GREATER
TOMPKINS COUNTY MUNICIPAL
HEALTH INSURANCE CONSORTIUM

Municipalities building a
stable insurance future.

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Ithaca, NY 14850
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AGENDA

Board of Directors Meeting

December 17, 2009 5:30 pm-7:30 pm

Tompkins County Public Library

1. **Minutes**

2. **Update and actions steps based on latest info from NYSID**

3. **Stop-Loss insurance proposals – select Policy Carrier VOTE**
Quotes from Excellus BCBS and Highmark Life Insurance Company of NY

4. **Ancillary Benefits adopt-** (distributed at November meeting) **VOTE**

5. **Update on Excellus contract**

6. **Authorization to execute contract Locey & Cahill 1/1/10- 12/31/10 VOTE**

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309 South Franklin Street
Syracuse, NY 13202-1138
Tel. 315-425-1424
Fax. 315-425-1394

MEMORANDUM

DATE: NOVEMBER 3, 2009

TO: GREATER TOMPKINS COUNTY MUNICIPAL HEALTH INSURANCE CONSORTIUM HEALTH BENEFITS STEERING COMMITTEE AND BOARD OF DIRECTORS

FROM: LOCEY & CAHILL, LLC

RE: ANCILLARY BENEFITS PLAN OF ACTION

As you are aware, one of the major areas of concern from the beginning of this project is related to those municipalities who currently utilize the New York State Teamsters Health & Hospital Fund for the provision of employee benefits. The issues do not involve the medical benefits plan as we have developed plans of benefit which are equal to or better than those provided by the Teamster both prior to and after October 1, 2010. Rather, the issues have involved the "ancillary benefits" offered by the Teamsters to the employees of the municipalities in question.

According to our most recent data, we have a total of 13 municipalities representing 2,063 contracts in the Greater Tompkins County Municipal Health Insurance Consortium. Of the 2,063 contracts, 60 of them currently utilize the New York State Teamsters Health & Hospital Fund as their source for health insurance and other employee benefits. Finding a solution for these contracts is critical as we are extremely close to the minimum number of contracts (2,000) required by Article 47 of the New York State Insurance Law for the development of a self-insured municipal cooperative plan.

Initially, we approached the New York State Teamsters Health & Hospital Fund and spoke with Kenneth R. Stillwell, Executive Administrator of the New York State Teamsters Benefit Funds. We explained our situation to him and asked them to consider allowing the Consortium to provide the medical benefits to the current members of the New York State Teamsters Health & Hospital Fund. In addition, we asked if they would be interested in retaining all of the ancillary benefits associated with those members. Mr. Stillwell initially seemed very intrigued with the idea, especially the prospect of being able to possibly offer the ancillary benefits to all of the municipalities of the Consortium. However, we were later advised that the Trustees of the Fund discussed this matter and elected not to allow members to participate in the ancillary benefits if they do not participate in the medical benefits plan.

Since that time, we have been working on a number of solutions for this problem and we feel we have a viable plan to assist those municipalities affected by this issue. Our plan at this point in time is two-fold:

1. Utilize the CSEA Employee Benefit Fund for the provision of the dental, vision, and legal benefit plans.

2. Work with Haylor, Freyer, & Coon for the provision of the non-occupational disability benefit plan and the life and accidental death and dismemberment plan.

To facilitate this process, we have asked for specific information from the affected municipalities which we need to provide to the broker. As soon as that information is received, we will forward it along so that we can have the broker secure specific quotations for the benefit plans.

At the same time, we are awaiting final pricing for the 2010 Plan Year from the CSEA Employee Benefit Fund for the dental, vision, and legal benefit plans. We followed-up with the CSEA again today and are awaiting their reply to our request. As soon as we have a reply, we will pass it along.

Please be assured, we are working diligently to bring this matter to a conclusion while still keeping our "eye on the ball" in terms of getting the Consortium in compliance with the New York State Insurance Department and the provisions of Article 47 of the Insurance Law. We realize the importance of these issues and we are confident that we will have a final product which will meet the needs of the municipalities and their employees.

As always, we are available to address any questions you may have relative to these matters.

