UNIFIED COURT SYSTEM EMPLOYEES REPRESENTED BY CSEA, INC.

PLAN SUMMARY



CSEA
NEW YORK
Employee Benefit Fund

TABLE OF CONTENTS

General Information ..... Pg. 02
Eligibility 2
Enrollment 3

Vision Care Plan ..... Pg. 06
Using this Benefit 6
Benefit Provisions 7
Fixed Co-Pays 8
Using a Non-Participating Provider 9

Dental Care Plan ..... Pg. 10
How to Use this Plan 10
Maximum Dental Benefit 10
Appeal Procedure 11
Pre-Authorization of Benefits 11
Schedule of Allowances 12
Exclusions & Limitations 19
Coordination of Benefits 20
Birthday Rule 20

Legal Services Benefit ..... Pg. 21

Maternity Benefit ..... Pg. 33

UCS Combined Co-Pay Reimbursement Benefit ..... Pg. 34

Hearing Aid Benefit ..... Pg. 36

Workplace Security Plan ..... Pg. 36

Dear Unified Court System Employees:

As Chairperson of the CSEA Employee Benefit Fund, I am pleased to provide you with this booklet that contains important information on the benefits negotiated by CSEA and provided by the Fund.

Our goal is to encourage you to maintain your health and well-being by providing benefits that are carefully designed with you and your family in mind. Please take the time to read this booklet carefully to become familiar with your benefits.

I wish you every success and good health in the coming months and years.

In Solidarity,



Mary E. Sullivan
Chairperson

General Information for Unified Court System Employees

WHO IS ELIGIBLE?

Full-Time Employee

- If you're a full-time employee in the Unified Court System bargaining unit represented by CSEA.

Part-Time or Seasonal Employee

- Part-time employees of the Unified Court System are entitled to the Unified Court System Dental Plan only.

NOTE: An employee/retiree may not be covered both as an employee/retiree and as a dependent of an employee/retiree. A member who has a spouse/domestic partner eligible for coverage is not eligible to cover a domestic partner. If

member and spouse/domestic partner are Fund members, coverage for children may not be claimed under both.

Dependents

Your dependents become eligible at the same time you do. Dependents include:

Spouse

- Your spouse. This includes a person of the same sex to whom the covered employee was married in a jurisdiction permitting same sex marriages. A spouse can be removed upon entry into a legal separation. If you become divorced, **you must** remove your ex-spouse upon the finalization of divorce.

Domestic Partners

- Domestic Partner. Contact your HBA at your agency. They will provide you with the necessary information with which to initiate the Domestic Partner enrollment. Once we are notified that your Domestic Partner is eligible, we will send you an enrollment form automatically.

Children (EFFECTIVE 7/1/2020)

- Your children, stepchildren and legally adopted children, under the age of 26 regardless of marital status.
- Your legal ward under the age of 26 who permanently resides with you pursuant to a court order awarding legal guardianship/ custody to you.
- Any child or ward described above, regardless of age, who is incapable of self support by reason of mental or physical disability, provided they became so disabled prior to reaching the age of 26.

ENROLLMENT

Enrollment for New Employees

There is a 28 day waiting period from the first day worked before your coverage becomes effective. Coverage under the plans offered by

the CSEA EBF is not automatic. You must first enroll yourself and your dependents. When the CSEA EBF receives a notice of eligibility from the NYS Department of Audit and Control, a welcome letter is sent to the employee. In the packet there will be an enrollment form to complete. The enrollment form will ask you for your "N" Number from your pay stub and your Social Security Number. It is necessary for you to provide both full numbers to us. This will be the only time that your "N" number will be used.

Once the enrollment form is received in our office, the CSEA EBF will enroll you and your dependents if they are listed. At that time, a CSEA EBF ID number will be sent to you for when you are using the CSEA EBF benefits.

Please note that in some circumstances, additional information for one or more of your dependents may be requested from you.

Enrollment Changes for Existing Employees

If you have a change to your current enrollment, you will need to contact the CSEA EBF directly. A standard form is available for you to complete to add dependents. This enrollment form is available directly from CSEA EBF at **1-800-323-2732**. You can also visit our website, **www.cseaebf.com**, and download a form from there or use our Online Enrollment feature. Please note that in some circumstances, additional information for one or more of your dependent additions or deletions may be requested from you.

How to Enroll a Domestic Partner

- Members must contact their agency's Health Benefit Administrator (HBA) for an enrollment package.
- Your HBA will provide an approval notice to the CSEA EBF advising us of your eligibility to add a Domestic Partner along with the effective date of your partner's coverage.
- CSEA EBF will send you an enrollment form to complete and return to us which will provide

us with the additional dependent information needed to enroll your partner under the coverage.

Transfer Employees

- If you transfer into a CSEA bargaining unit from a State bargaining unit not covered by the Fund, there is a 28-day waiting period before coverage begins.
- If you transfer out of a unit covered by the Fund, you will be covered for 28 days after the last day worked. After this 28-day period, eligibility for coverage is terminated.

Status Change

Employees who change from part time status to full time status OR from full time status to part time status become eligible for coverage under the new status based on a date determined by the Unified Court System.

Resignation or Termination

You are covered for 28 days after the last day worked. Unless you elect the COBRA option, your eligibility terminates after this 28-day period.

COBRA

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in work hours, you may have certain rights to continue plan coverage through COBRA.
- If you die, become divorced or legally separated, or a dependent ceases to be a dependent, your spouse/domestic partner and/or dependent may have certain rights to continue Plan coverage through COBRA. In the event of divorce, legal separation or a child losing dependent status, you or a family member must inform the Fund of the qualifying event within 60 days of the event or the day on which coverage would be lost because of the event.

Abuse or Misuse

- **Abuse or misuse of any Plan may result in withholding of benefits.**

- The Fund reserves the right to revoke assignment of benefits to certain providers.

Vision Care Plan

(EFFECTIVE 1/1/2021)

The Vision Care Plan offers quality services at no cost to the members within the designated plan when using a participating provider. This includes:

- Routine eye exam. This includes dilation if professionally indicated.
- Eyeglasses **OR** contact lenses
- You are allowed one full service (exam and eyewear) each calendar year.

USING THIS BENEFIT

- Call the CSEA EBF at **1-800-323-2732** to verify your eligibility.
- Make an appointment with a participating provider and advise that you have the CSEA EBF Vision Plan.
- The provider will obtain authorization for services from the CSEA EBF.

There are over 1,500 providers in New York State and over 13,000 nationwide. Visit **www.cseaebf.com** or call **1-800-323-2732** for a listing.

