

**1199SEIU GREATER NEW YORK BENEFIT FUND  
SUMMARY OF MATERIAL MODIFICATIONS**

*This Summary of Material Modifications describes changes that affect your welfare benefit plan and updates the Summary Plan Description (“SPD”) and Summary of Benefits and Coverage (“SBC”) that was previously distributed to you. You should keep this summary with your current SPD and SBC until the booklet is updated to reflect the changes discussed herein.*

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Effective on or about September 14, 2021, the 1199SEIU Greater New York Benefit Fund (the “Fund”) SPD and SBC shall be amended to provide that the Plan will cover Partial Hospitalization Programs (“PHP”) for substance abuse disorders, and to clarify its restrictions on custodial care charges. The following underlined and bold language shall be added to the SPD and the strikethrough language shall be omitted:

**SECTION II.C**

Benefit Brief

- ~~Benefits are not provided for care in a sub-acute nursing home or skilled nursing facility~~  
...

WHAT IS NOT COVERED

- ~~Care or service in a nursing home, skilled nursing facility, rest home or convalescent home~~
- Custodial care or sub-acute care in a hospital, **residential facility, nursing home,** or any other institution
- **Care in a skilled nursing facility other than hospice care as described in this Section**

**SECTION II (INTRO)**

To pre-certify inpatient **and intermediate** behavioral health treatment (mental health or alcohol/substance abuse).

**SECTION II.B**

- To pre-certify inpatient **and intermediate** mental health or alcohol/substance abuse treatment;

**OVERVIEW and SECTION II. E  
PROGRAM FOR BEHAVIORAL HEALTH: MENTAL HEALTH AND  
ALCOHOL/SUBSTANCE ABUSE**

~~Mental~~ **Behavioral** Health Benefits

Outpatient Care

- Outpatient visits — ~~\$5 co-payment~~
- ~~Intensive Outpatient Programs (IOP)~~

**Note: Outpatient Physical/Occupational/Speech therapy for medical conditions associated with autism or developmental delay is also covered. See Section II.H.**

Inpatient Care

- Medically Necessary **Inpatient** mental health admissions ~~in a hospital~~
- ~~Partial Hospitalization Programs (PHP)~~
- **Inpatient detoxification and rehabilitation**

**Intermediate Care**

- **Intensive Outpatient Programs**
- **Partial Hospitalization Programs**

**Note: All Inpatient and Intermediate Care must be pre-certified.**

~~ALCOHOL/SUBSTANCE~~

~~ABUSE BENEFITS~~

~~When Medically Necessary, you are covered for diagnosis and treatment of alcoholism and/or substance abuse.~~

~~Outpatient Care~~

- ~~Outpatient visits — \$5 co-payment~~
- ~~Intensive Outpatient Programs (IOP)~~

~~Inpatient Care~~

- ~~Medically Necessary services for inpatient detoxification and rehabilitation~~

...

~~PARTIAL HOSPITALIZATION PROGRAMS FOR MENTAL HEALTH AND INTENSIVE OUTPATIENT PROGRAMS FOR MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE~~

~~Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) provide intermediate levels of coordinated care and can prevent hospitalizations and help to restore maximum function in a clinically appropriate setting.~~

**Note: Custodial care charges for intermediate care rendered at a facility are not covered by the Fund. If you receive behavioral health services at a residential treatment center, only services that qualify as the covered services listed above will be covered.**

**SECTION II.H**

...

- Physical/Occupational/Speech therapy: up to 25 visits per discipline per year. Prior approval is required for additional visits. ~~Habilitation therapies are not covered to the extent there is other coverage available from either a government agency or program through a special organization.~~

**SECTION II.I**

**SERVICES REQUIRING PRIOR AUTHORIZATION**

...

**RE/HABILITATIVE THERAPIES**

**Physical/Occupational/Speech therapies beyond 25 visits per discipline per year must be authorized in advance by the Plan Administrator.**

**SECTION VII.D**

**WHAT IS NOT COVERED**

- Charges for services that are custodial in nature **or inpatient charges for intermediate care.**

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*This summary only highlights the key changes made to the 1199SEIU Greater New York Benefit Fund. Summaries of material modifications together with the Summary Plan Description make up your official plan descriptions; please keep them together and refer to them as necessary. If you would like to review the Plan Document or have any questions, please contact the Fund's Member Services Representatives at (646) 473-9200.*

*The plan sponsor of the 1199SEIU Greater New York Benefit Fund reserves the right to amend or terminate the Fund, or any part of it, at any time.*