We thank you for your time and cooperation.

Platinum12 Vision
Less than 100% Participation Rates
7/1/08 – 6/30/12

	Participation Percentage	Composite Monthly	Annually	Participation Percentage	Employee Only Monthly	Annually	Participation Percentage	Employee & Family Monthly	Annually
7/1/08 – 6/30/09	100%	$21.01	$252.12	100%	$10.99	$131.88	100%	$29.64	$355.68
	90%	$21.64	$259.68	90%	$11.32	$135.84	90%	$30.53	$366.36
	80%	$22.48	$269.76	80%	$11.76	$141.12	80%	$31.71	$380.52
	70%	$23.53	$282.36	70%	$12.31	$147.72	70%	$33.20	$398.40
	60%	$24.79	$297.48	60%	$12.97	$155.64	60%	$34.98	$419.76
	50%	$26.68	$320.16	50%	$13.96	$167.52	50%	$37.64	$451.68
7/1/09 – 6/30/10	100%	$22.48	$269.76	100%	$11.76	$141.12	100%	$31.70	$380.40
	90%	$23.15	$277.80	90%	$12.11	$145.32	90%	$32.65	$391.80
	80%	$24.05	$288.60	80%	$12.58	$150.96	80%	$33.92	$407.04
	70%	$25.18	$302.16	70%	$13.17	$158.04	70%	$35.50	$426.00
	60%	$26.53	$318.36	60%	$13.87	$166.44	60%	$37.40	$448.80
	50%	$28.55	$342.60	50%	$14.93	$179.16	50%	$40.25	$483.00
7/1/10 – 6/30/11	100%	$22.93	$275.16	100%	$11.92	$143.04	100%	$32.33	$387.96
	90%	$23.62	$283.44	90%	$12.28	$147.36	90%	$33.30	$399.60
	80%	$24.54	$294.48	80%	$12.76	$153.12	80%	$34.60	$415.20
	70%	$25.68	$308.16	70%	$13.35	$160.20	70%	$36.21	$434.52
	60%	$27.06	$324.72	60%	$14.07	$168.84	60%	$38.15	$457.80
	50%	$29.12	$349.44	50%	$15.14	$181.68	50%	$41.06	$492.72
7/1/11 – 6/30/12	100%	$23.39	$280.68	100%	$12.16	$145.92	100%	$32.98	$395.76
	90%	$24.09	$289.08	90%	$12.53	$150.36	90%	$33.97	$407.64
	80%	$25.03	$300.36	80%	$13.02	$156.24	80%	$35.29	$423.48
	70%	$26.20	$314.40	70%	$13.62	$163.44	70%	$36.94	$443.28
	60%	$27.60	$331.20	60%	$14.35	$172.20	60%	$38.92	$467.04
	50%	$29.71	$356.52	50%	$15.45	$185.40	50%	$41.89	$502.68

Please Note: The following rates are for 100% and less than 100% participation. For rates beyond the time frame listed, the Fund *MUST* be contacted. Marketing Representatives must be involved when calculating less than 100% rates. Please contact the Marketing Department at 1-800-323-2732.

Vision Option Rates
Effective 7/1/08 – 6/30/12

These Vision Plan Options may be included in EBF coverage by adding rates to the plan in place. Please Note: Options can be added only to the plans indicated.

	Ultra Violet Coating Silver, Gold, Platinum		**High Index Lenses** Silver, Gold, Platinum		**Anti-reflective Coating** Silver, Gold, Platinum	
	Monthly	Annually	Monthly	Annually	Monthly	Annually
7/1/08 – 6/30/09	$1.01	$12.12	$2.24	$26.88	$1.35	$16.20
7/1/09 – 6/30/10	$1.05	$12.60	$2.33	$27.96	$1.41	$16.92
7/1/10 – 6/30/11	$1.08	$12.96	$2.38	$28.56	$1.44	$17.28
7/1/11 – 6/30/12	$1.10	$13.20	$2.43	$29.16	$1.47	$17.64

