, pharmacists can assist with medication counseling, and administer some immunizations. Medications are dispensed on site at our pharmacy at 750 East Avenue; delivery to some work sites is also available (please contact your shop steward.)

New prescriptions can be called into the pharmacy or electronically prescribed by your doctor's office; paper prescriptions can be brought to the pharmacy. Refill requests can be placed by the member by phone 24 hours a day. All new prescription and refill requests can be called to 585-473-2555; these medications should be available by the next working day. Member payment is due at the time of pick up; cash, check and some credit cards are accepted.

Pharmacy 24-hour line: 585-473-2555

Pharmacy hours are:

Monday – Friday: 9AM- 5PM

Saturday: 8AM –noon

Sunday and major holidays: Closed

## Pharmacy Benefits – Co-payments at a Glance\*

	Generic Drugs Less Than \$4	Generic Drugs Costing \$4 or More	Tier II-III Preferred Brand and Non-Preferred Brand
Working Member and Spouse	\$0 co-pay	\$4 co-pay (30-day supply) \$10 co-pay (31-90- day supply)	\$10 co-pay (Tier II) \$20 co-pay (Tier III)
Retired Member and Spouse			
Dependent Children			
Associate Member	Prescription drugs available at pharmacy's wholesale cost		

\*Limits and exclusions may apply based on your primary coverage and other factors.



Tom Edwards  
Manager, Pharmacy Department

## **Optical Services**

Our optical department offers a terrific number of both low cost and designer frames, premium lens designs, and well as routine adjustment services. All members and dependents are eligible for free complete eyeglasses every two years with selected frames, and many other designer frames at wholesale cost. Eyeglass prescriptions must be less than 2 years old at the time they are filled (less than 1 year for children).

Optical services are by appointment only.  
Optical department phone number: 585-271-1911  
Optical department hours:  
Monday-Friday 9AM to 5PM,  
alternate Saturdays 8AM- noon

## **Podiatry Services**

Podiatry services are offered on site on the second floor of the Health Center at 750 East Avenue. These services are available to all retiree members and their spouses. Podiatry services provided off site are not covered.

Podiatry services are by appointment only.  
Podiatry appointments: 585-473-2000

## **Social Service Counseling**

Social service counseling is available to all members through Jewish Family Services on Tuesday mornings in the retiree lounge.

No appointment is necessary.

Social service walk-in services: Tuesdays 9 a.m. – noon.

Social service information: 585-242- 7667

## **Insurance Navigation**

Your Hillman staff is increasingly aware of the many nuances and obstacles to obtaining adequate health insurance and prescription drug coverage for active workers and retirees. In addition to the customer service department of your primary insurer, our staff can assist you with questions about your current coverage, your Hillman benefit, and can help identify other programs or resources for which you may be eligible. For those without employer-sponsored or Medicare coverage, we can help members navigate the New York State insurance exchange. To assist with additional prescription drug coverage for senior citizens, our staff can help with eligibility and enrollment in the NYS Elderly Pharmaceutical Insurance Coverage (EPIC) program.

## **Scheduling**

We assist with the scheduling of annual physical exams and eye exams with PCPs and optical providers on our panel. Each member is required to complete an annual application when requesting a physical or a complete eye exam, in order to guarantee coverage. The application can be obtained from the Union Hall or your shop steward. Please call 585-473-3280 for scheduling.

## **Additional Information**

Our health center reviews and approves the physicians available to our members. Only physicians and organizations on the Hillman panel are eligible for payment from the Health Center. Primary care and other physicians on the Hillman panel can be found on our website, or from a list obtained at the Health Center. If your physician is not on our panel, we are happy to work with their office to get them appropriately credentialed and appointed to the Health Center.

Our health center is accessible for persons with disabilities, with the following features: handicapped parking near the main and the Merriman Street entrances, elevator off the main parking lot to the pharmacy and optical departments, automatic doors at the parking lot entrance, a chairlift at the Merriman Street entrance, and an internal elevator to the rest of the Health Center.

