

PLAN D

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group

\$1,000,000 ANNUAL EXCESS MAJOR MEDICAL

for school districts, municipalities and subdivisions that participate in the Empire Plan or an approved similar plan



\$50 PER DAY IN-HOSPITAL BENEFIT for employees

\$1,425 COINSURANCE REIMBURSEMENT

in-hospital **PRIVATE DUTY NURSING**

OUTPATIENT REHABILITATION

VISION CARE benefits every two years

up to 30 days care in a **NURSING HOME**

\$15,000 AD&D benefit for employees

firstrehablife

rated A- (excellent)  by A.M. Best Company

\$1,425 COINSURANCE REIMBURSEMENT (as of 01/01/2005)

This benefit will reimburse the coinsurance for covered expenses for you and your covered dependents if covered expenses reach or exceed \$1,125. Should covered expenses reach or exceed \$8,250 within a calendar year, you would be reimbursed a maximum of \$1,425. Covered expenses equal the "amount allowed" under any approved plan with similar benefits. Coinsurance for **psychiatric expenses** is included in the maximum coinsurance benefit.

EXAMPLES

<i>amount charged</i>	<i>amount allowed (Empire)</i>	<i>deductible</i>	<i>paid by Empire (80%)</i>	<i>coinsurance</i>	<i>First Rehab Life coinsurance reimbursement</i>
\$200	\$200	\$0	\$160	\$40	\$0
\$8,600	\$8,600	\$350	\$6,600	\$1,425	\$1,425

IN-HOSPITAL PRIVATE DUTY NURSING BENEFIT

This benefit provides 50% of the Reasonable and Customary Charge for the first 48 hours of private duty nursing while hospitalized.

CARE IN A NURSING HOME

This benefit covers care in a nursing home if you are under the treatment of a physician, for a maximum of 30 consecutive days from admission to the nursing home, only if further hospitalization would otherwise be necessary and the covered person has been in a hospital for at least three days immediately preceding admittance to the nursing home.

REASONABLE AND CUSTOMARY REIMBURSEMENT

If First Rehab Life's reasonable and customary allowance for a covered procedure is greater than that of the Empire Plan or an approved plan with similar benefits, First Rehab Life will reimburse you or your covered family member for the difference between First Rehab Life's allowance and your underlying Plan's allowance.

\$1,000,000 ANNUAL EXCESS MAJOR MEDICAL EXPENSE BENEFIT

The Excess Major Medical Expense Benefit Program covers items in excess of items payable by your underlying Empire Plan's Major Medical or an approved similar plan to a maximum of \$1,000,000 per calendar year. If you or a covered family member exhausts \$1,000,000 of Empire Plan's Major Medical benefits in a calendar year, this program covers most charges payable under the "Empire Plan Plus Medical & Psychiatric Enhancements Plan" (as of January 1, 2005).

UNLIMITED OUTPATIENT REHABILITATION BENEFIT

Outpatient rehabilitation therapy in a comprehensive outpatient rehabilitation facility is coordinated with the underlying Empire Plan's Medical Program or an approved plan with similar benefits. Reimbursement is provided on a dollar-for-dollar basis. Specific areas of outpatient rehabilitation services are:

- ▶ occupational therapy
- ▶ physical therapy
- ▶ speech therapy
- ▶ inhalation therapy
- ▶ psychodiagnostic evaluation (excluding treatment)
- ▶ coordination of medical services (Medical Social Services)
- ▶ audiological evaluation
- ▶ loan of rehabilitation equipment prescribed by the rehabilitation center physician





Please see Vision Coverage
Summary on Last Page

SPECIAL EMPLOYEE-ONLY BENEFITS

\$50 PER DAY IN-HOSPITAL BENEFIT

This benefit provides \$50.00 per day for covered employees who are continuously confined to a hospital and under the care of a doctor. The maximum duration of this benefit is 26 weeks for any hospitalization.


\$15,000 AD&D BENEFIT

Accidental death and dismemberment coverage is provided to you for accidental bodily injury causing a covered loss.





www.shelterpoint.com | 800.365.4999

ShelterPoint Life,  formerly First Rehab Life



Vision Claims Guide

If you choose to take advantage of the in-network savings, you can locate NVA Vision network providers on their website: www.e-nva.com

1. How do I submit a claim?

In-network benefits:

No claim forms are needed if you choose an NVA network provider! Simply provide the vision provider's office with the member ID number and/or name and date of birth of any covered dependent needing services. The vision provider's office will verify your eligibility for services. **NVA providers do not require ID cards.** However, if you would like an ID card, please register on the NVA web portal at: www.e-nva.com After registering, ID cards will be available for print.

