Summary of Benefits

United Staff Association
Welfare Fund

Claims Office
Daniel H. Cook Associates, Inc.
253 West 35th Street, 12th Floor
New York, New York 10001-1907
www.dhclaims.com
(914) 250-0700

Supplemental Benefits

Comprehensive Benefits for eligible members, spouses, domestic partners and dependent children

Benefit Calendar Year: January 1st – December 31st

UNITED STAFF ASSOCIATION
WELFARE FUND

Dear Member:

The Trustees are pleased to provide you with this updated version of the comprehensive benefits booklet, which describes your benefits through the United Staff Association Welfare Fund. This edition includes all changes in self-insured benefits.

This booklet is an important source of information. We urge you to familiarize yourself with the benefits program and the required procedures so that you understand your rights and obligations under the program. **PLEASE KEEP THIS BOOKLET FOR FUTURE REFERENCE!**

To the extent that this booklet describes an insured benefit (e.g., life insurance, and long term disability) the group insurance contract specifies the exact benefits provided, and the language of the insurance contract will govern in the event of inconsistency between it and the language of this booklet.

Your Trustees are proud to provide you with these extensive benefits in our continuing effort to bring better health and welfare care to each of you. If there are any questions concerning your benefit program, please do not hesitate to contact the Trustees of the Fund or the Third Party Administrator (TPA), Daniel H. Cook Associates, Inc. at (914) 250-0700.

Fraternally,

BOARD OF TRUSTEES

GENERAL INFORMATION

INTRODUCTION

The following benefits are self-insured by the United Staff Association Welfare Fund: Dental, Optical, and Variable. Self-insured benefits are funded directly by the Welfare Fund and the claims for such benefits are processed by the Fund Administrator. The Fund Administrator is Daniel H. Cook Associates, Inc., 253 West 35th Street, 12th Floor, New York, NY 10001-1907, (914) 250-0700, online **www.dhcook.com**

Claim forms are available at the main office in some buildings, from the United Staff Association Program Representative in your building, from the Fund Administrator, at www.dhcook.com, or from the Trustees. Completed claim forms should be mailed to the Fund Administrator at the address, which appears on the claim forms. You should make copies of any claim forms that you submit for your records.

If you work over 15 hours per week, BOCES makes a full contribution to the Welfare Fund on your behalf. You are eligible to receive up to the maximum amounts shown in the description of each benefit. If you work 15 hours or less per week, BOCES makes a half contribution to the Fund on your behalf. Members for whom the Fund receives a half contribution are eligible to receive up to one half of the maximum amounts listed in the benefit description for each self-insured benefit, but are not covered for Life and Long Term Disability insurance. For example, the dental calendar year maximum is $3,000. A member for whom we receive a half contribution would have a yearly maximum of $1,500 (50% contribution).

All self-insured benefits are based on a calendar year (January 1st – December 31st).

The Fund contracts for certain additional benefits: Life Insurance, Long Term Disability Insurance, and the Legal Fund Benefit. See those booklets for eligibility, benefit and claim information.

ELIGIBILITY

Members

All members of the United Staff Association for whom contributions are made to the Welfare Fund by BOCES are covered for Fund benefits, at no cost to the member.

You become eligible on the first day of the first month following your appointment by the BOCES Board. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment. For example: 1) if you are appointed by the BOCES board on September 15th, but your first date of active employment is on October 15th, you will become eligible for Fund benefits on November 1st. 2) if your first date of active employment is September 1st, but the Board does not act on your appointment until the September Board meeting (usually around the middle of the month), you will become eligible for benefits on October 1st.

Dental Benefit
Limited Spousal Dental Benefit
Optical Benefit
Variable Benefit
Long Term Disability Insurance
Life Insurance
Legal Services Benefit

Dependents
The following are considered your eligible dependents:

1. your spouse, unless legally separated,

2. your domestic partner,
   A domestic partner is defined as a person, eighteen years of age or older, who is not related by blood to the member in a manner that would bar marriage in the state of New York and who is not legally married to another person, who has a close and committed personal relationship with the member, who lives with the member and has been living with same on a continuous basis, and who, together with the member has registered with the Fund as a domestic partner of the member and has not terminated the partnership.

In the event your partner qualifies as a domestic partner and you wish to enroll him/her with the Welfare Fund, simply obtain an Enrollment Form from the Fund Office, complete it and return it to the Fund Office with a copy of a Domestic Partnership Certification from your City/Town Clerk's office.

3. your unmarried children under age 19, natural or adopted (including children in a waiting period prior to finalization of adoption).

4. your unmarried children over 19 years of age and under age 24 provided they are full-time students in an accredited educational institution. Proof of full-time dependent student status must be submitted to the Fund Administrator in the Fall and Spring Semesters.

   The term "children" will also include any such person related to you by blood or marriage or for whom you have assumed a legal obligation for support and who;

5. resides in your household in a parent-child relationship and;

6. is chiefly dependent upon you for support and maintenance.

NOTE: If your child is mentally ill, developmentally disabled, or physically handicapped, when the coverage would terminate due to the child's age, the coverage may be continued while the dependent remains incapacitated and unmarried, subject to your own coverage continuing in effect. Documentation of disability must be submitted to the Fund Administrator 31 days prior to the loss of eligibility. (Contact the Fund Administrator for appropriate forms).

The Fund reserves the right to request any documentation necessary to verify the bona fide relationship of any dependent to a member.

RETIREES OPTION PLAN

Welfare Fund benefits which are otherwise available to active members may be continued into retirement for those individuals who have maintained membership in the United Staff Association, Local 3072 for the ten (10) consecutive years prior to retirement and who continue to maintain their membership in good standing in the United Staff Association, Local 3072 as a retiree, and who remit applicable self-pay contributions established by the Trustees to continue Fund benefits on a timely basis. Life Insurance and Long Term Disability Insurance are not available under the retirees' option plan. Legal Fund benefits may be continued as an additional elective.

WHEN DOES COVERAGE BEGIN

You become eligible on the first day of the first month following your appointment by the BOCES Board. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment. For example: 1) if you are appointed by the BOCES board on September 15th, but your first date of active employment is on October 15th, you will become eligible for Fund benefits on November 1st. 2) if your first date of active employment is September 1st, but the Board does not act on your appointment until the September Board meeting (usually around the middle of the month), you will become eligible for benefits on October 1st.

You are eligible to elect family dental coverage for your dependents. If you elect family dental coverage, each dependent will be covered beginning the later of these dates:

1. the first day of the first month following your appointment by the BOCES Board. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible on the first day of the first month following your first day of active employment.
2. the date that person becomes a dependent as defined herein.

The cost of family dental coverage is paid by the member. The contribution rate is determined annually by the Trustees.

AMENDMENT OR TERMINATION OF BENEFITS

Active member and retiree benefits under this plan have been made available by the Trustees as a privilege and are always subject to modification or termination in the exercise of the sole and prudent discretion of the Trustees. No person acquires a vested right to such benefits either before or after his or her retirement. The Trustees may expand, modify or cancel the benefits for active members and retirees; change eligibility requirements or the amount of the premiums; and otherwise exercise their prudent discretion at any time without legal right or recourse by an active member, retiree or any other person.

Your coverage and your dependent's coverage will stop on the earliest of the following dates:

when the Fund is terminated

when you are no longer eligible

when there is a non-payment of the direct pay premiums

when BOCES ceases to make contributions on your behalf to the Fund

when your dependents are no longer your eligible dependents

If you retire or resign from your position with BOCES, coverage for you and your eligible dependents ends the last day of the month during which you retire or resign. For example, if you retire or resign on April 15th, your coverage will end on April 30th. (Once the Fund is notified by BOCES of your retirement or resignation, you will be sent notices advising of your options to continue coverage pursuant to COBRA or the Fund's retiree continuation coverage program.)