All medical information is kept strictly confidential and is only available to the medical professionals and Health Center representatives assisting you. Your medical information cannot be shared with your employer or the union, unless required by a court. We are in compliance with federal privacy regulations (Health Insurance Portability and Accountability Act.) You can obtain a copy of the Center's HIPPA privacy policy from the Health Services Department or the Financial Office.





Helen DeRose  
Pharmacy



David Every  
Pharmacist



Christa Fox  
Patient Services

### III. Eligibility

#### **Active Member Benefit Eligibility**

In order to keep its records current, the Health Center may occasionally request that you provide proof of eligibility in order to receive benefits.

#### **Standard Active Member Benefit**

In order to be eligible for Active Member benefits, you must be less than 65 years old and not on Medicare; you must be a member of an affiliated local; you must have worked three months in Covered Employment; and you must have primary insurance coverage with a prescription drug rider. The primary insurance must qualify as “minimum essential coverage” under the Patient Protection and Affordable Care Act. Most employer-sponsored coverage will meet this requirement.

1. Spouses receive the same services as the active member.
2. Dependents (children and stepchildren) on the member’s primary insurance are included until age 26 and receive the optical and drug benefit only.



Ray DiVasto  
Podiatrist



## **Option for Members Over 50**

If you are 50 or over, AND

Have ten (10) years of service in Covered Employment with no Break in Service; AND

Retire on or after your 50th birthday while eligible for SHHC benefits; AND

Have primary health insurance coverage with a prescription drug rider that qualifies as “minimum essential coverage” under the Patient Protection and Affordable Care Act covering you, your spouse, and your dependents; THEN

You, your spouse, and your dependents are eligible to continue the Active Member Benefit (dependents until age 26) until you enroll in Medicare. You and your spouse will be eligible for retiree benefits after you enroll in Medicare.

### **Retiree Benefit Eligibility**

#### **Grandfathering of Retiree Coverage for those who are 60 as of January 1, 2019**

As of January 1, 2019, the rules regarding retiree eligibility are changing.

To minimize the effect of this change on individuals who are close to retirement, there will be a “grandfathering” process that takes effect as of January 1, 2019.

If you are age 60 AS OF December 31, 2018, you will retain the current benefit at age 62 as long as you meet the eligibility requirements (i.e. if you are receiving Social Security at that time). The grandfathered benefit is described in the white Hillman benefits booklet dated 2014. Please refer to this book for a description of your Hillman retiree benefit.

If you are not age 60 as of December 31, 2018, you will receive the new benefit described in this section when you enroll in Medicare, and you are not eligible for the grandfathered benefit.

### **Standard Retiree Eligibility**

In order to be eligible for retiree benefits, you must be enrolled in Medicare and retired from Covered Employment; and  
You must have worked in Covered Employment for 10 or more years immediately prior to retirement without any Breaks in Service.

If you die, and your spouse re-marries, your spouse's benefit continues until death but does not extend to any new spouse.  
Less than 10 years coverage:

A member who retires from Covered Employment at age 65 with less than ten (10) Years of Service will be eligible for SHHC Retiree Benefits for the same number of years as the member worked in Covered Employment, effective on the date the member enrolls in Medicare, provided that there are no Breaks in Service.  
The member's spouse is entitled to coverage when he or she enrolls in Medicare. The member's and the spouse's coverage run concurrently (at the same time) and the spouse's benefit terminates when the member's benefit terminates.



Sarah Hahn  
Pharmacy



Becky Donovan  
Optician

### **Deferred Retiree Eligibility**

1. If you have twenty (20) years of service in Covered Employment with no Break in Service; and you left Covered Employment for any reason;
2. You and your spouse will be eligible for retiree benefits when you enroll in Medicare. If your spouse is younger than you, he or she will become eligible for retiree benefits when he or she enrolls in Medicare.



Sarah Jones  
Health Services

## Special Situations

### **Social Security Disability**

If you have been in Covered Employment for ten (10) years or more without a Break in Service and are on Social Security Disability, your Health Center Benefits for you and your spouse will continue for as long as you continue to receive Social Security Disability benefits.