	Polarized Lenses Gold, Platinum		**Plastic Photo-Chromic** Platinum		**Occupational** Platinum	
	Monthly	Annually	Monthly	Annually	Monthly	Annually
7/1/08 – 6/30/09	$.43	$5.16	$1.50	$18.00	$2.66	$31.92
7/1/09 – 6/30/10	$.45	$5.40	$1.56	$18.72	$2.77	$33.24
7/1/10 – 6/30/11	$.46	$5.52	$1.60	$19.20	$2.83	$33.96
7/1/11 – 6/30/12	$.47	$5.64	$1.63	$19.56	$2.89	$34.68

Note: The published rates are applicable only to units with 100% participation. For further information, please contact the CSEA Employee Benefit Fund at 1-800-323-2732.

Important: For rates beyond the time frame listed, the Fund ***MUST*** be contacted.

You will be allowed $125 toward non-plan contact lenses.

A Contact Lens Formulary is used which allows for an initial supply* of many of the most popular and commonly prescribed brands of soft contact lenses. If specialty (non-plan) contact lenses such as Toric, Multifocal or Rigid Gas Permeable lenses are required, the allowance will be applied **toward** the total cost of the contact lenses.

*Duration of initial supply may vary depending on lens type, wearing habits and prescribing doctor's instruction regarding replacement schedule.

Using This Benefit

When in need of Vision Care services, call the Employee Benefit Fund (toll free) 1-800-EBF-CSEA to determine if you are eligible for benefits. Make an appointment with a participating provider who will then obtain an authorization for services from the Fund. A list of over 500 participating providers will be provided to you on request or visit our website at www.cseaebf.com .

Using A Participating Provider

You must first contact the Fund to verify eligibility. More than 500 panel providers are located throughout the State.

Using A Non-Participating Provider

When you choose to receive services from someone who does not participate on the CSEA EBF Panel, an indemnity payment will be made directly to you for expenses not to exceed:

Service	Amount
Exam	$16
Frame	$11
Standard Lenses	$14
Bifocals	$23
Trifocals	$32
Photochromic	$12
Contact Lenses	$125

Contact the Fund for a claim form or visit our website at www.cseaebf.com . All portions of the benefit (exam plus corrective wear) must be billed simultaneously and performed on the same day. The parts of the benefit cannot be split between panel provider and indemnity.

CSEA EMPLOYEE BENEFIT FUND

P.O. Box 516

Latham, NY 12110-0516

1-800-EBF-CSEA • 518-782-1500

(Telephone Device For The Deaf)

TDD # 1-800-532-3833

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PLATINUM 12

VISION PLAN

SUMMARY PLAN DESCRIPTION

GENERAL INFORMATION

Enrollment

Coverage under the Plans offered by the CSEA Employee Benefit Fund is not automatic. You must first **enroll** yourself and your dependents in the Fund. There is one enrollment card which enrolls you in the Plan(s) negotiated for you. If you have not already done so, you can obtain an enrollment card by calling the Fund at **1-800-EBF-CSEA** or **(518) 782-1500**.

Enrollment in the plan does not vest any right in the covered employee except the right to receive benefits under the plan only so long as payments are being received by the Fund on behalf of the employee.

Who Is Eligible

You are eligible for coverage under Fund Plans:

Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

Part-Time Or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.

Dependents

- If your collective bargaining agreement includes dependent coverage, your dependents become eligible the same time you do.

Dependents Include:

- Your spouse, provided he or she is not legally separated from you.
- Your unmarried children, including stepchildren who permanently reside with you and legally adopted children, under the age of 19.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship 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 he or she became so disabled prior to reaching the age of 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor's Degree (e.g., B.A. or B.S.), Master's Degree (e.g., M.A. or M.S.) or Associate's Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The Fund requires that **current proof of student status be provided annually** (letter or statement from the college's Registrar's Office or completion of Student Status Form available from the Fund).

NOTE: This form is used only to update/validate the CSEA EBF dependent student eligibility file. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.

C.O.B.R.A.

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in hours, you may have certain rights to continue Plan coverage through C.O.B.R.A. Under these and certain additional circumstances, your spouse and/or dependent(s) may have rights to continue coverage through C.O.B.R.A. as well.
- Before your payroll status changes, ask your employer for details about continuing coverage through C.O.B.R.A.