Using a Participating Provider

Use a participating provider to have your exam and select your eyewear on the same day or use your exam benefit and return to the same provider later in the calendar year to select your eyewear.

-**OR**-

Use a participating provider for your exam and select a different participating provider to get your eyewear during the calendar year. *

Using a Non-Participating Provider

Have your exam and select your eyewear at one non-participating provider on the same day.

-**OR**-

Have your exam at one time and select your eyewear later in the calendar year using the same non-participating provider or a different one. *

Using a Participating & Non-Participating Provider

Use a non-participating provider for your exam or eyewear and use a participating provider for the other portion of the benefit during the calendar year. *

Please Note the Following:

- Services must take place in the same calendar year. You are not able to "save up" unused services.
- You must be eligible with CSEA EBF at the time of your exam and the time you select eyewear.
- If you use your exam benefit and wait to select your eyewear, the doctor may require a new eye exam which will not be covered.
- If you use the eyeglass portion without an exam, you are not eligible for new eyewear again in the same calendar year even if there is a change in prescription.
- Non-participating eye doctors cannot bill the Plan directly. You must submit a Vision Care Reimbursement Form found on the Download Forms section of **www.cseaebf.com**.
- Non-participating provider expenses are reimbursed based on the indemnity payment schedule found in this book.

BENEFIT PROVISIONS

Eyeglasses

If you choose to get eyeglasses, there are select lenses and frames covered under the plan.

Frames

- The frame collection includes a large selection in multiple styles and is updated periodically.
- If you opt for a frame that is not part of the collection, you will be given a $150 allowance from the plan and you must pay the difference to the provider.

Covered Lenses

- Single vision, Bifocal and Trifocal Lenses
- Photogray Lenses (Glass)
- Blended Invisible Bifocals
- Standard Progressive Addition Lenses
- Premium Progressive Addition Lenses
- High Index Lenses

** Scratch proofing is covered on plan lenses.*

Contact Lenses

- Plan contacts consist of soft planned replacement or disposable lenses.
- You are allowed $125 toward non-plan contacts.

For plan contacts, a contact lens formulary is used which allows for an initial supply of the most popular and commonly prescribed brands of soft contact lenses.

For non-plan contacts, the $125 allowance will be applied toward the total cost of the contacts.

Please note that the duration of the initial supply may vary depending on the lens type, wearing habits and prescribing doctor's instructions regarding replacement schedule.

FIXED CO-PAYS

- Program offers fixed co-pays for lenses and coatings at any EBF participating provider office.
- Members/eligible dependents who wish to purchase lenses and coatings not currently covered by their vision program will be entitled to a set co-pay, resulting in substantial out-of-pocket savings.

Fixed Co-Pays Include:

Standard Anti-Reflective Coating	$35.00
Premium Anti-Reflective Coating	$48.00
Ultra Anti-Reflective Coating	$55.00
Ultimate Anti-Reflective Coating	$85.00
Ultraviolet (UV) Coating	$12.00
Plastic Photosensitive Lenses	$65.00
Polarized Lenses	$75.00

Ultra Progressive Addition Lenses .....$ 50.00
Ultimate Progressive Addition Lenses $175.00

Members and dependents must be eligible under an existing vision plan with CSEA EBF to be eligible for fixed co-pay(s). This discount is available only at the time of the patient's eligible date of service. They are not available as a separate service outside of your eligibility date.

Fixed co-pays are only available when using a participating provider. Fixed co-pays are not refundable. Payment for items not covered under the plan are the responsibility of the patient.

USING A NON-PARTICIPATING PROVIDER

When you choose to receive services from a provider who does not participate with CSEA EBF, an indemnity payment will be made directly to you for expenses not to exceed:

Exam	$ 16.00
Frame	$ 11.00
Single Vision Lenses	$ 14.00
Bifocals	$ 23.00
Trifocals	$ 32.00
Contact Lenses	$125.00
Cataract Lenses	$ 25.00
Cataract Bifocals	$ 35.00

Substantial out-of-pocket expenses can be avoided by using a CSEA EBF vision care participating provider. If you use a non-participating provider, you can contact the CSEA EBF at **1-800-323-2732** for a claim form or visit our website at **www.cseaebf.com** to download a form. Services must be claimed by the end of the calendar year following the calendar year in which the services were performed.

SUBMIT ALL VISION CORRESPONDENCE TO:
CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516

Dental Care Plan

HOW TO USE THIS PLAN

- You may use any licensed dentist for dental care.
- The Fund contracts with participating dental offices to accept the fee schedule as payment in full for covered dental services whether payment is made by you or the Fund.
- If you would like to view our current Directory of Dental Care Providers, you can request a copy by calling us at **1-800-323-2732** or visit our website at **www.cseaebf.com**
- Specialists within participating general practices have the right to bill members for the difference between the specialist's customary charge and the allowance which the CSEA Employee Benefit Fund pays under the UCS Dental Plan. The Specialist must inform the Fund and the member that they will not be accepting the plan allowance as payment in full and must provide proof of specialty status to the Fund.
- If you choose a non-participating provider, and are charged more than the amount listed under the Schedule of Allowances, you must pay the difference.
- A universal American Dental Association (ADA) claim form, available through your dental provider, or a CSEA claim form, which may be obtained from our website, **www.cseaebf.com** must be used to submit for completed services. Electronic claims are also accepted.
- **The Fund does not recommend that you use any particular dentist, either participating or non-participating.**

SUBMIT ALL DENTAL CLAIMS TO:
CSEA Employee Benefit Fund
P.O. Box 489
Latham, NY 12110-0516

MAXIMUM BENEFIT DENTAL PLAN

- There is a $3,000.00 annual maximum

dental benefit for each covered member and dependent.

- For year 2014 and on, there is no annual maximum for children under the age of 19, per the Affordable Care Act guidelines.
- This maximum is on a calendar-year basis (January through December).
- Under this maximum, the Benefit Fund is assuming liability for up to the first $3,000.00 of covered dental work per year. This maximum does not apply to orthodontics, implant body placement, implant abutments, prophylaxis or oral evaluations.
- We encourage those about to undergo extensive dental treatment to discuss those plans with the dentist beforehand. There are often less expensive alternatives available which will provide high quality dental care.

APPEAL PROCEDURE

- If you feel that you did not receive full benefits, you may appeal to the Fund. Please call customer service at **1-800-323-2732** and request a dental claim appeal form which can be emailed or mailed to you. Include copies of supporting documentation.
- ALL appeals must be submitted within 60 days of the determination being appealed.
- Please note the appeal process could take up to 4-6 weeks.
- This appeal procedure is not designed to cover services not covered by the Plans.