If your employment is terminated by BOCES during the months of September through May, coverage for you and your eligible dependents ends the last day of the month during which your employment is terminated. For example, if you are terminated on March 15th, your coverage will end on March 31st. (Once the Fund is notified by BOCES of your termination, you will be sent a notice advising of your option to continue coverage pursuant to COBRA.)

If your employment is terminated by BOCES during the months of June, July or August, coverage for you and your eligible dependents ends on August 31st. For example, if you are terminated on June 15, your coverage will end on August 31st. (Once the Fund is notified by BOCES of your termination, you will be sent a notice advising of your option to continue coverage pursuant to COBRA.)

LEAVES OF ABSENCE

Members who go on a leave of absence and who are no longer receiving contributions from BOCES to the Fund on their behalf will be notified by Cook Associates that they can elect to continue their benefits on a self-pay basis for the duration of their leave. Such leaves of absence may include but are not limited to: maternity leave, family leave, leave for student teaching and disability leave. Notification will be sent via certified mail. If the member elects to continue the benefit, there will be no interruption in the member's benefits.

CHANGES IN STATUS

ANY CHANGES IN FAMILY STATUS, I.E. DEATH, DIVORCE, MARRIAGE, OR BIRTH, SHOULD BE COMMUNICATED IMMEDIATELY TO THE FUND OFFICE IN ORDER TO INSURE PROPER ADMINISTRATION OF BENEFITS. IF YOU FAIL TO TIMELY NOTIFY THE FUND OF A CHANGE IN FAMILY STATUS AND YOUR FORMER ELIGIBLE DEPENDENT INCURS CLAIMS PAID FOR BY THE FUND, YOU WILL BE HELD FINANCIALLY RESPONSIBLE FOR REPAYMENT OF THOSE CLAIMS TO THE FUND. Change of status forms are available at www.dhcook.com. You should keep a copy, for your records, of any notices you send to the Fund Administrator.

KEEP THE FUND INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep the Fund Administrator informed of any changes in your mailing address. Change of address forms are available at www.dhcook.com. You should keep a copy, for your records, of any notices you send to the Fund Administrator.

RIGHT TO APPEAL

The benefits provided by this Fund may be changed by the Board of Trustees in its sole discretion. The Board of Trustees adopts rules and regulations for the payment of benefits and all provisions of this booklet are subject to such rules and regulations and to the Trust Agreement, which established and governs the Fund operations.

The Fund Office uniformly applies all rules. The action of the Fund Office is subject only to review by the Board of Trustees. A member or beneficiary may request a review of an action by submitting notice in writing to the Board of Trustees, United Staff Association Welfare Fund, c/o. Daniel H. Cook Associates, Inc., 253 West 35th Street, 12th Floor, New York, New York 10001-1907. The Trustees shall act on the appeal within a reasonable period of time and render their decision in writing, which shall be final and conclusive and binding on all persons.

If a claim for any of the self-insured benefits is rejected in whole or in part, you may appeal the rejection to the Trustees by following these procedures.

1. Appeals must be made in writing by the member.

2. Appeals must be made within 90 days of the date of the rejection of a claim for benefits.

3. Appeals must include a copy of the rejection and should include any documentation which you feel will help the trustees review your appeal.

4. Mail appeals to:
   Board of Trustees, USAWF
   C/O Daniel H. Cook Associates, Inc.
   Fund Administrator
   253 West 35th Street
   12th Floor
   New York, NY 10001-1907

5. Appeals are reviewed at regularly scheduled Trustees' meetings.

OVERPAYMENT OF BENEFITS/FUTURE OFFSET

In the event you receive an overpayment of Fund benefits, on your behalf or on behalf of your dependent, you are obligated to refund said overpayment to the Fund immediately. In the event you fail to refund said overpayment, you are subject to an offset against future benefits until said overpayment is fully recouped, or a suspension of your benefits, until said overpayment is paid in full. Such offset and/or suspension may be applied to the member's and/or eligible dependents' benefits.

NON-DUPLICATION PROVISION

If any of your dependents are eligible under this Plan for coverage as a covered member, that person is not eligible for coverage as your dependent. If both you and your spouse/domestic partner are covered under this Plan as members, your children may only be enrolled as dependents of either you or your spouse/domestic partner, not of both.

In other words, no person may be eligible for benefits as a covered member and as a dependent, or as a dependent of more than one covered member.

COORDINATION OF BENEFITS

In the event that a person covered by the Fund is covered under another group plan, there will be "coordination of benefits" regarding reimbursement by this Fund. This coordination will apply in the event that an expense is incurred for a covered item under this Fund that is also covered under the other plan. A determination will be made as to which plan is "primary", or the first plan to pay, and which plan is the "secondary" payer. The method to determine which plan is primary is based on the following rules:

1. If the claimant is a covered member of the Fund, then the Fund will pay benefits first, while a plan covering a member as a dependent will pay second.

2. If a dependent child is covered by plans of both parents, the benefits of the plan which covers the child of the parent whose date of birth (month and day only, excluding year) occurs earlier in the calendar year, will be determined to be the primary payer. The benefits of the plan which covers the child of the parent whose date of birth (excluding the year) occurs later in the calendar year, will be determined the secondary payer. If a plan containing this "Birthday Rule" is coordinated with a plan, which contains a gender-based rule, and, as a result the plans do not agree on the order of benefits payment, the gender-based rule plan will determine the order.

3. When parents are divorced or separated, the order of benefit payment for a dependent child is:
    (a) The plan of the parent with custody pays first and the plan of the parent without custody pays second.
    (b) If the parent with custody has remarried the order is:
        (1) The plan of the parent with custody pays first.
        (2) Next, the plan of the step-parent pays (if legally obligated).
        (3) The plan of the parent without custody pays last.
        If there is a court decree, which states that one parent is responsible for the child's health care expenses, the plan of that parent will pay first. That court decree will supercede any order stated above.

4. If a person is covered under more than one plan, the plan that he or she is covered under due to employment pays first, as if there were no other plan. If this Fund is the secondary plan, it will coordinate the benefits with the primary plan so that no greater than 100% of the allowable expense will be paid.

If you or your family members are eligible to receive benefits under another group plan in addition to this one, benefits will be coordinated with the benefits from your other group plan so that up to 100% of the allowable expenses incurred will be paid jointly by the plans. In order to obtain all of the benefits available, you and your family members should file claims under each plan. Members should file with the primary plan first and then the secondary plan. Be certain to include a copy of the payment voucher ("Explanation of Benefits" Form) from the primary plan when filing a claim with the secondary plan.

PRIVACY OF PROTECTED HEALTH INFORMATION UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ("HIPAA")

A federal law, the Health Insurance Portability and Accountability Act, ("HIPAA"), requires the United Staff Association Welfare Fund ("the Fund") to protect the confidentiality of your private health information. A complete description of your rights under HIPAA can be found in the Fund's privacy notice, which was distributed to all current members of the Fund and is distributed to all new members upon enrollment, a copy of which is available from the Fund Administrator.

The Fund will not use or further disclose information that is protected by HIPAA ("protected health information"), except as necessary for treatment, payment, operations of the Fund, or as permitted or required by law. By law, the Fund has required all business associates to also observe HIPAA's privacy rules. In particular, the Fund will not, without authorization, use or disclose protected health information for employment-related actions and decisions.

Under HIPAA, you have certain rights with respect to your protected health information, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information, and under certain circumstances, amend the information. You also have the right to file a complaint with the Fund or with the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

COBRA Continuation Coverage

Federal law requires that most group health plans (including the United Staff Association Welfare Fund) give employees (known as "members" in the case of the Fund) and their families the opportunity to continue their health care coverage when there is a "qualifying event" that would result in a loss of coverage under an employer's plan (in this case, the Fund's plan of benefits under which the individual was covered). Depending on the type of qualifying event, "qualified beneficiaries" can include the employee/member covered under the Fund's plan, the covered employee's/member's spouse/domestic partner, and the dependent children of the covered employee/member.