Employee Transfers

Important Note: Employees who were covered for vision coverage through the Fund under another employer must wait 12 months from their last service date before using the vision benefit under a new employer.

Appeal Procedure

- If you feel that you did not receive full benefits, you may appeal to the Director of the Fund.
- Send a letter to the Director explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation.
- This procedure is **not** designed to cover clerical mistakes on claims, which may be corrected by a phone call to the Fund.
- Nor is it meant for services clearly not covered by the Plans or for exemptions to or waivers of required waiting periods.

PLATINUM - 12 VISION CARE PLAN

The Platinum -12 Vision Care Plan offers quality eye care services at no cost to members within the designated plan from one of the Plan's panel providers.

Benefit Provisions

Eligible members (and dependents, if covered) are entitled to an eye examination and one pair of glasses (lenses and frames) or contact lenses once in a 12 month period.

Dilation will be included at a **Provider's Office** whenever **professionally indicated** without any additional cost to the member.

Eyeglasses

The benefit includes: plastic, polycarbonate, glass, standard or premier progressive no-line bifocals or trifocals, glass photochromic lenses, cataract lenses, fashion tints, prescription sunglasses and scratch guard coating.

The Frame Collection includes designer styles and wire frames as well as the Premier Line found exclusively in the Platinum Plan. For selections not included in the CSEA EBF Frame Collection, the member is responsible for costs above the Benefit Fund allowance.

Contact Lenses

PLAN contact lenses consist of Soft, Standard Daily Wear, Planned Replacement or Disposable.

Dutchess Dental
Less than 100% Participation Rates
7/1/08– 6/30/12

	Participation Percentage	Composite Monthly	Annually	Participation Percentage	Employee Only Monthly	Annually	Participation Percentage	Employee & Family Monthly	Annually
7/1/08 – 6/30/09	100%	$88.31	$1,059.72	100%	$42.38	$508.56	100%	$114.26	$1,371.12
	90%	$90.96	$1,091.52	90%	$43.65	$523.80	90%	$117.69	$1,412.28
	80%	$94.49	$1,133.88	80%	$45.35	$544.20	80%	$122.26	$1,467.12
	70%	$98.91	$1,186.92	70%	$47.47	$569.64	70%	$127.97	$1,535.64
	60%	$104.21	$1,250.52	60%	$50.01	$600.12	60%	$134.83	$1,617.96
	50%	$112.15	$1,345.80	50%	$53.82	$645.84	50%	$145.11	$1,741.32
7/1/09 – 6/30/10	100%	$92.73	$1,112.76	100%	$44.51	$534.12	100%	$119.62	$1,435.44
	90%	$95.51	$1,146.12	90%	$45.85	$550.20	90%	$123.21	$1,478.52
	80%	$99.22	$1,190.64	80%	$47.63	$571.56	80%	$128.00	$1,536.00
	70%	$103.86	$1,246.32	70%	$49.85	$598.20	70%	$133.98	$1,607.76
	60%	$109.42	$1,313.04	60%	$52.52	$630.24	60%	$141.15	$1,693.80
	50%	$117.77	$1,413.24	50%	$56.53	$678.36	50%	$151.92	$1,823.04
7/1/10 – 6/30/11	100%	$104.94	$1,259.28	100%	$50.38	$604.56	100%	$135.80	$1,629.60
	90%	$108.09	$1,297.08	90%	$51.89	$622.68	90%	$139.87	$1,678.44
	80%	$112.29	$1,347.48	80%	$53.90	$646.80	80%	$145.31	$1,743.72
	70%	$117.54	$1,410.48	70%	$56.42	$677.04	70%	$152.10	$1,825.20
	60%	$123.83	$1,485.96	60%	$59.44	$713.28	60%	$160.24	$1,922.88
	50%	$133.28	$1,599.36	50%	$63.98	$767.76	50%	$172.47	$2,069.64
7/1/11 – 6/30/12	100%	$110.19	$1,322.28	100%	$52.89	$634.68	100%	$142.59	$1,711.08
	90%	$113.50	$1,362.00	90%	$54.48	$653.76	90%	$146.87	$1,762.44
	80%	$117.90	$1,414.80	80%	$56.59	$679.08	80%	$152.56	$1,830.72
	70%	$123.41	$1,480.92	70%	$59.24	$710.88	70%	$159.69	$1,916.28
	60%	$130.02	$1,560.24	60%	$62.41	$748.92	60%	$168.25	$2,019.00
	50%	$139.94	$1,679.28	50%	$67.17	$806.04	50%	$181.08	$2,172.96