PRE-AUTHORIZATION OF BENEFITS

- Whenever the estimated cost of a recommended dental treatment exceeds $500.00, we advise the submission of a pre-authorization before the work begins.
- Use a dental claim form for this submission, and include the related x-rays.
- After review, the Benefit Fund will notify the member and the dentist of the benefits payable based upon the treatment plan.
- In determining the amount of benefits payable, consideration will be given to

alternate procedures that will accomplish a professionally acceptable result.

- If the member and the dentist agree to a more expensive method of treatment than that pre-authorized by the Benefit Fund, the amount exceeding the pre-authorization will not be paid by the Fund even if it would otherwise be a covered service. If we recommend alternative benefits, you should also discuss this with your dentist.
- **For Example:** If your dentist submitted a pre-authorization for a crown which would cost $725.00 and review by our dental consultant showed that an amalgam restoration for $130.00 would give an acceptable result, the Benefit Fund would pay only$130.00. If the member decided to have the crown, they would pay the difference of $595.00. ($725.00 - $130.00).

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility at the time of service.

Unified Court System Employee Dental Plan Schedule of Allowances for Covered Services

DIAGNOSTIC SERVICES

CONSULTATION *(1 per calendar year)*.....$100.00

Clinical Oral Evaluation (Examination)

Evaluation - periodic, comprehensive, limited or detailed *3 evaluations per calendar year (outside annual maximum)* .....$ 53.00

Dental Radiographs

Intraoral complete series, including bitewings *(1 per 3 years)*.....$105.00

or

Panoramic *(1 per 3 years)*.....$105.00

There is a 3 year limitation for complete series and/or panoramic radiographs. Periapical and bitewing x-rays are not covered if performed within the same 12 month period as a complete series. Periapical x-rays are not covered within the same 12 month period as a panoramic image.

Periapical x-ray, each image *(Maximum 10 per calendar year)*.....$ 10.00

Bitewing x-rays *(Maximum 4 per calendar year)*

One.....$ 12.00

Two.....$ 22.00

Three.....$ 30.00
Four.....$ 42.00
Occlusal image *(2 per 3 years)*.....$ 25.00
Cephalometric film *(1 per calendar year)*....$ 90.00
Cone beam CT images (limited, mandibular, maxillary or both jaws) *(1 per 5 years)*.....$225.00

Tests and Laboratory Examinations

Pulp vitality test
(1 per tooth per calendar year) .....$ 30.00

PREVENTIVE SERVICES

Dental prophylaxis, adult-12 yrs and over
3 per calendar year
(outside annual maximum) .....$ 83.00
Dental prophylaxis, child-under age 12
(3 per calendar year).....$ 66.00
Fluoride *(2 per calendar year)* .....$ 20.00
Sealants, child under age 19, per tooth
covered on bicuspids and molars in the permanent dentition only. (1 per 3 years) ...$ 22.00
Space maintainers, child, under age 19
(1 per tooth per lifetime)
Unilateral space maintainer.....$ 78.00
Bilateral space maintainer.....$144.00

RESTORATIVE - FILLINGS

Amalgam Restorations *(1 per each surface per tooth per 12 month period). Includes tooth preparation, all adhesives, liners and bases and polishing to restore a tooth to proper form and function.*

PERMANENT OR PRIMARY TEETH
Amalgam-one surface.....$ 90.00
Amalgam-two surfaces.....$110.00
Amalgam-three surfaces.....$130.00
Amalgam-four or more surfaces $130.00

Resin-Based Composite Restorations

(1 per each surface per tooth per 12 month period). Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior)
Resin based, one surface.....$105.00
Resin based, two surfaces.....$124.00
Resin based, three surfaces.....$154.00
Resin based, four or more surfaces or involving incisal angle.....$154.00

PERMANENT OR PRIMARY TEETH (Posterior)
Resin based, one surface.....$105.00
Resin based, two surfaces.....$135.00
Resin based, three surfaces.....$155.00
Resin based, four or more surfaces or involving incisal angle.....$155.00

RESTORATIVE: CROWNS & INLAYS/ONLAYS

- Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling.

- The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the Plan.
- Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation.
- Benefits are payable upon insertion of the crown or inlay/onlay.
- **Pre-op radiographs are required for the review of this procedure.**

Crowns *(1 per 5 years)*
Resin *(permanent, anterior teeth only)* $180.00
Resin fused to metal $370.00
Porcelain/Ceramic $725.00
Porcelain fused to metal $725.00
3/4 cast metal $430.00
Full cast metal $525.00

Implant/Abutment Supported Crowns
(1 per 10 years)
Implant/abutment supported, porc/ceram $725.00
Implant/abutment supported, porcelain fused to metal $725.00
Implant/abutment supported, full cast metal $525.00

Inlays/Onlays *(1 per 5 years)*
Inlay/onlay, one surface $250.00
Inlay/onlay, two surfaces $370.00
Inlay/onlay, three or more surfaces $382.00

Other Restorative Services
Recement inlay *(1 per calendar year)* ..... $ 20.00
Recement crown, implant crown *(1 per calendar year)* ..... $ 32.00
Stainless steel crowns, deciduous teeth only *(1 per tooth per 5 years)* ..... $ 60.00
Core buildup, per tooth, including pins *(1 per lifetime)* ..... $ 70.00
Pin retention, per tooth *(1 per calendar year)* ..... $ 20.00
Post and core, cast or prefabricated, per tooth *(1 per 5 years)* $125.00

ENDODONTICS

Root Canal Therapy *(1 per tooth per lifetime)*
Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.
Root canal therapy, anterior $595.00
Root canal therapy, bicuspid $725.00
Root canal therapy, molar $875.00

Other Endodontic/Periradicular Services
Pulp capping, direct or indirect *(1 per tooth per calendar year)* ..... $ 50.00
Pulpotomy, deciduous teeth only *(1 per tooth per lifetime)* ..... $ 65.00
Apicoectomy, 1st root *(1 per tooth per lifetime)* $450.00
Apicoectomy, each additional root $175.00

(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with Apicoectomy *(1 per tooth per lifetime)*.....$125.00

PERIODONTICS

Gingivectomy, Osseous Surgery and Bone Replacement Graft will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. ***The treatment plan must be accompanied by x-rays and periodontal charting.*** *Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance for gingivectomy and osseous surgery will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity.*

Gingivectomy or gingivoplasty, per quadrant *(1 per 4 years)*.....$340.00
Osseous surgery, per quadrant *(1 per 4 years)*.....$700.00
Bone replacement graft, per quadrant (D4263) *There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953. (1 per 5 years)*.....$250.00
Periodontal scaling and root planing, per quadrant *(2 per calendar year, limited to 2 quadrants per visit)*.....$ 95.00
Periodontal maintenance procedure *3 per calendar year (outside annual maximum), either prophylaxis* **or** *periodontal maintenance procedure*.....$ 83.00