If you have been in Covered Employment for less than ten (10) years and are on Social Security Disability, your Health Center Benefits for you and your spouse will continue for the same number of years that you worked in Covered Employment.

### **Active Duty in the U.S. Armed Forces**

SHHC follows the federal law known as “USERRA” for members who are called up for active duty. If you were in Covered Employment before entering active duty and you return to Covered Employment after your tour of duty ends, within the time frames specified in USERRA, you are not subject to any waiting period for the resumption of benefits. Up to five years of active duty will count toward your eligibility for Retiree Coverage and other benefits, as long as the active duty is immediately preceded and followed by Covered Employment.



Dana Keaton  
Manager, Data Processing

Jenny LaBrake  
Optician



### **One-Year Extension for Layoff or Disability**

If you are not working because of layoff, illness, or disability, your full benefits (including spouse and dependent coverage) will be extended for one year from the date of layoff or onset of disability. Primary insurance coverage is required. In certain circumstances, and in its sole discretion, SHHC may extend benefits further in layoff situations.

### **Plant Closing Provisions**

If you were permanently laid off due to a plant closing; you accrued ten (10) years of covered employment without any breaks in service; your employer made Health Center contributions during that time; and you were eligible for Health Center benefits when you left the employer, then you will continue to be eligible for full Health Center benefits (including spouse and dependent coverage) after plant closing. Primary insurance coverage is required.

### **Disabled Dependents Over Age 26**

A child living at home who is covered by the member's primary insurance plan and is recognized by the primary insurance company as a dependent due to disability, will continue to be eligible for dependent benefits at the Center until he or she is no longer eligible for primary insurance coverage as a dependent.

## **Associate Member Benefit Eligibility**

Active and retiree members must have primary health insurance in or to qualify for their benefits. SHHC provides all members of the RRJB/WU with access to NAVIGATOR SERVICES to assist in obtaining health insurance coverage on the New York State of Health Insurance Exchange

In some situations, individuals who are otherwise eligible for SHHC Benefits may not have access to primary health insurance. In this situation, “Associate Member” status is available to the members, the spouse, and qualified dependents up to age 26, for up to 24 months.

## **Eligibility Rules**

In order to be eligible for Associate Member status, you must meet all of the eligibility criteria for either an Active or Retired Member, except the requirement of primary health insurance coverage.

## **Termination of Eligibility**

Eligibility for Associate Membership terminates after two years. Once a member has held Associate Membership status for a cumulative total of two years, the member is no longer eligible for Associate Membership.



Sue Logel  
Health Services

Shannon Dwyer  
Pharmacy



### **Associate Member Benefits**

Associate members may purchase prescription drugs at the Pharmacy at the Pharmacy's cost.

Associate members may purchase glasses at the Optical Department's cost.

### **Conditions of Associate Membership**

As a condition of Associate Membership, the Associate Member is required to meet with a Navigator once per year to determine the availability of primary health insurance coverage. Navigator appointments will be available at the union hall on a regular basis and will be free of charge.

Ray Lovullo  
Building Superintendent





Michelle Croce  
Health Services



Tammy Miller  
Pharmacy



Joann Montois  
Health Services



Paul Mangione  
Pharmacist



Daniel Godfrey  
Podiatrist



Sandy Mailloux  
Pharmacy



## IV. Your Rights & Other Legal Information

### **Strictly Confidential**

Your medical information is held in the strictest confidence. It is **ONLY** available to medical professionals and to Health Center representatives who **NEED** it to serve you. Your medical information **CANNOT** be obtained by anyone in the union or by any employer, unless ordered by a court. The Health Center is in compliance with federal privacy regulations including the Health Insurance Portability and Accountability Act). You can obtain a copy of the Center's HIPAA privacy policy from the Health Services Office or the Financial Office.



Debby Noll  
Health Services

### **Benefits Limited to Fund Assets**

The benefits described in this booklet are those in effect in January 2019. While it is the intent of the Health Center to keep these benefits indefinitely, future changes in the assets of the Health Center caused by changes in health care costs and delivery systems, employment levels, or investment income, could require a change in benefits.