Please Note: The following rates are for 100% and less than 100% participation. For rates beyond the time frame listed, the Fund *MUST* be contacted. Marketing Representatives must be involved when calculating less than 100% rates. Please contact the Marketing Department at 1-800-323-2732.

PROSTHODONTICS (REMOVABLE)

A benefit will be paid for a permanent partial denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. The Plan will pay for no other installation within the next ***5 year*** *period. Benefits are payable upon insertion. Allowance includes all relines and adjustments for 6 months.*

Complete Dentures *(1 per 5 years)*
- **Full upper or lower denture (permanent)** $700.00
- **Full upper or lower denture implant/ abutment supported** $700.00

Partial Dentures *(1 per 5 years)*
- **Partial upper or lower denture, permanent** $700.00
- **Partial upper or lower denture, implant/ abutment supported** $700.00
- **Unilateral partial upper or lower denture, permanent** $350.00
- **Partial upper or lower denture, interim** *(anterior teeth only)* $180.00

Adjustment to Dentures *(after six months of insertion) (1 per year)*
- **Full or Partial denture adjustment** .... $ 50.00

Repairs to Full/Complete Dentures
- **Repair broken complete denture base** *(1 per year)* .... $ 75.00
- **Replace missing or broken teeth** *(1 per year)* .... $ 52.00

Repairs to Partial Dentures
- **Repair resin denture base** *(1 per year)* .... $ 75.00
- **Repair cast framework** *(1 per year)* .... $ 75.00
- **Repair or replace broken clasp** *(1 per year)* .... $ 85.00
- **Replace broken teeth** *(1 per year)* .... $ 52.00
- **Add tooth to existing partial denture** *(1 per lifetime)* .... $ 85.00
- **Add clasp to existing partial denture** *(1 per year)* .... $ 85.00

Rebase Full Denture, Full denture only *(1 per 2 years)*
Rebase-process of refitting a denture by replacing the base material.
- **Rebase complete maxillary or mandibular full denture** .... $ 205.00

Reline of Dentures upper or lower *(1 per 3 years)*
Reline-process of resurfacing the tissue side of a denture with new base material.
- **Reline full denture, chairside or laboratory** $200.00
- **Reline partial denture, chairside or laboratory** $200.00

Other Removable Prosthetic Services
- **Tissue conditioning, per denture** *(1 per 3 years)* .... $ 52.00
- **Overdenture, upper or lower** *(1 per 5 years)* $700.00

PROSTHODONTICS (FIXED)

All fixed bridge units 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 years)*
- **Cast metal, full** $425.00
- **Porcelain fused to metal** $525.00
- **Porcelain/Ceramic** $525.00
- **Resin fused to metal** $375.00

Abutments (Fixed Bridge Retainers) Inlays/Onlays *(1 per 5 years)*
- **Inlay/Onlay, two surfaces** $420.00
- **Inlay/Onlay, three or more surfaces** $440.00
- **Retainer for Maryland-type bridge** $265.00

Abutments (Fixed Bridge Retainers) Crowns *(1 per 5 years)*
- **3/4 Cast metal** $475.00
- **Cast metal, full** $570.00
- **Implant /abutment supported, cast metal** $570.00
- **Porcelain fused to metal** $670.00
- **Implant /abutment supported, porc fused to metal** $670.00
- **Porcelain/Ceramic** $670.00
- **Implant /abutment supported, porcelain/ceramic** $670.00
- **Resin fused to metal** $410.00