PROSTHODONTICS (REMOVABLE)

A benefit will be paid for a permanent denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. If a permanent denture is not inserted prior to 12 months, the interim denture will be considered a permanent denture. This plan will pay for no other installation within the next ***5 or 10*** *year period. Benefits are payable only upon insertion of denture. Allowance includes post-delivery care, relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*
Full upper or lower denture, permanent....$725.00

Partial Dentures *(1 per 5 years)*
Partial upper or lower denture, permanent.....$725.00
Unilateral partial upper or lower denture, permanent.....$300.00
Interim partial dentures, upper or lower, anterior teeth only.....$200.00

Implant/Abutment Supported Dentures *(1 per 10 years)*

Implant/abutment supported full upper or lower denture, permanent $800.00
Implant/abutment supported partial upper or lower denture, permanent $800.00

Adjustments to Dentures
Full or Partial Denture adjustment
after 6 months of insertion of denture (1 per calendar year) ..... $ 32.00

Repairs to Full/Complete Dentures
Replace missing or broken teeth
(limited to 4 per calendar year) ..... $ 55.00
Repairs to Partial Dentures
Repair, replace or add clasp to existing partial denture *(limited to 4 per calendar year)* ..... $ 71.00
Replace or add tooth to existing partial denture
(limited to 4 per calendar year) ..... $ 55.00

Rebase Full Denture *(1 per 2 years)*
Rebase - upper or lower $175.00

Reline of Dentures upper or lower *(1 per 2 years)*
Reline full denture $170.00
Reline partial denture $170.00

Other Removable Prosthetic Services
Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. One per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.
D5862 ..... $250.00

PROSTHODONTICS (FIXED)

Services are limited to permanent teeth replacement. ***The treatment plan must be accompanied by radiographs*** *and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the Plan. Benefits are payable upon insertion of the fixed bridge.*

Pontics *(1 per 5 or 10 years)*
Cast metal $500.00
Porcelain fused to metal $575.00
Porcelain/Ceramic $575.00
Resin fused to metal $346.00

Abutment Crowns for Fixed Bridge Retainers
(1 per 5 years)
3/4 cast metal $430.00
Full cast metal $525.00
Porcelain fused to metal $725.00
Porcelain/Ceramic $725.00
Resin fused to metal $370.00
Retainer for Maryland-type bridge $250.00

Implant/Abutment Supported Crowns for Fixed Bridge Retainers *(1 per 10 years including pontics part of implant fixed bridge retainer)*
Implant/abutment supported, cast metal .. $525.00
Implant/abutment supported, porcelain fused to metal $725.00
Implant/abutment supported, porcelain/ceramic $725.00

Other Fixed Partial Denture Services

Recement bridge, implant bridge
(1 per calendar year).....$ 65.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. One per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.
D6950 .....$250.00

ORAL SURGERY

Extractions *(1 per tooth per lifetime)*

Extract coronal remnants, primary tooth .$ 85.00
Erupted tooth or exposed root $125.00
Surgical removal $170.00
Soft tissue impaction $250.00
Partial bony impaction $300.00
Full bony impaction.....$365.00
Surgical removal of residual roots $165.00

Other Surgical Procedures

Surgical Placement of Implant Body (D6010: 1 per tooth position per 10 years)

- A $2,000 allowance will be provided for the surgical placement of implant(s).
- The plan will not pay for a replacement within the next 10 year period.
- A provider **either participating or non-participating** will be permitted to charge their customary fee for the implant body placement(s) and accept the $2,000.00 maximum **allowance**. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.
- The implant allowance of $2,000.00 will be outside of the member's annual plan maximum.
- A tooth or teeth currently having a prosthetic (denture, partial denture, crown, inlay-onlay) placed within the last 5 years and is/are being replaced by a covered **Implant/Abutment Supported Prosthetic** would be subject to the 5 year replacement rule.
- Implant/Abutment Supported Prosthetics- (Removable Dentures, Fixed Dentures, Fixed Partial Dentures/Retainers & Single Crowns) will be subject to a 10 year replacement rule.
- **Post-op Radiographs are required for the payment of this procedure.** Benefits are payable upon insertion.

  Supporting structures *(1 per implant position per 10 years/2 per calendar year)*
  Prefabricated Abutment (D6056).....$250.00
  Custom Abutment (D6057).....$250.00
  Semi-precision Abutment (D6191).....$250.00
- A provider either participating or non-participating will be permitted to charge their customary fee for the implant abutment and accept the $250.00 per implant abutment benefit as an allowance against such fee. If treatment is provided by a participating provider, the member may be responsible for a balance, to be discussed prior to treatment.

- The allowance for the implant abutments will be outside of the member's annual plan maximum.

Bone graft at time of implant placement (D6104) *There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*
(1 per implant position per 10 years).....$350.00
Surgical access of an unerupted tooth *(1 per tooth per lifetime)* $170.00
Biopsy of oral tissue, hard or soft *(tissue removal)*.....$150.00
Alveoplasty in conjunction with extractions, per quadrant *(1 per lifetime)*..$145.00
Alveoplasty not in conjunction with extractions, per quadrant *(1 per 5 years)*..$120.00
Incision and drainage (intraoral) *(1 per tooth per calendar year; general anesthesia/IV sedation not covered with this procedure)* $130.00
Frenulectomy *(3 per lifetime)* $225.00
Excision of lesion *(1 per calendar year)*.....$200.00
Bone replacement graft for ridge preservation (D7953) *There is a frequency limit of 2 bone grafts per calendar year. Covered bone grafts include D4263, D6104 and D7953.*
(1 per tooth per lifetime).....$250.00

Other Removable Prosthetic Services

Precision Attachments
Covered precision attachments include D5862, D6950 and D6192. One per tooth position per 5 or 10 years, depending on denture frequency. 2 per calendar year.
D6192 .....$250.00

ORTHODONTICS

Provided for employees, spouses/domestic partners and unmarried dependent children enrolled in the plan. This plan covers adult orthodontics.