Continuation coverage is the same coverage that the Fund's plan gives to other members or eligible dependents who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other members or eligible dependents covered under the Fund's plan. **Continuation coverage applies to the Fund's dental, optical, and variable benefits.**

COBRA continuation coverage is administered by the Fund's Administrator, Daniel H. Cook Associates, Inc., 253 35th Street, 12th Floor, New York, New York 10001, telephone number – (914) 250-0700.

The following language is required by the federal health care law. The Fund cannot represent whether or not dental or vision or coverage is available through the health care exchanges.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

How long will continuation coverage last?

The Fund will offer COBRA continuation coverage to qualified beneficiaries only after the Fund Administrator has been notified that a qualifying event has occurred.

In the case of a loss of Fund coverage due to end of employment or reduction in hours of employment with BOCES, the employer must notify the Fund Administrator that the qualifying event has occurred and coverage generally may be continued only for up to a total of 18 months.

In the case of losses of coverage due to a member's/ employee's death, divorce or legal separation, the member's/employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the Fund's plan, the member must notify the Fund Administrator (Daniel H. Cook Associates, Inc., 253 35th Street, 12th Floor, New York, New York 10001) that the qualifying event has occurred and coverage may be continued for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the member's/employee's hours of employment with BOCES, and the member/employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the member/employee lasts until 36 months after the date of Medicare entitlement. This notice shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium for continuation coverage is not paid to the Fund in full and on time,

- a qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary,
- a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the Fund ceases to provide any health related benefits to its members.

Continuation coverage may also be terminated for any reason that the Fund would terminate the coverage of a member who is not receiving continuation coverage.

How can you extend the length of COBRA continuation coverage?

If you elect continuation coverage from the Fund, an extension of the maximum period of coverage may be available if a qualified beneficiary is disabled or a second qualifying event occurs. You must notify the Fund's Administrator, Daniel H. Cook Associates, Inc., 253 35th Street, 12th Floor, New York, New York 10001 of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

Disability

An 11-month extension of coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must provide Fund's Administrator, Daniel H. Cook Associates, Inc., 253 35th Street, 12th Floor, New York, New York 10001 with a copy of an SSA disability determination letter within 60 days of the determination in order to extend the period of continuation coverage. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Fund's Administrator of that fact within 30 days after SSA's determination.

Second Qualifying Event

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum amount of continuation coverage available when a second qualifying event occurs is 36 months. Such second qualifying events may include the death of a covered member/employee, divorce or separation from the covered member/employee, the covered member's/employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Fund's plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Fund's plan if the first qualifying event had not occurred. You must notify the Fund's Administrator, Daniel H. Cook Associates, Inc., 253 35th Street, 12th Floor, New York, New York 10001 within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

How can you elect COBRA continuation coverage?

To elect continuation coverage, the Fund's Administrator, Daniel H. Cook Associates, Inc., 253 35th Street, 12th Floor, New York, New York 10001 must be notified that a qualifying event has occurred and you must then complete the Fund's **Continuation Coverage Election Form** and furnish it according to the directions and timeframes indicated on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the member's/employee's spouse may elect continuation coverage even if the member/employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The member/employee or the member's/employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your Fund's health-related benefits coverage ends because of the qualifying event listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you. Under the rules governing the portability provisions of the Health Insurance Portability and

Accountability Act ("HIPAA") there were limitations on plans imposing preexisting condition exclusions; however, such exclusions became prohibited beginning in 2014 under the Patient Protection and Affordable Care Act ("PPACA").

How much does COBRA continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent (or, in the case of an extension of continuation coverage due to a disability, 150 percent) of the cost to the Fund for coverage of a similarly situated Fund member or eligible dependent who is not receiving continuation coverage. The required payment for each continuation coverage period for each option is described in this notice.

For more information

For more information about your rights under COBRA and other laws affecting group health plans, contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

ONLINE ACCESS

If you haven't already, please register online via the secured website, www.dhclaims.com. Once registered, you will have the capability to create user names and change your password.

Once registered, you will have access to the following.

- View your address and contact information
- View and print any pending or paid claims
- View and print your dental pre-authorization request(s)

View, print and/or save the following:

- Summary of Plan Benefits
- Dental claim Form
- Optical claim Form
- Variable claim form
- Change of address form
- Change of status form

You also have the option to submit a web request via the "talk to us" option. Via the online system you can submit your inquiries regarding pending appeals, inform us of a pending change, or any other concerns or questions.

Your dental provider has the option to submit claims via the online system. This will also allow your dental provider to check your eligibility and track claims. The providers can simply create a log in from the website but they will need to call us for a provider number at 914.250-0700. It's a one-time set up!

As always, you have the option of contacting our Customer Service Department at 914.250-0700 directly. In addition to this option, you can also send your concerns or questions via email to, info@dhcook.com. Please include, in the subject line area, that you are a USAWF member.

DENTAL EXPENSE BENEFITS

DEFINITIONS

For the purposes of Dental Expense Benefits:

1. DENTIST means a Doctor of Dental Surgery or Doctor of Medicinal Dentistry.

2. PHYSICIAN means a legally qualified physician.

3. An expense is incurred when the service is performed, except that it is deemed to be incurred;

   a. when the impression was taken - in the case of dentures, or fixed bridgework,

   b. when preparation of the tooth is begun - in the case of crown work, or

   c. when the work on the tooth is begun - in the case of root canal therapy.

4. COURSE OF ORTHODONTIC TREATMENT means that period which begins when the first orthodontic appliance is installed on a covered person and ends when the last orthodontic appliance is removed, provided that successive courses of orthodontic treatment shall be considered one course of orthodontic treatment unless the succeeding course begins more than two years after the end of the preceding course.

As required by the Patient Protection and Affordable Care Act, actively employed members may decline coverage of Welfare Fund dental benefits for themselves at any time by completing a Declination of Coverage form, which can be obtained by contacting the Fund's Administrator. Since Welfare Fund benefits for actively employed members are funded exclusively by collectively bargained employer contributions, you will not receive a rebate or any other compensation if you decline dental benefits for yourself.

To cover your eligible dependents for dental benefits, you must elect family coverage and pay the applicable contribution rate.

Individual coverage includes member and $200 spousal/domestic partner dental benefit (routine cleanings, office visits, perio-scaling and root planning, and x-rays)

Non-contributory dental expense benefits for you and contributory dental expense benefits for your dependents:

Maximum annual dental benefit (in any calendar year) per person	$3,000.00
Maximum orthodontic benefit (per lifetime) per person	$1,800.00 *

NOTE: This orthodontic benefit is subject to the maximum annual dental benefit of $3000.

Maximum periodontal benefit (in any calendar year) per person	$ 1,000.00

NOTE: This periodontal benefit is subject to the maximum annual dental benefit of $3000.

Maximum implant benefit (per lifetime)	$ 1,000.00

NOTE: This implant benefit is NOT subject to the maximum annual dental benefit of $3000.

***Note: The United Staff Association Welfare Fund Orthodontic benefit is available only for dependent children up to age 19. This benefit is included in the Annual Dental Maximum and is only for dependents of members who have opted for family dental coverage.**

The Orthodontic benefit is reimbursed according to the following fee schedule. The maximum orthodontic benefit (per lifetime) per person is $1,800.00

Dental Benefits - Schedule of Maximum Allowances

ADA #	Procedure Description	Allowance
8080	Comprehensive orthodontic treatment of the adolescent dentition (once per lifetime)	700.00
8660	Pre-orthodontic treatment visit (once per lifetime)	150.00
8670	Periodic orthodontic treatment visit – per visit	100.00

ENROLLMENT FOR DEPENDENTS

You are eligible to elect family dental coverage for your dependents within 60 days of your eligibility for Fund benefits. If you elect family dental coverage, each dependent will be covered beginning the later of these dates;

1. the first day of the first month following your appointment by BOCES. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment.
2. the date that person becomes a dependent as defined herein.

The cost of family dental coverage is paid by the member. The contribution rate is determined annually by the Trustees.