Other Fixed Partial Denture Services
- **Recement bridge** *(1 per year)* .... $ 48.00
- **Stress breaker** *(1 per 5 years)* .... $ 90.00
- **Precision attachment** *(1 per 5 years)* $115.00

ORAL SURGERY

Extractions *(1 per tooth per lifetime)*
- **Extract coronal remnants, primary tooth** .... $ 85.00
- **Erupted tooth or exposed root** $130.00
- **Surgical removal** $140.00
- **Soft tissue impaction** $180.00
- **Partial bony impaction** $265.00
- **Full bony impaction** $330.00
- **Surgical removal of residual roots** $140.00

Other Oral Surgery Procedures
- **Surgical access of an unerupted tooth** *(Once per lifetime)* $145.00
- **Biopsy, oral tissue, hard or soft-tissue removal** *(1 per year)* $100.00
- **Alveoloplasty in conjunction with extractions, per quadrant** *(1 per lifetime)* $125.00
- **Alveoloplasty not in conjunction with extractions, per quadrant** *(1 per 5 years)* $125.00
- **Incision and drainage, intraoral** .... $ 75.00
  (1 per year) (General anesthesia/IV sedation not covered with this procedure)
- **Frenulectomy** *(1 per life)* $150.00

ORTHODONTICS PROCEDURES

Provided for employees and unmarried dependent children enrolled in the Plan. This plan includes adult orthodontics.

Lifetime orthodontic maximum - $2672.00

- **Limited/Interceptive/Appliance Therapy including adjustments (prior to comprehensive treatment)** *(1 per lifetime)* $300.00
- **Comprehensive orthodontic treatment, appliance insertion** *(1 per life)* $500.00
- **Periodic orthodontic treatment visit** *(24 monthly visits per life)* .... $ 66.00
- **Orthodontic retention, per visit** *(12 monthly visits per life)* .... $ 24.00

ADJUNCTIVE GENERAL SERVICES
- **Palliative (emergency) treatment of dental pain** *(1 per year, same frequency limit as Limited examination, evaluation)* .... $ 41.00
- **General anesthesia** *(per covered oral surgery visit)* $200.00
  Or
- **Intravenous sedation** *(per covered oral surgery visit)* $200.00
- **Occlusal adjustment, limited** *(1 per 4 years)* .... $ 35.00
- **Occlusal adjustment, complete** *(1 per 4 years)* $140.00

EXCLUSIONS AND LIMITATIONS

Replacement of Crowns and Prosthetic Appliances

- 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 tooth, 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.

In addition to the exclusions and limitations as stated in the CSEA Dutchess 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.
- charges for surgical implants.
- dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension.
- precision or other elaborate attachments or features for dentures, bridgework or any other dental appliances.
- any service rendered or appliance inserted before the eligibility date under this Plan, or after the termination date.
- splinting.
- treatment covered by Worker's Compensation or similar law.
- charges for expenses which are reimbursable through "no-fault" automobile insurance.
- any benefit that is claimed after a period that exceeds one year from the calendar year in which dental services were rendered.
- temporary dental services which will be considered 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 CSEA Dutchess 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 CSEA Dutchess Dental Plan will be coordinated with the benefits of the other group plans.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.

Birthday Rule

Coordination of benefits regulations state that the primary payer of benefits for dependent children is determined by the parent who has the earlier date by month and day, without regard to the year of birth.

CSEA EMPLOYEE BENEFIT FUND

Danny Donohue, Chairman
One Lear Jet Lane, Suite 1
Latham, NY 12110-2395
1-800-EBF-CSEA • 518-782-1500
(Telephone Device For The Deaf)
TDD # 1-800-532-3833

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DUTCHESS

DENTAL PLAN

SUMMARY PLAN DESCRIPTION

GENERAL INFORMATION

Enrollment

Coverage under the Plans offered by the CSEA Employee Benefit Fund is not automatic. You must first **enroll** yourself and your dependents in the Fund. There is one enrollment card which enrolls you in the Plan(s) negotiated for you. If you have not already done so, you can obtain an enrollment card by calling the Fund at **1-800-EBF-CSEA** or **(518) 782-1500**.