Limited orthodontic treatment *(once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)* $350.00
Comprehensive orthodontic treatment, appliance insertion *(once per lifetime)* $900.00
Periodic orthodontic treatment visit.....$175.00
(A benefit is provided for 24 completed active monthly treatment visits per life. Treatment visits beyond 24 months are the responsibility of the member, at the EBF allowance rate, when treatment is provided by a participating provider.)
Passive Treatment *(one treatment benefit per lifetime following comprehensive treatment, includes retainers)* $350.00

ADJUNCTIVE GENERAL SERVICES

General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of $270.00
(per covered oral surgery visit).....$135.00
or

Intravenous sedation -each 15 minute increment with a maximum benefit of $270.00
(per covered oral surgery visit).....$135.00
Palliative (emergency) treatment of dental pain
(2 per calendar year).....$ 65.00
Occlusal adjustment, limited
(1 per 4 years).....$ 60.00
Occlusal adjustment, complete
(1 per 4 years).....$175.00

EXCLUSIONS & LIMITATIONS

There is coverage for replacement of an existing crown, partial or full removable denture or replacement of fixed bridgework by a new denture or bridgework, or the addition of teeth to an existing partial removable denture or to bridgework to replace extracted natural teeth, but only if the Plan is furnished satisfactory evidence that:

(a) The existing denture or bridgework was inserted at least **five** years prior to its replacement and that the existing denture or bridgework cannot be made serviceable by a dentist, or

(b) In the case of a crown, that at least **five** years has elapsed since the crown was inserted or

(c) The existing implant supported crown, bridge or denture was inserted at least **ten** years prior to it's replacement and that the existing implant supported crown, bridgework or denture cannot be made serviceable by a dentist.

In addition to the Exclusions and Limitations as stated in the CSEA UCS Dental Plan Schedule of Allowances and those listed above, THIS PLAN DOES NOT COVER:

- charges for any type of service or appliance not described in Schedule of Allowances
- treatment by other than a licensed dentist or dental hygienist acting within the scope of licensure
- services and supplies that are primarily cosmetic in nature
- replacement of a **lost** or **stolen** prosthetic appliance
- duplicate prosthetic appliances or services

- dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension
- any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan
- splinting
- mini implants
- treatment covered by Workers' Compensation or similar law
- charges for expenses which are reimbursable through "no-fault" automobile insurance
- any claim or appeal that is submitted after a period that exceeds one year from the calendar year in which dental services were rendered
- temporary dental services which are determined by the EBF to be an integral part of the final dental service rather than a separate service

COORDINATION OF BENEFITS

Since it is not intended that the patient receive greater benefits than the actual expenses covered, the amount of benefits payable under the UCS Dental Plan will take into account any coverage the employee (or eligible dependent) has under other group plans. In other words, the benefits under the UCS Dental Plan will be coordinated with the benefits of other group plans.

Note: An employee/retiree may not be covered both as an employee/retiree and as a dependent of an employee/retiree. A member who has a spouse/domestic partner eligible for coverage is not eligible to cover a domestic partner. If member and spouse/domestic partner are Fund members, coverage for children may not be claimed under both.

BIRTHDAY RULE

Coordination of benefits regulation states that the primary payer of benefits for dependent children is determined by the parent who has the earlier birth date by month and day, without regard to year of birth. (other determining factors may apply)

Legal Services Benefit

MAJOR PLAN FEATURES

- Provides assistance with meeting legal expenses.
- Members are free to choose any attorney according to individual needs and type of case.
- Reimbursement sent directly to the member.
- Many services also cover the eligible dependents.

HOW TO USE THIS BENEFIT

- Visit **www.cseaebf.com** to download a legal claim form. After legal services are completed, fill out parts 1 and 2. Attach a signed statement from your attorney specifying services rendered, date completed, fees charged, and then mail it to the EBF at the address below.
- Canceled checks, retainer agreements and payment ledgers are not accepted. All claims must be submitted no later than December 31st of the following year. The reimbursement will be sent directly to the member.
- Reimbursement allowances will not exceed the amount paid out for services
- Each service can only be claimed under a maximum of one category under the plan.

LEGAL PLAN BENEFIT SUMMARY

Adoption:

Who is Eligible?

Member who seeks representation in an adoption proceeding.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal advice and representation in an adoption proceeding, either as adoptive parent or natural parent.

Benefit Allowance

Up to $300.

Limitations

Benefit allowance does not cover the payment of any fees or expenses to adoption or other agencies.

Arraignment Service:

Who is Eligible?

Member or dependent, as defined by the EBF, who is a defendant in a criminal arraignment proceeding which does not involve a traffic related matter.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to representation in an arraignment proceeding requiring a personal appearance by legal counsel.

Benefit Allowance

Up to $150.

Limitations

Costs of legal representation beyond the arraignment stage are not covered. Thus, should a covered member or dependent desire to retain an attorney beyond the arraignment stage, such individual must make necessary fee arrangements directly with the attorney of choice. This arraignment service does not cover arraignments on traffic related matters.

Automobile Defense Overage Matters:

Who is Eligible?

Member or dependent as defined by the EBF, who is a defendant in an action involving an on road vehicle.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal services for the defense of an action involving operation of a vehicle wherein damages or personal liability exceed face amount of insurance policy.

Benefit Allowance

Up to $300.

Limitations

Overage cases only: That is a suit for damages that would exceed the face amount of the insurance policy. Legal representation provided by insurance companies is not reimbursable.

Change of Name:

Who is Eligible?

Members and dependents.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal advice and representation in a change of name procedure. Change may be of first name, middle name or last name, or any combination.

Benefit Allowance

Up to $200 per family per lifetime.

Limitations

Limited to one change of name sought by member for self and dependents, per lifetime.

Court-Ordered Support:

Who is Eligible?

Member or spouse/domestic partner who is involved in an action for support, modification of an existing support order, or an enforcement proceeding concerning a support order, provided, however, that if the action or proceeding is between the member and the spouse/domestic partner, no benefit shall be payable to the spouse/domestic partner.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal advice and representation in a court proceeding to award or modify support payments, or to commence or defend contempt or enforcement proceedings.

Benefit Allowance

Up to $200 maximum per calendar year.

Limitations

Covers only proceedings NOT commenced in conjunction with a divorce, separation or annulment.

Debt Collection Defense:

Who is Eligible?

Member or dependent as defined by the EBF, who is a defendant in a claim involving debt collection.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to defense in a legal action started against the defendant

involving their rights in resisting a claim before District, City, Civil, County or Supreme Courts. For claims which are asserted in Courts outside New York, the EBF will determine the applicable benefit allowance.

Benefit Allowance

- Without trial, District, City or County Court... Up to $150.
- Without trial, Civil or Supreme Court... Up to $250.
- With trial, District, City or County Court... Up to $300.
- With trial, Civil or Supreme Court... Up to $500.

Limitations

Only one debt collection defense allowance is permitted per calendar year.

Domestic Relations Representation:

Who is Eligible?