Out-of-network benefits:

You have the freedom to choose any licensed eye care provider. If a non-participating provider is chosen, you will be responsible for 100% of the cost at the time of service and may then submit a claim for reimbursement either **online at www.e-nva.com** or by mail to our dedicated Vision Claim Administrator:



NVA
Attn: ShelterPoint
P.O. Box 2187
Clifton, NJ 07015

2. How can I check the status of my claim?

- Visit the member portal at: www.e-nva.com
- Call the dedicated toll-free member services telephone number: **877-241-7124**

Optional NVA Provider Network Enhancements

Policyholder: XGNY1044 - West Hempstead Education Association		
Examination	Once every 24 months ¹	Covered 100%
Lenses	Once every 24 months ¹	
	Single vision	Covered 100%
	Bifocal vision	Covered 100%
	Intermediate vision	Covered 100% after \$30 copay
	Trifocal	Covered 100%
	Lenticular	Covered 100%
Lens Options	Once every 24 months ¹	
	Scratch resistant coating	Covered 100% after \$10 copay ²
	Fashion/gradient tint	Covered 100%
	Solid tint	Covered 100%
	Glass photogrey single vision lens	Covered 100% after \$15 copay ²
	Glass photogrey bifocal and trifocal lens	Covered 100% after \$20 copay ²
	Ultraviolet (UV) coating	Covered 100% after \$12 copay ²
	Standard anti-reflective (AR) coating	Covered 100% after \$35 copay ²
	Premium anti-reflective (AR) coating	Covered 100% after \$48 copay ²
	Ultra anti-reflective (AR) coating	Covered 100% after \$60 copay ²
	Oversized	Covered 100%
	Blended segment	Covered 100% after \$20 copay ²
	Standard plastic photosensitive (Transitions) lenses	Covered 100% after \$65 copay ²
	High index	Covered 100% after \$55 copay ²
	Polarized lenses	Covered 100% after \$75 copay ²
	Polycarbonate lenses	Covered 100% after \$20 copay ³
	Standard progressive lenses	Covered 100% after \$50 copay ²
	Premium progressive lenses	Covered 100% after \$85 copay ²
Frames	Once every 24 months ¹	
	Frame allowance	\$100 retail allowance ⁴ (20% overage discount)
Contacts	Once every 24 months ¹	
<i>In lieu of eyeglasses</i>	Maximum allowance for conventional lenses	\$100 retail allowance ⁴ (15% overage discount)
	Maximum allowance for disposable lenses	\$100 retail allowance ⁴ (10% overage discount)
	Medically necessary contact lenses ⁵	Covered 100%
	Evaluation, fitting, and follow-up care - standard lens	Covered 100% after: \$20 copay (daily wear lenses) ⁷
	Evaluation, fitting, and follow-up care - specialty lens	Covered 100% after: \$30 copay (ext. wear lenses) ⁷
	Evaluation, fitting, and follow-up care - specialty lens	Covered 100% after \$50 copay ⁷
Indemnity Reimbursements		
Examination	Once every 24 months ¹	Up to \$28
Lenses	Once every 24 months ¹	
	Single vision	Up to \$26
	Bifocal vision	Up to \$40
	Intermediate vision	Up to \$40
	Trifocal	Up to \$52
	Lenticular	Up to \$52
Frames	Once every 24 months ¹	
	Frame allowance	Up to \$27
Contacts	Once every 24 months ¹	
<i>In lieu of eyeglasses</i>	Maximum allowance for lenses	Up to \$60

¹ Benefit year is based on member's last date of service.

² Actual discounted amounts may vary.

³ Prior authorization required. Polycarbonate lenses are covered in full for: Dependent children to age 26, monocular patient, and patients with prescription +/- 6.00 diopters or greater. All others (Polycarbonate SV discounted to \$25 & Polycarbonate Bi/Trif discounted to \$30)

⁴ Does not apply at Contact Fill or Cole corporate locations (if applicable) and where prohibited by law. Prohibited by some manufacturers.

⁵ Prior authorization required.

⁶ Does not apply for certain proprietary frame brands and where prohibited by law.

⁷ Only covered if member chooses contact lenses.

firstrehablife

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Selling exclusively through independent brokers & agents.*

YOUR PLAN COORDINATOR IS:

J. J. STANIS and COMPANY, INC.

J.J. Stanis and Company, Inc.
377 Oak Street, Suite 406
Garden City, NY 11530

The following copayments are **not** covered under the Excess Plan:

- ▶ copayment for Empire participating providers
- ▶ copayment for Blue Cross hospital outpatient care
- ▶ copayment for outpatient care incurred with a network provider
- ▶ copayment for prescription drug program

Please refer to the policy for a complete list of policy provisions, conditions and exclusions. This brochure is for illustrative purposes only, providing a general overview of the services described. It is not a contract. All coverage extends up to policy limits. Expenses not covered by the underlying Empire Plan are not covered under the program described above. Insurance evidenced by this brochure provides limited health insurance benefits. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

Mktg# XM-1-NY-Pd-G2 12/04 :: Policy Form# XGMMP-NY 01/01, XGMM-D-NY

Application and enrollment forms are available online at www.firstrehab.com.

THE FIRST REHABILITATION LIFE INSURANCE COMPANY OF AMERICA • 600 NORTHERN BOULEVARD • GREAT NECK • NY 11021
☎ 800-365-4999 • 516-829-8100 📠 516-829-8211 ⓘ WWW.FIRSTREHAB.COM • MARKETING@FIRSTREHAB.COM

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