If you do not elect family dental coverage when you first become a covered member OR within 60 days of a qualifying change in status, your enrollment for family dental coverage will be subject to the following regulations:

1. During a two-year period from the first payment date for family dental coverage, benefit payments will be made only for:

   a. routine oral exam;
   b. x-rays and prophylaxis (cleaning, scaling and polishing);

2. After the two-year payment period has elapsed, covered dependents are eligible for all benefits, provided you continue to remit the payment for family dental coverage.

   In general, an individual adding family dental coverage after the initial enrollment period has lapsed or greater than 60 days after a qualifying change in status, must have a payment experience of two years duration before major benefit utilization can occur.

3. If you have a qualifying change in status, you are able to elect family dental coverage, without the two-year waiting period for major benefit utilization, if the Fund is notified within 60 days of the change.

Retirees have the option to enroll in family dental coverage. If the retiree did not elect family dental when he/she first became a covered member OR did not continue family dental coverage in retirement OR did not opt for family dental within 60 days of a qualifying change of status, family dental benefits will be subject to the same constraints as an active member, which includes a two-year waiting period for major dental benefit utilization.

TERMINATION OF FAMILY DENTAL COVERAGE

You may elect to terminate family dental coverage ONLY during the month of August in any plan year UNLESS you have a qualifying change of status i.e.) divorce, dependent who obtains own coverage.

During the month of August, you will be sent an election form from the Fund Administrator asking whether you wish to maintain family dental coverage or terminate the coverage as of August 31. Because this is the only time when

family dental coverage can be dropped, it is extremely important that you make a decision as to whether you wish to keep or terminate the coverage. Your written decision should be submitted to the Fund Administrator.

Failure to notify the Fund Administrator in writing by August 31 that you wish to terminate the family dental coverage will result in continued payroll deductions during the next school year for family dental coverage.

COVERED DENTAL CHARGES

Covered dental charges are those incurred while covered and in connection with non-occupational disease or defect, or expenses resulting from a non-occupational accident causing injury to the teeth (unless covered by No-Fault insurance provisions).

The Fund reserves the right to require a claimant for dental benefits to be examined by another dentist of its choice at no cost to claimant.

COVERED DENTAL SERVICES

Covered dental services are those that are listed in the schedule of benefits. Payment for covered dental services incurred during a benefit period will be made according to the amounts listed in the schedule.

NON-COVERED CHARGES

Covered dental charges shall not include expenses for services, supplies and treatment as follows:

1. received from a member of the individual's immediate family or from a dental or medical department clinic or office maintained by an employer, a mutual benefit association, labor union, or similar type of group,

2. unless they were prescribed as necessary by a dentist or physician,

3. incurred in a Veteran's Administration Hospital or which, in the absence of coverage, would have been furnished without cost, or which are furnished under conditions where the covered person has no legal obligation to pay, or if the expenses are reimbursable by any local or other governmental agency,

4. incurred on account of war, declared or undeclared, including armed aggression,

5. for loss or theft of dentures or bridgework,

6. for injury or sickness connected with employment by any employer or self-employment,

7. for installation, replacement or alteration of, or additions to, dentures or fixed bridgework except as provided in the schedule,

8. for dentistry for cosmetic purposes, including the alteration or extraction and replacement of sound teeth to change appearance,

9. which do not meet the standards of dental practice accepted by the American Dental Association,

10. myofunctional therapy, athletic mouth guards, oral hygiene, dietary or plaque control programs or other educational programs,

11. for duplicate prosthetic devices or appliances,

12. for porcelain veneered crowns or pontics placed on or replacing a tooth posterior to the second bicuspid to the extent the charges exceed the charge that would have been a covered dental charge for acrylic veneered crowns or pontics.

PRETREATMENT AUTHORIZATION

When a dentist's charges for a course of treatment will amount to $ 600 or more, dental services must be authorized by the Fund before treatment is provided. Pre-treatment authorization by the Fund's dental consultant is required for any extensive dental work such as crowns, bridges, dentures, implants, and osseous surgery. **X-rays must be included with treatment plans** submitted for pre-treatment authorization. Pre-treatment authorization by the Fund's dental consultant is limited to the approval of the course of treatment proposed. Pre-treatment authorization means that the services are warranted. It is not a guarantee of payment. If services rendered are for emergency treatment or due to an accidental injury, pre-treatment authorization can be obtained by telephone. Upon receipt of your request for pre-authorization, the Fund's Dental Consultant reviews the treatment plan and submits the authorization or denial to the Claim's Department for processing. An authorization form, along with an explanation of benefits, is then sent to your Provider and to you, the member. This will describe, in detail, what services were approved and the expected benefit payment. Pre-authorization requests are generally processed within 2 to 3 weeks of receipt.

* CLAIMS MUST BE SUBMITTED WITHIN 180 DAYS AFTER COMPLETION OF DENTAL SERVICES.

* Claim forms are available at the main office in some buildings, from your union program representative, from a Trustee of the Fund, online at www.dhcook.com or by contacting Daniel H. Cook Associates, Inc., 253 West 35th Street, 12th Floor, New York, NY 10001-1970 at (914) 250-0700, FAX (212) 714-1455.

* TAKE A CLAIM FORM WITH YOU WHEN YOU VISIT YOUR DENTIST.

* Complete your part - give all the information required.

* DISCUSS FEES BEFORE SERVICES ARE PERFORMED.

* A covered patient may go to any dentist, anywhere, and the amount of payment is the same regardless of the dentist chosen.

* IF YOU HAVE ANY QUESTIONS ABOUT BENEFITS CALL (914) 250-0700.

* Mail the form to:

  United Staff Association Welfare Fund
  C/O Daniel H. Cook Associates, Inc.
  253 West 35th Street, 12th Floor
  New York, NY 10001-1907

* IMPORTANT: Pre-treatment authorization by the Fund's dental consultant is required for any proposed course of treatment in which a dentist's charges will amount to $ 600 or more. Pre-treatment authorization by the Fund's dental consultant is required for any extensive dental work such as crowns, bridges, dentures, implants, and osseous surgery. If services rendered are for emergency treatment or due to an accidental injury, Pre-Treatment Authorization can be obtained by telephone.

Dental Benefits - Schedule of Maximum Allowances

ADA #	Procedure Description	Allowance
0120	Periodic Oral Examination (2x per Calendar Year, incl. 0140)	65.00
0140	Limited Oral Evaluation – problem focused	45.00
0150	Comprehensive Oral Examination (2x per Calendar Year, incl. 0120)	75.00
0180	Comprehensive Periodontal Evaluation- New or Established (1x per Calendar Year)	75.00
0210	X-rays 14 Standard Films, Intraoral (Once per 36 Months)	90.00
0220	X-rays Single, Periapical	18.00
0230	X-rays Each Add'l, Periapical	10.00
0240	X-rays Occlusal Film, Intraoral	8.00
0270	X-rays Single, Bitewing	14.00
0272	X-rays Two, Bitewing	26.00
0274	X-rays Four, Bitewing	50.00
0321	X-rays Temporomandibular Joint Film	40.00
0330	X-rays-Panoramic (Once per 36 Months)	90.00
0415	Exam-Bact. Cultures for Pathogenic Agents	40.00
0460	Pulp Vitality Test	14.00
1110	Prophylaxis – Adult (3x per Calendar Year)	100.00
1120	Prophylaxis - Child under 12 years old (3x per Calendar Year)	60.00
1206	Topical application of fluoride excl. prophy – child (2x per Calendar Year)	40.00
1208	Topical application of fluoride excl. prophy – adult (2x per Calendar Year	40.00
1351	Sealant – per tooth	40.00
1510	Space Maintainer – fixed – unilateral	52.00
1515	Space Maintainer – fixed – bilateral	80.00
1520	Space Management Therapy, Removable Unilat.	52.00
1525	Space Management Therapy, Recementing Maint.	80.00
2140	Filling - One Surface (Once per 12 months)	70.00
2150	Filling - Two Surfaces (Once per 12 months)	80.00
2160	Filling - Three Surfaces (Once per 12 months)	90.00
2161	Filling - Four or more Surfaces (Once per 12 months)	105.00
2330	Filling - One, Composite (Once per 12 months)	85.00
2331	Filling - Two, Composite, One Tooth (Once per 12 months)	95.00
2332	Filling - Maximum per tooth, Composite (Once per 12 months)	115.00
2335	Resin-based composite 4 surfaces or involving incisal angle, anterior (Once per 12 months)	135.00
2391	Resin-based composite 1 surface, posterior (Once per 12 months)	85.00
2392	Resin-based composite 2 surfaces, posterior (Once per 12 months)	95.00
2393	Resin-based composite 3 surfaces, posterior (Once per 12 months)	115.00
2394	Resin -based composite 4+ surfaces, posterior (Once per 12 months)	135.00
2510	Inlay - One Surface (Once per 5 years)	150.00
2520	Inlay - Two Surfaces, One Tooth (Once per 5 years)	180.00
2530	Inlay - Three or more Surfaces, One Tooth (Once per 5 years)	210.00
2542	Onlay – metallic – 2 surfaces (Once per 5 years)	175.00
2543	Onlay – metallic – 3 surfaces (Once per 5 years)	225.00
2544	Onlay – metallic – 4 or more surfaces (Once per 5 years)	303.00
2610	Inlay – porcelain/ceramic – 1 surface (Once per 5 years)	150.00