Member involved in a separation, annulment or divorce requiring legal representation.

What is the Benefit?

- Reimbursement for attorney fees up to the EBF fee schedule allowance related to representation by an attorney in a separation, annulment or divorce proceeding.
- UNCONTESTED matters are those resolved up to and including a pre-trial conference.
- CONTESTED matters are those not settled at the pre-trial conference but settled prior to an actual court trial.
- LITIGATED matters are those resolved only after a Supreme Court trial commences and include any referral to and representation at Family Court.

Benefit Allowance

- UNCONTESTED Legal Separation, Annulment or Divorce... Up to $300.
- CONTESTED Legal Separation, Annulment or Divorce... Up to $400.
- LITIGATED Legal Separation, Annulment or Divorce... Up to $500.

Limitations

Allowances may be reduced if court awards

payment of attorney fees or portions thereof. Combination of award and benefit may not exceed fees charged.

Estate Settlement Matter:

Who is Eligible?

Member or dependent as defined by the EBF who is a named distributee, named beneficiary or named fiduciary to an estate.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to a preliminary legal consultation in connection with the probate or settlement of an estate.

Benefit Allowance

Up to $20.

Limitations

As Fees are generally set as a percentage of the estate no benefit allowance is payable other than a $20 consultation benefit.

General Consultation:

Who is Eligible?

Member or spouse/domestic partner obtaining an in-person legal consultation with an attorney regarding an actual or assumed personal legal problem.

What is the Benefit?

Reimbursement for attorney fees up to the EB fee schedule allowance for up to five, one half hour sessions on separate dates, each calendar year, concerning unrelated legal questions.

Benefit Allowance

$20 per visit to an attorney's office.

Limitations

Business matters, excluded matters and telephone consultations are not covered. When an attorney is retained to provide a specific service for which benefit allowances are provided for by other provisions in this Plan by the EBF, the initial general consultation, as well as all other general consultations related to that matter, are not covered by this provision.

Juvenile Delinquency Representation:

Who is Eligible?

Dependent of member, as defined by the EBF, who is charged as a juvenile delinquent.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal representation of the dependent in the juvenile delinquency proceeding.

Benefit Allowance

Up to $150.

Limitations

Only one juvenile delinquency proceeding per dependent per calendar year.

Legal Defense Benefit In Other Civil Matters:

Who is Eligible?

Member or dependent as defined by the EBF, who is resisting a claim which does not fall within any of the specified benefits and which is specifically excluded by other provisions of this plan.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to defense in a civil legal proceeding in which the member or dependent is a named defendant in an action brought before a court or administrative agency that involves him or her.

Benefit Allowance

- Without trial... Up to $250.
- With trial... Up to $500.

Examples of this legal defense benefit would be costs of a lawsuit alleging breach of contract or a lawsuit concerning a garnishment. Such problems may be successfully resolved after consultation or it may require steps leading to actual representation and defense before an administrative agency.

This provision does not provide benefits for any Family Court proceedings or any civil proceedings which pertain to family or domestic relations matters. Any benefit for

Family Court or such civil proceedings are exclusively within the provisions of the benefits entitled Domestic Relations Representation and Court Ordered Support.

Legal Guardianship:

Who is Eligible?

Member and/or spouse/domestic partner seeking legal guardianship of a person under the age 18 who permanently resides with the member and spouse/domestic partner or will permanently reside with the member and spouse/domestic partner if guardianship is granted or a child or legal ward of the member and/or spouse/domestic partner 18 years or older who is incapable of self-support by reason of mental or physical disability.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal representation in the guardianship proceeding.

Benefit Allowance

Up to $300 per guardianship proceeding.

Limitations

Maximum of one proceeding for each person of whom guardianship is sought.

Non-Business Contracts:

Who is Eligible?

Member or spouse/domestic partner who seeks to obtain legal services regarding a non-business contract.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal advice and/or representation in the preparation and execution of a personal, non-business contract.

Benefit Allowance

Up to $75.

Limitations

Does not provide allowances for the preparation, execution, or review of business contracts.

Personal Bankruptcy:

Who is Eligible?

Member or spouse/domestic partner filing for personal bankruptcy.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to representation by an attorney in a personal bankruptcy proceeding.

Benefit Allowance

Up to $200.

Limitations

Limited to one personal bankruptcy per family per calendar year. Does not cover business bankruptcies.

Personal Injury (Negligence) Matter:

Who is Eligible?

Member or dependent as defined by the EBF.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee chedule allowance related to a payment for a type of legal proceeding in which there is customarily a contingent fee. Contingent fee matters are those in which a recovery of monies is attempted through a legal action, with an agreement with your attorney that fees are charged only if the action is successful.

Anyone who desires legal services in connection with the commencement of a claim for personal injuries suffered as a consequence of negligence can contact a law firm of their choice. However, legal counsel has a right to judge whether the case is worthy of prosecution before acceptance of your retention. For contingency fee matters, the only benefit payable under this plan is a $20 consultation benefit if the attorney you consult is not retained and charges you a consultation fee.

Benefit Allowance

Up to $20.

Principal Residence Mortgage Protection:

Who is Eligible?

Member or spouse/domestic partner who is a defendant in a proceeding to foreclose a mortgage regarding a dwelling, condominium or cooperative, which the covered member and/or spouse/domestic partner owns and in which the member principally resides.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal advice and/or representation in the defense of a mortgage foreclosure involving any of the above stated residences.

Benefit Allowance

Up to $150 if the matter is resolved before trial. Up to $300 should the matter proceed to trial.

Limitations

One foreclosure proceeding per calendar year per family and not exceeding a two family dwelling. Business property is not covered.

Principal Residence Real Estate Closing:

Who is Eligible?

Member or spouse/domestic partner who is selling, purchasing or refinancing their principle dwelling, condominium or cooperative, which the covered member and/or spouse/domestic partner owns and in which the member principally resides.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal representation for the sale, purchase or refinancing of property as described.

Benefit Allowance

Up to $300 per calendar year per sale, purchase or refinancing.

Limitations

Only one sale, one purchase and one refinancing per family in a calendar year is covered. This benefit provides representation with respect to one's personal residence (not to exceed a two family dwelling). Business property is not covered.

Tenant Defense:

Who is Eligible?

Member or spouse/domestic partner who rents for personal residential use, a private dwelling, condominium, apartment or rooms as a tenant which the covered member and/or spouse/domestic partner owns and in which the member principally resides.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal advice and/or representation for a defendant in defense of a dispute between the member or spouse/domestic partner as tenant, and the landlord.

Benefit Allowance

Up to $150.