Health Center benefits are not guaranteed. The Health Center reserves the right to limit, modify, or eliminate benefits at any time. You will be notified whenever significant benefit changes are made.

The Executive Committee of the Health Center reserves the discretion to interpret the terms of this Plan and to resolve any and all disputes, issues, or claims with respect to eligibility and benefits under the Plan.

*"I can't do without Hillman Benefits. It saves my family about \$1000 a month in prescription medication."*

- Sharlene Dunton  
Alleson Athletic



### **What to do if You are Denied a Benefit**

Government regulations under the Employee Retirement Income Security Act (ERISA) require specific procedures, outlined below, to address the relatively rare circumstances in which a claim for benefits is denied in whole or in part by the Health Center.

If you are told you are not eligible for Health Center Benefits or your claim or request for benefits is denied, you have 180 days in which to ask the Directors to formally review the denial. You will be told the specific reason for the denial, the plan provision on which the denial is based, a description of the plan's review procedures and the applicable time limits, and a statement of your right to bring a civil action under section 502(a) of ERISA following an adverse benefit determination.

In order to appeal, you may visit or write to the Health Center office, 750 East Ave., Rochester, NY 14607 and provide as much information as you can about your claim. If you wish, you or your representative may review the documents relevant to your claim, and you may submit additional information and documents that you want the Health Center to consider as part of your appeal. If you want to review your file, contact the Health Center in writing and it will be provided to you free of charge.



Carol Cucchiara  
Pharmacy

The appeal review will be conducted independently of the initial adverse benefit determination. A decision will be made in writing within 30 days by the Executive Committee of the Board of Directors. This notification will tell you whether your appeal is granted or denied. If denied, it will give specific reasons for the denial and explain the Plan provisions upon which the decision is based. It will include a statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant your claim for benefits and notify you that you have the right to file a lawsuit under Section 502(a) of ERISA.

## **Extending Time Limits**

The 30-day deadline mentioned above may be extended by the Center if there are special circumstances involved, such as the need for additional information. You will be informed of the extension in writing before the end of the 30-day period. The extension notice will specify the special circumstances requiring an extension of time and the date by which you may expect a decision. If the reason for the extension is that more information is needed from you, the Center will explain what additional information is required and will give you 45 days to provide it.

## **Decision of the Executive Committee is Final**

The Executive Committee reserves the discretion to interpret and apply the terms of this plan. Any decision of the Center or of the Directors on any matter as to which they have discretion is final. The decision can be set aside only if it is arbitrary or capricious, that is, if there is no reasonable basis for the decision or if your claim was discriminatorily denied.

## **Your Right to Sue**

You may not bring a lawsuit against the Health Center over the denial of a benefit if you do not first file a claim and request a review by the Directors as explained in this section.



Tariq Chaudari  
Pharmacist

## **Your Rights Under ERISA**

As a participant in the Sidney Hillman Health Center, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA). ERISA provides that all plan participants shall be entitled to:

### **Receive Information About Your Plan and Benefits**

You can examine, upon request and free of charge, at the Health Center's office, all documents governing the Plan, including insurance contracts, collective bargaining agreements, the Summary Plan Description, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the US Department of Labor. The Form 5500 for prior years is also available at the Department of Labor website, [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

You are entitled to obtain copies of these documents from the Plan upon payment of a reasonable charge for copying costs.

The Health Center is required by law to furnish each participant with an annual financial report.



Ashley Buckingham  
Health Services



*“The pharmacy managed to get liquid medicine when Leonard couldn’t take regular pills. We use the podiatry services every seven weeks. We use the optometry services too and they do a lot for you. I don’t know what we’d do without Sidney Hillman Services.”*

- Mary and Leonard Nudo

## **Continuation Coverage under COBRA**

Subject to procedures adopted by your employer, in the event your benefits with the Health Center end because of your loss of eligibility under your employer’s health plan, Health Center benefits may be available for you and/or your dependents. You or your dependents will be required to pay for such coverage. Any period of extended coverage under this Plan will reduce your maximum available period of COBRA continuation coverage. COBRA continuation coverage is not considered RRJB credited service for purposes of retiree benefits.