2620	Inlay – porcelain/ceramic – 2 surfaces (Once per 5 years)	200.00
2642	Onlay – porcelain/ceramic – 2 surfaces (Once per 5 years)	250.00
2643	Onlay – porcelain/ceramic – 3 surfaces (Once per 5 years)	335.00
2644	Onlay – porcelain/ceramic – 4 or more surfaces (Once per 5 years)	400.00
2710	Crown - Acrylic Jacket (Once per 5 years)	159.00
2720	Crown - Acrylic with Metal (Once per 5 years)	212.00
2721	Crown - Acrylic with non-precious metal (Once per 5 years)	400.00
2722	Crown - Acrylic with semi-precious metal (Once per 5 years)	212.00
2740	Crown - Porcelain Jacket (Once per 5 years)	500.00
2750	Crown - Porcelain fused to Metal (Once per 5 years)	700.00
2751	Crown - Porcelain fused to Metal (Once per 5 years)	700.00
2752	Crown - Porcelain fused to semi-precious Metal (Once per 5 years)	700.00
2780	Crown - Metal, Full 3/4 Cast (Once per 5 years)	212.00
2781	Crown – ¾ cast predominantly base metal (Once per 5 years)	350.00
2782	Crown – ¾ cast noble metal (Once per 5 years)	300.00
2783	Crown – ¾ porcelain/ceramic (Once per 5 years)	325.00
2790	Crown - Metal, Full Cast (Once per 5 years)	700.00
2791	Crown - Nonporous Metal, Full Cast (Once per 5 years)	247.00
2792	Crown - Semiprecious Metal, Full Cast (Once per 5 years)	247.00
2910	Recement Inlays	18.00
2920	Recement Crown	50.00
2930	Recement Bridge	48.00
2940	Filling - Sedative	40.00
2950	Crown Buildups - Pin Retained	150.00
2951	Pin Retention – per tooth	50.00
2952	Cast Post and Core – add to crown (Once per 3 years)	250.00
2954	PreFab Post & Core In add to crown (Once per 3 years)	225.00
3110	Endo - Pulp Cap, Direct, Excl Final Restor.	30.00
3120	Endo - Pulp Cap, Indirect, Excl Final Rest.	30.00
3220	Endo - Vital Pulpotomy	150.00
3310	Endo - Root Canal, One Canal	400.00
3320	Endo - Root Canal, Two Canals	500.00
3330	Endo - Root Canal, Three Canals	600.00
3346	Retreatment of previous root canal therapy – anterior	400.00
3347	Retreatment of previous root canal therapy – bicuspid	500.00
3348	Retreatment of previous root canal therapy – molar	600.00
3410	Endo - Apicoectomy, Sep Surgical Proc,per Rt	350.00
3421	Apicoectomy/Periradicular surgery - bicuspid (first root)	350.00
3425	Apicoectomy/Periradicular surgery - molar (first root)	450.00
3426	Apicoectomy (each additional root)	100.00
3430	Endo - Retrograde Filling	105.00
4210	Perio - Gingivectomy or Plasty, per quad.	200.00
4211	Gingivectomy or Gingivoplasty - 1 -3 teeth per quad	120.00
4240	Gingival flap procedure 4 or more teeth per quad	100.00
4241	Gingival flap procedure 1 to 3 teeth per quad	60.00
4249	Clinical crown lengthening - hard tissue	300.00
4260	Osseous Surg per quad, incl. gingival surg.	500.00

4261	Perio - Osseous Graft, Single Site	282.00
4263	Bone replacement graft - first site in quadrant	150.00
4264	Bone replacement graft - each additional site in quadrant	100.00
4270	Perio - Pedicle Soft Tissue Grafts	280.00
4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position graft	225.00
4278	Free Soft Tissue Graff Procedure (Including Recipient & donor surgical sites.) Each additional contiguous tooth, implant, or edentulous tooth position is same graft site.	225.00
4320	Perio - Provisional Splinting	60.00
4341	Perio Scaling & Root Planing, Per Quadrant	50.00
4342	Perio scaling & root planing – 1-3 teeth per quad	30.00
4381	Localized delivery of chemotherapeutic agents, per tooth (4x per Calendar Year)	100.00
4910	Perio - Preventive Procedures, Perio Prophy	75.00
5110	Prosth - Complete Upper Dentures (Once per 3 years)	700.00
5120	Prosth - Complete Lower Dentures (Once per 3 years)	700.00
5130	Prosth - Immediate Upper Dentures (Once per 3 years)	700.00
5140	Prosth - Immediate Lower Dentures (Once per 3 years)	700.00
5211	Partial Dent-Upper w/o Clasps, Acrylic Base (Once per 3 years)	700.00
5212	Partial Dent-Lower w/o Clasps, Acrylic Base (Once per 3 years)	700.00
5213	Partial upper denture-cast metal base w/resin saddles (incl. Clasps, rests & teeth) (Once per 3 years)	700.00
5214	Partial lower denture-cast metal base w/resin saddles (incl. Clasps, rests & teeth) (Once per 3 years)	700.00
5281	Partial Dent-Rmvbl Unilat, 1 piece chrm cast (Once per 3 years)	700.00
5410	Adjust complete upper denture	12.00
5411	Adjust complete upper denture	12.00
5421	Upper Denture - Adjustment (Partial)	12.00
5422	Lower Denture - Adjustment (Partial)	12.00
5611	Repair resin partial denture base, mandibular	24.00
5612	Repair resin partial denture base, maxillary	24.00
5621	Repair cast partial framework, mandibular	24.00
5622	Repair cast partial framework, maxillary	24.00
5630	Replace addtl broken teeth, per tooth see 5640	7.50
5640	Replace broken tooth on dent, no other repairs	24.00
5650	Add tooth to part dent, not invlv clsp or abt	50.00
5660	Add tooth to part dent, invlv clsp or abutment	50.00
5730	Reline upper or lower complete denture, office	48.00
5731	Reline upper complete denture, office	48.00
5740	Reline upper or lower partial denture, office	48.00
5741	Reline upper partial denture, office	48.00
5750	Reline upper or lower complete denture, in lab	71.00
5751	Reline upper complete denture, in lab	100.00
5760	Reline upper or lower partial denture, in lab	71.00
5761	Reline upper partial denture, in lab	71.00
5820	Temporary Denture, partial stayplate upper	150.00
5821	Temporary Denture, partial stayplate, lower	150.00
6010	Surgical placement of implant body: endosteal implant (Once per lifetime)	1000.00
6040	Surgical placement: eposteal implant (Once per lifetime)	1000.00