Limitations

Once the benefit is utilized, it may not be utilized again for one year.

Traffic Violation Representation:

Who is Eligible?

Member or dependent as defined by the EBF, who is charged with a traffic violation.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal services during the defense of an alleged traffic violation. The violation charged must be of a serious nature that may affect the status of the defendant's driver's license.

Benefit Allowance

- Without trial... Up to $150.
- With trial... Up to $300.

Limitations

Member or dependent must be the driver of the vehicle. Multiple allowances for violations charged on the same date are payable only if adjudicated on different dates.

Veteran and Servicemen's Rights:

Who is Eligible?

Member or dependent as defined by the EBF, seeking remedial action in relation to denial of

their veteran's rights by any military board or agency of the United States government.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to legal services for:

- a denial of veteran's benefits or rights.
- changes in type of military discharge.
- cases of court martial.
- connection with military boards convened for the purpose of imposing a penalty, an administrative discharge or a less than honorable discharge from military service.

Benefit Allowance

- Legal advice and counsel upon a denial of veteran's right for benefit... Up to $100.
- Legal representation to effect changes in types of military discharges... Up to $250.
- Legal representation in convened court martials or military boards... Up to $500.

Limitations

Only the above stated matters that relate directly to member's or dependent's rights as a veteran are covered by the plan.

Wills and Living Trusts:

Who is Eligible?

Member and their spouse/domestic partner.

What is the Benefit?

Reimbursement for attorney fees up to the EBF fee schedule allowance related to the preparation and execution of a Will or Living Trust, but not both.

Benefit Allowance

$70 per Will or Living Trust.

Limitations

Once the benefit is utilized, the member and spouse/domestic partner may not utilize this benefit again for five years.

EXCLUSIONS & LIMITATIONS

This Legal Services Plan provides benefits through allowances only as specifically stated and described herein. Legal services that have not been described are excluded from the plan. As a guide

to employees in their utilization of the Legal Benefit Plan, the following list provides certain examples of the exclusions from the plan:

- $1,000 maximum in combined benefits per family, per calendar year.
- Any benefit that is claimed after a period that exceeds one year from the calendar year in which legal services were rendered.
- Any proceeding or dispute or controversy with or against the employer or their agents or officers.
- Any proceeding, dispute or controversy directed against CSEA or any of its affiliated or parent entities, e.g. the Civil Service Employees Association, Inc. (CSEA), the CSEA Employee Benefit Fund (EBF) or any of the officers, agents or attorneys of these entities. This includes CSEA sponsored programs and the companies/organizations who administer them.
- Any proceeding, dispute or controversy where there is a prohibition against defraying the cost of such services by provision of law.
- Any business matter wherein as an officer, proprietor or shareholder, etc. a member or dependent is directly or indirectly involved.
- Matters that concern all federal, state and local income tax matters, including but not limited to preparation or filing of income tax returns.
- Any proceeding, action or controversy wherein two or more parties pool or combine benefits for the purpose of ascertaining a claim for their mutual benefit, e.g. class actions.
- Any Amicus Curiae activities.
- No benefits or allowances will be paid for services or advice when it involves a duplication of the same service or advice which was previously obtained in connection with the same problem.
- Any action, dispute, proceeding or controversy in which insurance will cover legal services or through which any government agency or attorney, such as Federal, State or Local provides legal services.
- Any matter for which legal services were obtained and completed before the employee

became eligible to receive the benefit under this plan, regardless of when a bill for said services was rendered.

- The EBF will not pay or reimburse members, spouses/domestic partners, and/or dependents for court costs and/or filing fees, fines or penalties or interest.
- The EBF will not pay for more than one benefit if a member and spouse/domestic partner are eligible for a benefit and both claim payment for the same action.
- Members are reimbursed for legal expenses up to the lesser of the fees charged or the identified maximum for each service. It is important that you discuss with your attorney the estimated charges before you commence any legal work. Charges over the allowances are the responsibility of the member.
- If a court awards full or partial payment for legal fees, the EBF's reimbursement shall be reduced by the amount awarded. The total of the court award and the EBF's reimbursement will not exceed the amount charged by the attorney.
- Costs of document reproduction, filings, court fees, etc. are not covered nor are second opinion fees.
- If you are a covered employee at the time you retain counsel but are no longer on active payroll status at the time a legal matter is completed, you are not covered under this plan and the costs are your responsibility.
- Only matters specified in this brochure are covered.
- The fund is not responsible for making initial payment to retain legal counsel.
- You cannot claim services if you represent yourself.

Maternity Benefit

MAJOR PLAN FEATURES

- Covers eligible members.
- Upon the birth of a child, the Fund will pay $300 to help cover the cost of maternity care.

WHAT IS THE BENEFIT?

- A member can receive the $300 benefit if either the member or the member's spouse/domestic partner has a child.
- Multiple births receive multiple benefits.
- This benefit is not diminished by any other medical benefit which may be received.
- Members who give birth while on maternity leave who would otherwise have been eligible for benefits if employment had been continued are still eligible for this benefit.

HOW TO USE THIS BENEFIT

- Write or call the Fund Office to obtain a Maternity Benefit Claim Form:
  CSEA Employee Benefit Fund
  P.O. Box 516
  Latham, New York 12110-0516
  1-800-323-2732
  Or download a form at **www.cseaebf.com**.
- Submit your completed form with a copy of the child's birth certificate to the Fund Office.

EXCLUSIONS & LIMITATIONS

- Members must have been eligible for Fund benefits at least nine months prior to the birth of the child.
- Members must be eligible on the date of the birth of the child.
- Adoption of a child is not covered under this benefit. Please see Adoption Benefit on page 21 under the Legal Plan for this service.
- Claims must be submitted by December 31st of the following year in which the child is born.

UCS Combined Co-Pay Reimbursement Benefit

(EFFECTIVE FOR THE 2023 CALENDAR YEAR)

MAJOR PLAN FEATURES

- Reimburses prescription drug co-pays, physician office visit co-pays and other out-of-pocket costs associated with prescription drugs and physician/medical services not

covered by your regular plan(s). Reimbursement is processed once annually up to a maximum of $400 per family per calendar year.

WHAT IS THE BENEFIT?

- Members are entitled to reimbursement once annually for physician office visit co-pays and prescription drug co-pays for both themselves and their dependents.
- The claim can be made up of both types of co-pays mentioned above for a combined maximum reimbursement of $400.
- Only one claim per calendar year is processed. To obtain the maximum benefit, wait until co-pay expenses reach $400 before filing your claim.
- If you do not accumulate $400 before the end of the year, submit your claim after December 31st but before March 31st of the following year for what you did pay during the previous calendar year.
- Members must be eligible on the service date for the co-pay to be reimbursed.