You should receive notices regarding COBRA eligibility and continuation rights from your employer or from your employer’s group health plan when you lose coverage under your employer’s plan.

## **Prudent Actions by Health Center Fiduciaries**

In addition to creating rights for you, ERISA imposes duties upon the people who are responsible for the operation of the Plan, the Board of Directors. The Board of Directors are “fiduciaries,” and as such they have a duty to operate the Plan prudently and in the interest of you and other plan participants and beneficiaries.

## **Non-Discrimination**

No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Health Center benefit or exercising your rights under ERISA.



Colleen Silvernail  
Health Services

## **Enforce Your Rights**

If your claim for a Health Center benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in Federal court. In such a case, the court may require the Health Center to provide the materials and pay you up to \$110 per day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in state or Federal court. In addition, if you disagree with the plan's decision or lack



thereof concerning the qualified status of a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the Health Center's money, or if you are discriminated against for asserting your rights, you may seek assistance from the US Department of Labor, or you may file suit in Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

### **Assistance with Your Questions**

If you have any questions about your plan, you should contact the Health Center. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Health Center, you should contact the nearest office of the U.S. Department of Labor, Employee Benefits Security Administration, or visit their website at:

**[www.dol.gov/ebsa](http://www.dol.gov/ebsa)**

You may obtain publications and information about your rights under ERISA at the website or by calling the 800 number listed on the EBSA website.

*I don't know what I'd  
do without the services.  
Immunizations, optometry,  
pharmacy – it means so  
much to have them.*

- Betty Triest





Pharmacy Staff



Health Services Staff



Optical Staff



## Personal Health Care Information

We have provided this space for you to record your own important health care information that you want to keep in one place.

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# Retiree Health Center Benefits

This chart shows information for people who satisfy the Eligibility Requirements. Some exceptions apply. Eligibility is based on years of Covered Service.

Member/Spouse Age	Entitled to "Worker" Benefits?	Entitled to "Retiree" Benefits?
<b>Member</b> at least 50 but less than 65	Yes	Converts to RETIREE benefits at age 65 when enrolled in Medicare
<b>Member</b> age 65 or more, retired and enrolled in Medicare	No	Yes
<b>Retiree spouse</b> less than 65	Yes	Converts to RETIREE benefits at age 65 when enrolled in Medicare
<b>Retiree spouse</b> age 65 or more, retired and enrolled in Medicare	No	Yes, if <b>member spouse</b> is eligible

A summary of all Hillman benefits is located on the **inside front cover**.

**Name of Plan:**

Sidney Hillman Health Center

**Employer Identification Number:**

16-0864443

**Plan Number:**

501

**Administrator:**

Executive Committee

Sidney Hillman Health Center of Rochester, Inc.

750 East Avenue

Rochester, NY 14607

(585) 473-2000

**Agent for Service of Process:**

Administrator

Sidney Hillman Health Center

750 East Avenue

Rochester, NY 14607

Sidney Hillman Health Center  
750 East Avenue  
Rochester, NY 14607

## To Contact Your Health Center

<b>Union Office</b> 9:00 AM - 5:00 PM (585) 473-3280 or 1-800-383-3797	<b>Financial Office</b> 9:00 AM - 5:00 PM (585) 473-3280
<b>Hillman Health Services</b> 8:00 AM - 4:30 PM (585) 473-2000 Fax: (585) 473-3309	<b>Pharmacy</b> Weekdays 9:00 AM - 5:00 PM Saturdays 8:00 AM - Noon (585) 473-2555 Fax: (585) 242-7580
<b>Hillman Optical</b> Weekdays 9:00 AM - 5:00 PM by appointment (noon-time appointments accepted) Saturdays 8:00 AM - Noon, by appointment only	