6050	Surgical placement: transosteal implant (Once per lifetime)	1000.00
6056	Prefabricated abutment (Once per 3 years)	275.00
6057	Custom abutment (Once per 3 years)	700.00
6058	Abutment supported porcelain/ceramic crown (Once per 5 years)	700.00
6059	Abutment supported porcelain fused to metal crown(high noble metal) (Once per 5 years)	700.00
6060	Abutment supported porcelain fused to metal crown(predominantly mtl) (Once per 5 years)	700.00
6061	Abutment supported porcelain fused to metal crown(noble metal) (Once per 5 years)	700.00
6062	Abutment supported cast metal crown (high noble metal) (Once per 5 years)	700.00
6063	Abutment supported cast metal crown (predominantly base metal) (Once per 5 years)	700.00
6064	Abutment supported cast metal crown (noble metal) (Once per 5 years)	700.00
6065	Implant supported porcelain/ceramic crown (Once per 5 years)	700.00
6066	Implant supported porcelain fused to metal crown (Once per 5 years)	700.00
6067	Implant supported porcelain fused to metal crown (Once per 5 years)	700.00
6068	Abutment supported retainer for porcelain/ceramic FPD (Once per 5 years)	700.00
6069	Abutment supported retainer for porcelain fused to metal FPD (Once per 5 years)	700.00
6070	Abutment supported retainer for porcelain fused to metal (pr. Base) (Once per 5 years)	700.00
6071	Abutment supported retainer for porcelain fused to metal (noble metal) (Once per 5 years)	700.00
6072	Abutment supported retainer for cast metal FPD (high noble metal) (Once per 5 years)	700.00
6073	Abutment supported retainer for cast metal FPD (pr. base metal) (Once per 5 years)	700.00
6074	Abutment supported retainer for cast metal FPD (noble metal) (Once per 5 years)	700.00
6075	Implant supported retainer for ceramic FPD (Once per 5 years)	700.00
6076	Implant supported retainer for porcelain fused to metal FPD (Once per 5 years)	700.00
6077	Implant supported retainer for cast metal FPD (Once per 5 years)	700.00
6210	Pontic - Cast, Metal (Once per 5 years)	700.00
6211	Pontic - Cast, Metal (Once per 5 years)	247.00
6212	Pontic - Cast, Semiprecious Metal (Once per 5 years)	247.00
6240	Pontic - Porcelain fused to metal (Once per 5 years)	700.00
6241	Pontic - Porcelain fused to metal (Once per 5 years)	700.00
6242	Pontic - Porcelain fused to semiprecious metal (Once per 5 years)	700.00
6250	Pontic - Plastic processed to metal (Once per 5 years)	212.00
6251	Pontic - Plastic processed to metal (Once per 5 years)	212.00
6252	Pontic - Plastic processed to semiprec metal (Once per 5 years)	212.00
6600	Inlay-porcelain/ceramic, two surfaces (Once per 5 years)	200.00
6601	Inlay-porcelain/ceramic, three or more surfaces (Once per 5 years)	300.00
6608	Onlay-porcelain/ceramic, two surfaces (Once per 5 years)	200.00
6609	Onlay-porcelain/ceramic, three or more surfaces (Once per 5 years)	300.00
6720	Crown - Acrylic processed to metal (Once per 5 years)	212.00
6721	Crown - Acrylic processed to metal (Once per 5 years)	212.00
6722	Crown - Acrylic processed to semiprecious metal (Once per 5 years)	212.00
6750	Crown - Porcelain fused to metal (Once per 5 years)	700.00
6751	Crown - Porcelain fused to metal (Once per 5 years)	700.00

6752	Crown - Porcelain fused to semiprecious metal (Once per 5 years)	700.00
6780	Crown - Metal, 3/4 Cast (Once per 5 years)	212.00
6790	Crown - Metal, Full Cast high noble metal (Once per 5 years)	700.00
6791	Crown - Metal, Full Cast predominantly base metal (Once per 5 years)	247.00
6792	Crown - Semiprecious metal, Full Cast noble metal (Once per 5 years)	247.00
6930	Recement Bridge	75.00
7111	Extraction, coronal remnants- deciduous tooth	70.00
7140	Extraction , erupted tooth or exposed root	150.00
7210	Extraction of erupted tooth	225.00
7220	Extraction, soft tissue impaction	250.00
7230	Extraction, partial bony impaction	300.00
7240	Extraction, complete bony impaction	300.00
7241	Extraction, impacted tooth w/unusual diffic.	300.00
7250	Root Recovery, surg removal of residual root	250.00
7280	Surg Expose, impact/unerup for ortho w/wire	200.00
7285	Surgery-Biopsy of oral tissue, hard	50.00
7286	Surgery-Biopsy of oral tissue, soft	50.00
7310	Alveoplasty in conjunction with extractions- per quadrant	100.00
7320	Alveoloplasty - per jaw, without extraction	80.00
7510	Surgical Incision & Drainage, intraoral abcess	75.00
7520	Surgical Incision & Drainage, extraoral abcess	75.00
8080	Comprehensive orthodontic treatment of the adolescent dentition (Once per lifetime)	700.00
8660	Pre-orthodontic treatment visit (once per lifetime)	150.00
8670	Periodic orthodontic treatment visit –per visit	100.00
9110	Palliative (Emerg) Treatment of Dental Pain	50.00
9222	General anesthesia - first 15 minutes (1 unit per event)	125.00
9223	General anesthesia - each additional 15 minutes (3 unit per event)	125.00
9239	Intravenous conscious sedation/analgesia- first 15 minutes (1 unit per event)	125.00
9243	Intravenous conscious sedation/analgesia- each add 15 minutes (3 unit per event)	125.00
9310	Professional Consultation by Specialist	60.00
9940	Occlusal guard, by report (Once per 3 years)	300.00
9951	Occlusal adjustment – limited	50.00
9952	Occlusal adjustment – complete	175.00

**** PLEASE NOTE: There is a 5 year limitation on all prosthetics: crowns, bridges, dentures ****

THE DENTAL BENEFIT PLAN YEAR

The dental benefit plan year is a calendar year. Frequency limitations and annual maximums are based upon the calendar year in which the services were performed and the expenses incurred.

SPOUSAL AND DOMESTIC PARTNER DENTAL BENEFITS

The USA Welfare Fund extends **limited** dental coverage to the member's spouse and enrolled domestic partner, at no cost to the member. This coverage includes routine cleanings, office visits perio-scaling and root planing and x-rays. All of these aforementioned procedures are subject to the fee schedule, with a maximum benefit per calendar year of $200.00

OPTICAL BENEFIT

ELIGIBILITY

You and your dependents are eligible for this benefit on the first day of the first month following your appointment to employment by the BOCES Board. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment.

As required by the Patient Protection and Affordable Care Act, actively employed members may decline coverage of Welfare Fund optical benefits for themselves and/or their eligible dependents at any time by completing a Declination of Coverage form, which can be obtained by contacting the Fund's Administrator. Since Welfare Fund benefits for actively employed members are funded exclusively by collectively bargained employer contributions, you will not receive a rebate or any other compensation if you decline optical benefits for yourself or your eligible dependents.

COVERED BENEFITS

The reimbursement plan pays a benefit allowance of up to $450 once every calendar year for each covered member and up to $300 once every calendar year for his or her eligible dependents, for services rendered by an optometrist or ophthalmologist of his/her choice towards an eye examination, prescription lenses, and/or frames.

The reimbursement will be paid to the member upon receipt by the Fund Administrator of a completed claim form with the following documentation attached:

- Original receipt, marked "paid", setting forth the services rendered, the provider of optical services and the patient receiving those services
- Copy of vision prescription from the optometrist, optician or ophthalmologist

Separate claim forms for member and eligible dependents must be submitted within 180 days from the date of service.