HOW TO USE THIS BENEFIT

- Write or call the Fund Office to obtain a UCS Combined co-pay Benefit Claim Form:
  CSEA Employee Benefit Fund
  P.O. Box 516
  Latham, New York 12110-0516
  1-800-323-2732
  Or download a form at **www.cseaebf.com**.
- Submit your completed form with your itemized pharmacy printout and/or health insurance EOBs when you have reached the maximum benefit allowed for the current calendar year. If you do not accumulate the maximum allowed, submit your claim after December 31 for what you did pay. **Deadline for submission of claims is March 31** of the following year.

Prescription Drug: Please submit an *itemized print-out* indicating dates of service, item dispensed and co-pay amount. Please do not use highlighter on print-outs.

Physician Office Visit: Attach an Explanation of Benefits (EOB) from your health insurance carrier for each of the visits you are claiming.

Cash register receipts, original pharmacy receipts/ physician receipts and cancelled checks are not accepted for this benefit.

Hearing Aid Benefit

MAJOR PLAN FEATURES

- Covers eligible employees and their dependents.
- Up to $150 per ear once every three calendar years towards the cost of a hearing aid, including charges for its fitting upon the recommendation of a physician or otologist.

HOW TO USE THIS BENEFIT

- Call the Fund at **1-800-323-2732** to request a form or visit our website, **www.cseaebf.com** to obtain a claim form.
- Submit your completed claim form with the paid receipt and the EOB from your Health Insurance to the Fund office.
- The claim form is subject to verification.
- The Fund will send the payment to the member.

EXCLUSIONS & LIMITATIONS

The Fund does not pay for:

- Any repairs to hearing aids.
- Any non-durable equipment such as batteries.
- Any appliances or expenses not recommended or approved by the Physician or Otologist.
- Claims must be submitted by December 31st of the following year in which the service was rendered.

Workplace Security Plan: Active CSEA Union Members Only

MAJOR PLAN FEATURES

- Members of CSEA EBF who are also active, dues paying members of CSEA are eligible for

this benefit.
- Non CSEA Union members are not eligible for this benefit.
- Retirees are not eligible for this benefit.

WHAT IS THE BENEFIT?

- Criminal assaults while in pursuit of his/her occupational duties and resulting in at least 10 consecutive workdays absent from work immediately following the incident.
- The covered employee is insured for the trauma associated with an assault or hostage situation while performing his/her job duties.

Benefit Payable:

Level One: Assault in the 1st Degree. $10,000 for incidents involving injuries or fractures requiring a stay of 2 consecutive nights, or an incident of rape for the covered employee. There is no overnight stay required for rape.

Level Two: $2,000 for assaults other than 1st Degree or fractures requiring a stay of 2 consecutive nights in the hospital for the covered employee.

Level Three: $500 for all other incidents.

- Accidental death or dismemberment resulting from assault. A payment of $10,000 per person per incident; 50 percent of sum for dismemberment of either hand or foot, or loss of sight in one eye.
- Permanent Total Disability resulting from assault. A one time payment of 400% of the assault benefit payable.
- Captivity while in the pursuit of his/her occupational duties. 0-8 hours: 25% of annual base salary of covered employee, up to $100,000 maximum. 8 hours or more: 50% of annual base salary of covered employee, up to a maximum of $100,000.
- Accidental death, dismemberment or permanent total disability during captivity while in the pursuit of his/her occupational

duties. A payment of 100 percent of covered employee's annual base salary (not exceeding $500,000); 50 percent of salary for dismemberment of either hand or foot, or sight in one eye.
- Accidental death due to occupation resulting from causes other than captivity or assault. A payment of $1,000.

HOW TO FILE A CLAIM UNDER THIS BENEFIT

- The Insured has the right to name a beneficiary. The beneficiary must be someone other than the Policy-holder. A Designation of Beneficiary form may be requested from Pearl, LLC.
- Submit a completed Workplace Security claim form along with copies of the filed police report signed by the investigating officer which has been reported, in person, within 48 hours of incident, a medical statement certifying the extent of injuries and proof of immediate medical attention from the attending physician which has been sought within 24 hours of incident, and documentation from your employer indicating that you were performing your job duties at the time of injury and that the injury resulted in your being disabled from all job duties for a period of ten (10) or more consecutive work days to Pearl, LLC, as soon as possible.

EXCLUSIONS & LIMITATIONS

- An assault will be deemed to have occurred when such action would be a violation of the state penal code dealing with assault and results in the insured being totally disabled from his/her usual occupation for a period of ten (10) consecutive working days or more immediately following the incident. This means ten (10) working days of absence from profession which must be authenticated by certification by a medical doctor, documented receipt of medical attention within twenty-four (24) hours of the event, and supportive documentation of time missed.
- Evidence of assault to be a police report which

has been filed in person within forty-eight (48) hours of incident, and physician's statement filed within twenty-four (24) hours of incident; captivity exists when an employee is held against his/her will and has been refused release.

- The Plan will use the *NYS Penal Law, Article 120* as the guideline for determining assault for all claims. The investigating officer's report must clearly indicate that a criminal assault has occurred.
- If any event is recoverable under more than one of the benefits listed above, benefits shall be payable under only one item of coverage, whichever is greater.
- The Plan will not pay benefits for any loss due to the following: suicide; attempted suicide; self inflicted injury; declared or undeclared war or any international armed conflict; injuries resulting from active duty of two months or more as a member in the armed forces.
- For Accidental Death & Dismemberment and Permanent Total Disability, loss must occur within twelve (12) months of the event in order to be payable. Permanent Total Disability means that the insured is unable to perform the substantial and material duties of his or her occupation for twelve consecutive months and a fully qualified medical practitioner certifies that the insured is beyond hope of improvement at the end of that twelve-month period.

Designation of Beneficiary Forms and Workplace Security Claim Forms may be obtained from:

Pearl, LLC
12 Cornell Road, Latham NY 12110
Attn: CSEA/EBF
Workplace Security Claims
Phone Toll Free - (800) 859-2552

This description of coverage is only a summary of the benefits provided under the Workplace Security program underwritten by National

Union. The provisions described are subject to the terms of Group Policy GTP-9064449.

Coverage will continue as long as the insured remains a public employee and receives one or more other benefits from the CSEA Employee Benefit Fund and the master policy remains in force.

CSEA
NEW YORK
Employee Benefit Fund

One Lear Jet Lane, Suite 1
Latham, NY 12110-2395

(800) 323-2732 | **WWW.CSEAEBF.COM**

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