NON-COVERED CHARGES

The following are exclusions for which no optical benefit payments will be made:

1. Post cataract lenses
2. Non-prescription sunglasses
3. Non-prescription glasses or non-prescription contact lenses
4. Medical/surgical treatment for disease of the eye
5. Contact lens or eyeglass loss insurance
6. Lasik surgery

VARIABLE BENEFIT

The Fund will pay up to $600.00 maximum per family (member and eligible dependents) per calendar year to assist in certain out-of-pocket expenses. Submission of this benefit is allowed only when the amount is $25.00 or more.

This is a supplemental benefit and therefore items or procedures not covered under the primary plan are not covered by this benefit. This benefit can only be used to supplement the Dental and Optical benefits covered by the Fund excluding the spousal/domestic partner dental benefit. The Variable Benefit does not apply to the spousal/domestic partner dental benefit.

To obtain this benefit, complete the claim form, check the box for the benefit in need of supplemental benefits, and include all bills, receipts, proof of payment and explanation of benefits denoting your out-of-pocket expense. Claims must be submitted within 180 days from the date of service.

GROUP LIFE INSURANCE

ELIGIBILITY

All members of the United Staff Association Welfare Fund who work over 15 hours per week are eligible for coverage. You become eligible on the first day of the first month following your appointment by the BOCES Board. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment.

BENEFIT

100% of salary rounded to the next higher $1,000.00. Minimum is $ 5,000.00; maximum $ 150,000.00.

Please refer to the life insurance booklet for a complete description of the plan.

FOR TERMINATED MEMBERS

Coverage continues until the end of the month in which you are terminated by BOCES. You may convert to an individual policy as described below.

You have the option of converting your Group coverage to an individual policy, in an amount up to your coverage under the Plan or less, within 31 days of your coverage loss. Rates are in 5 year age bands so premium will change when a new age band is reached. You will not have to be examined by a doctor or submit medical evidence of good health, as is normally the case with individual policies. Payments can be made quarterly, semi-annually or annually. Coverage is in effect up to age 75 in New York State.

Underwriter: First UNUM Life Insurance Company through the NYSUT Benefit Trust

GROUP LONG TERM DISABILITY INSURANCE

ELIGIBLE EMPLOYEES

All members of the USA Welfare Fund who work over 15 hours per week are eligible for Long Term Disability insurance coverage. This insurance is a plan which provides you, as a covered member, with an income benefit in the event you become totally disabled, as determined by the insurance company, as a result of an accident or illness. You become eligible on the first day of the first month following your appointment by the BOCES Board. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment.

BENEFIT

After you have been totally disabled for a continuous period of 90 days or expiration of accumulated sick leave, whichever is later (Elimination Period, defined below), the policy pays a monthly benefit of 60% of your basic monthly earnings, to a maximum benefit of $ 5,000.00 per month. (Maximum payment benefit is based on an annual salary of $150,000.00). The minimum benefit is $ 50.00 per month.

See Disability Insurance Booklet for details on this benefit. Under certain circumstances, the benefit may be reduced by specified income benefits from sources such as:

1. Social security;
2. Workers compensation;
3. NYS disability retirement.

Benefits will be paid for a period of 24 months due to a mental and nervous disability. If you are hospitalized, benefits will continue for a longer period.

ELIMINATION PERIOD

Elimination period means a period of consecutive days of **total disability** for which no benefit is payable. The elimination period is a continuous period of 90 days or expiration of accumulated sick leave, whichever is later, and begins on the first day of total disability.

FOR TERMINATED MEMBERS

Coverage continues until the end of the month in which you are terminated by BOCES. This coverage cannot be continued into retirement nor can you maintain this coverage while on leave.

DISABILITY

If members covered under the Long Term Disability policy subsequently become disabled, the Fund will apply for a waiver of premium for their Life Insurance coverage.

Underwriter: First UNUM Life Insurance Company through the NYSUT Benefit Trust

Procedures for Filing a Long Term Disability Claim:

The time to apply for LTD benefits begins 2 months prior to either of the following:

- ► 90 calendar days from the date of your injury/illness, or
- ► at the expiration of your total accumulated sick leave, if greater than 90 days.

1. Member requests claim form from Daniel H. Cook Associates, Inc. ("Cook") at (914) 250-0700 two months before reaching either of the above criteria.
2. Cook provides member with appropriate forms.
3. Member submits Section (4) Employer's Statement & Section (5) Job Analysis to:
   BOCES Human Resources Department
   Putnam N. Westchester BOCES
   200 BOCES Drive
   Yorktown Heights, NY 10598
4. BOCES Human Resources remits completed Section (4) & Section (5) to Cook for review.
5. Cook returns completed Section (4) & Section (5) to member after review.
6. Member submits all Sections (1-5) to UNUM for processing after making copies of all forms and supporting documentation for his/her own records. It is strongly suggested that this mailing should be sent via Certified Mail, Return Receipt Requested.
7. UNUM reviews all sections submitted by member.
8. UNUM sends an explanation of benefits to the member indicating the amount paid, reason for denial, and provides a formal denial and appeal review process for all claimants.

NOTE:
For confidentiality reasons UNUM recommends that the member should gather all sections (see # 6 above) and submit them directly to UNUM as a package. Submitting all sections in one package ensures that all of the information needed to process the claim arrives together. Sections that arrive separately will unnecessarily delay the processing of the claim and could become lost.

COMPREHENSIVE LEGAL PROGRAM

The United Staff Association Welfare Fund has contracted for a comprehensive legal program through the Westchester Putnam Teachers Legal Services Fund. There is a separate booklet available that describes these benefits. Booklets may be obtained by contacting the Fund Administrator or by writing to a USA Welfare Fund Trustee at the USA Welfare Fund, P.O. Box 403, Amawalk, N.Y. 10501. The booklet is also available on-line at http://www.teacherslegalfund.com. To schedule an appointment with a legal service plan lawyer, call (914) 997-1576. All members for whom the Board contributes to the Fund are covered for this benefit.

BENEFIT WORKSHEET

DENTAL BENEFIT*:	
Maximum Dental Benefit (for member/eligible dependents per calendar year)	$ 3000.00
Maximum Orthodontic Benefit (per lifetime)	1800.00
Maximum Periodontal Benefit (per calendar year)	1000.00
Maximum Implants Benefit (per lifetime/not subject to the annual maximum)	1000.00
NOTE: Orthodontic Benefit and Periodontal Benefit is subject to the annual maximum. **Orthodontic Benefit is only for eligible dependent children up to age 19 for members with family dental.**	
SPOUSAL/Domestic Partner DENTAL BENEFIT*:	
Limited to routine cleanings, office visits and x-rays.	
Maximum benefit (per calendar year)	200.00
OPTICAL BENEFIT*:	
For member only (per calendar year)	450.00
For eligible dependents (per calendar year)	300.00
VARIABLE BENEFIT*:	
Maximum reimbursement per family (member and eligible dependents)	600.00
LIFE INSURANCE**	
Maximum:	$150000
Minimum:	$5000
NOTE: This coverage is for an amount equal to your basic annual earnings. Insurance will be to the next higher multiple of $1000.00, if not already a multiple thereof.	
LONG TERM DISABILITY**	
Maximum per week (60% of salary)	
LEGAL BENEFIT: Prepaid legal services. Booklet describes the various benefits. Call (914) 997-1576 for appointment. Lawyer comes to BOCES on monthly basis. www.teacherslegalfund.com	
*Part-time employees who work 15 hours or less per week are entitled to 50 % of the benefit **Benefit does not apply to part-time employees who work 15 hours or less per week	

UNITED STAFF ASSOCIATION WELFARE FUND
FREQUENTLY ASKED QUESTIONS & ANSWERS

The Employee Resource Area (ERA) at www.pnwboces.org has valuable information regarding your Welfare Fund benefits, including summary of benefits, links to the complete Benefit Booklet, and claim forms.
Information is also available on the USA website: http://pnwb.ny.aft.org/member-benefits.

1. What is the USA Welfare Fund?
   It is the legally separate entity that provides all benefits, except medical, for ALL members of the USA bargaining unit. It was established in 1980. The USA negotiates the amount of money contributed on each member's behalf by BOCES and appoints the Trustees who make decisions about the benefits.

2. Who is eligible for benefits?
   If you work over 15 hours per week, you are eligible for full benefits. If you work 15 hours or less per week, you are eligible for half the self-insured benefits and are not covered for life and LTD insurance. All members are eligible for Legal Benefits. As long as BOCES makes a contribution to the Fund on your behalf, you are eligible for benefits.

3. Are my dependents covered?
   Your spouse/domestic partner as defined by the Fund is covered for the optical benefit, limited dental benefits, and certain legal benefits as described in the plan booklet (s). Your dependent children as defined by the Fund are covered for the optical benefit. IF YOU WISH FULL DENTAL COVERAGE FOR YOUR SPOUSE AND/OR DEPENDENT CHILDREN, YOU MUST ENROLL AT THE TIME YOU ARE FIRST ELIGIBLE FOR BENEFITS AND PAY THE APPLICABLE CONTRIBUTION FOR FAMILY DENTAL COVERAGE. If you did not enroll at the time you were first eligible or within 60 days of a qualifying change in status, your family dental benefits will be subject to the constraints as outlined in your Summary Plan Description.

4. What happens if my status changes and I add dependents?
   Suppose you are single when you enroll in the plan, if your status changes and you marry or add dependents, you can change from individual dental coverage to family dental coverage with no late enrollment penalties if you do so within 60 days of the change in status. Even if you don't want family dental coverage, the Fund will need the names of any new dependents for coverage, such as the optical benefit. The change of status form is available at www.dhcook.com.

5. When does coverage begin?
   Your coverage begins on the first day of the first month following your appointment by the BOCES Board. However, if your first date of active employment is later than the first day of the first month following your Board appointment, you become eligible for benefits on the first day of the first month following your first day of active employment. Example 1: if your first date of active employment is September 1st, but the Board does not act on your appointment until the September Board meeting (usually around the middle of the month), you will become eligible for benefits on October 1st. Example 2: if you are appointed by the BOCES Board on September 15th, but your first date of active employment is on October 15th, you will become eligible for Fund benefits on November 1st.

6. How will I be notified that my coverage has begun?
   The Chairperson of the USA Welfare Fund will contact you via BOCES email to arrange a brief meeting with you to give you the necessary forms and your copy of the Benefit Booklet for the USA Welfare Fund. The Trustees have contracted with Daniel H. Cook Associates to manage the member database and to process claims for the self-insured benefits. It is extremely important that you return the forms to Cook Associates, even if you do not want to elect Family Dental coverage.

7. How much do the benefits cost?
   There is no cost to you unless you decide to elect Family Dental coverage. If you decide to elect Family Dental, the cost at this time for Family Dental is $950 for the school year (9/1-8/31). This contribution amount is subject to change by the Board of Trustees and will be pro-rated if your coverage begins after September 1.

8. When will I receive the Benefit Booklets?
   Once the Fund receives your name from the BOCES Board, the trustees distribute the booklets. The Benefit Booklet is a black loose-leaf binder, which contains pages that describe the self-insured benefits. The binder also contains information on the life insurance, LTD insurance and the prepaid Legal Services plan. This binder and the inserts will either be given to you by a trustee (if you work on campus) or it will be mailed (priority mail) to the home address we have on file for you. PLEASE KEEP THIS INFORMATION IN A SAFE PLACE. IT DESCRIBES ALL YOUR BENEFITS. The benefit booklet is posted on the BOCES website, www.pnwboces.org (Employee Resource Area) and the Union website http://pnwb.ny.aft.org/member-benefits.

9. How do I find claim forms and file claims?
   Claim forms can be obtained via the secured website, www.dhcook.com, from a Trustee, from your building representatives, or by calling or writing to Daniel H. Cook Associates. In some buildings, the forms may be available in the office. To file claims, complete the appropriate claim form, attach any required documentation and mail to: United Staff Association Welfare Fund, c/o Daniel H. Cook Associates, 253West 35th Street, 12th Floor, New York, NY 10001. (914)250-0700.

10. How often are claims processed?
    Claims are processed by Cook Associates twice each month. If you feel there is a delay in the processing of your claim, (for dental claims) please check first to see that the dentist has mailed your claim form. If that has been done, then log on to your account at www.dhcook.com to check claim status. If necessary, contact a Trustee or Cook Associates at (914) 250-0700. The representative should be able to give you immediate information on the status of your claim as he or she will have direct computer access. Any dental claim over $600.00, must have pre-authorization from Cook Associates. FAILURE TO DO SO WILL CAUSE YOUR CLAIM TO BE REJECTED.

11. How is payment made?
    Payment for claims is made **to the member**. The Fund does not make payments directly to any dentist or other service provider.

12. How do I access benefits under the Westchester Putnam Teachers Legal Fund?
    The Fund participates in the plan of benefits offered by the Westchester Putnam Teachers Legal Services Fund. A lawyer from the penal law firm comes to BOCES and meets with clients on a monthly basis during the school year and by appointment during summer months. Call (914) 997-1576 to schedule an appointment with a lawyer. The plan includes, but is not limited to, consultations, real estate transactions and the "Will Benefit Package" (Durable Power of Attorney, Health Care Proxy, New York Living Will, Authorization for Release of Protected Health Information,

Appointment of Agent to Control Disposition of Remains, and a Crisis Information Checklist and, when applicable, a Designation of Person in Parental Relation). Certain legal benefits are extended to parents and/or parent-in-laws of covered members. Please refer to the benefit booklet of the Legal Services Fund for detailed information about these benefits, which is available at: www.teacherslegalfund.com.

13. What happens if I leave BOCES or retire?
    Under COBRA you have the right to continue the Welfare Fund benefits when these events occur. The Board will notify the Fund and Cook Associates will send you the COBRA enrollment information by certified mail/return receipt. If you wish to retain your benefits, you must respond to the letter within the time indicated.

    Benefits which are otherwise available to active members may be continued into retirement for those individuals who have maintained membership in the United Staff Association, Local 3072 for the ten (10) consecutive years prior to retirement and who continue to maintain their membership in good standing in the United Staff Association, Local 3072 as a retiree, and who remit applicable self-pay contributions established by the Trustees to continue Fund benefits on a timely basis. Life Insurance and Long Term Disability Insurance are not available under the retirees' option plan. Legal Fund benefits may be continued as an additional elective.

14. Who administers the Fund?
    A Board of Trustees administers the Fund. It consists of six Trustees and up to three alternate Trustees designated by the United Staff Association. The Board of Trustees governs the Welfare Fund in accordance with an Agreement and Declaration of Trust. The Board of Trustees retains a third-party administrator, which is responsible for the day-to-day operation of the Fund, including the determination of eligibility and the processing of claims.

15. Do the contributions to the Fund become part of the general treasury of the union?
    No. The United Staff Association and the United Staff Association Welfare Fund are **two (2)** distinct and separate legal entities. Their resources are not commingled.

16. What becomes of the contributions that the District makes to the United Staff Association Welfare Fund?
    Under the Agreement and Declaration of Trust, contributions to the Welfare Fund are used to provide benefits for covered members and their families and to finance the cost of administration.

17. Does the United Staff Association Welfare Fund operate under ERISA?
    No. The Fund is not subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA).

18. Does the United Staff Association Welfare Fund Operate under the Supervision of the New York State Insurance Department?
    No. The Fund is not within the jurisdiction of the New York State Insurance Department as it is a unilaterally operated trust fund, administered by union trustees only.

We hope that this information helps you to understand the purpose of the Welfare Fund and the availability of the benefits to you as a member. Detailed descriptions of the benefits and the schedules of reimbursement are located in the plan booklets. Please refer to them. If you have additional questions, please contact one of the Trustees. We want you to use the benefits and have tried to offer a wide range of benefits so that many members will use the plan. The Trustees of the Welfare Fund are available as a resource and can be reached at their BOCES email.