Enrollment in the plan does not vest any right in the covered employee except the right to receive benefits under the plan only so long as payments are being received by the Fund on behalf of the employee. Return the completed enrollment card and any additional information required by the Fund.

Who Is Eligible

Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

Part-Time Or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.

Dependents

- If your collective bargaining agreement includes dependent coverage, your dependents become eligible the same time you do.
- You must notify the Fund promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid responsibility for charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

- Your spouse, provided he or she is not legally separated from you. Spouse includes a person of the same sex to whom the covered employee was married in a marriage ceremony performed in a jurisdiction permitting same sex marriages.
- Your unmarried children, including stepchildren who permanently reside with you and legally adopted children, under the age of 19.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship 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 he or she became so disabled prior to reaching the age of 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor's Degree (e.g., B.A. or B.S.), Master's Degree (e.g., M.A. or M.S.) or Associate's Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The Fund requires that **current proof of student status be provided annually** (letter or statement from the college's Registrar's Office or completion of Student Status Form available from the Fund).

NOTE: This form is used only to update/validate the CSEA EBF dependent student eligibility file. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.

C.O.B.R.A.

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in hours, you may have certain rights to continue Plan coverage through C.O.B.R.A. Under these and certain additional circumstances, your spouse and/or dependent(s) may have rights to continue coverage through C.O.B.R.A. as well.
- Before your payroll status changes, ask your employer for details about continuing coverage through C.O.B.R.A.

Appeal Procedure

- If you feel that you did not receive full benefits, you may appeal to the Director of the Fund.
- Send a letter to the Director explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation.
- This procedure is **not** designed to cover clerical mistakes on claims, which may be corrected by a phone call to the Fund.
- Nor is it meant for services clearly not covered by the Plans or for exemptions to or waivers of required waiting periods.

CSEA EMPLOYEE BENEFIT FUND WEBSITE

- Find the most up to date information on your dental benefits by visiting our website at **www.cseaebf.com**
- Save valuable time by printing dental plan information, provider listings and EBF forms.

DUTCHESS DENTAL PLAN
How To Use This Plan

- You may use any licensed dentist for dental care.
- Over 1400 participating dental offices in New York State accept the fee schedule as full payment for covered services, whether payment is made by you or by the Fund through an assignment of benefits.
- Specialists within participating general practices may 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 Dutchess Dental Plan. The Specialist must inform the Fund and the member that he/she will not be accepting the plan allowance as payment in full and must provide proof of specialty status to the Fund.
- If you would like a copy of our current participating Dentist Directory call us at **1-800-EBF-CSEA or (518) 782-1500.**
- If you choose a non-participating dentist, and are charged more than the amount listed under the schedule of allowances, you must pay the difference. (See schedule of allowances.)
- The Fund does not recommend that you use any particular dentist, either participating or non-participating.
- A universal American Dental Association (ADA) claim form, available through your dental provider, or a CSEA claim form, which may be obtained from the Benefit Fund, must be used to submit for completed services.

Submit all dental claim forms to:
CSEA EMPLOYEE BENEFIT FUND
P.O. Box 489 • Latham, NY 12110-0489

Maximum Benefit - Dental Plan

- There is a $3210.00 a year maximum on dental benefits.
- $3210.00 a year of covered dental benefits is available for *each* member and dependent.
- This maximum is on a calendar-year basis (January through December).

Pre-Authorization of Benefits

- Whenever the estimated cost of a recommended dental treatment exceeds $250.00, **it must be submitted to the Employee Benefit Fund before 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 you have work done for over $250.00 without submitting a pre-authorization first, your claim will be reviewed under the alternate treatment provision.
- We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If we recommend alternate benefits, you should also discuss this with your dentist.

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

CSEA EBF DUTCHESS DENTAL PLAN SCHEDULE OF ALLOWANCES COVERED SERVICES

DIAGNOSTIC SERVICES

Examination, periodic, comprehensive or detailed *(only 2 exams per calendar year)* .... $ 41.00
Limited examination (evaluation) *(same frequency limitation as Palliative treatment)* .. $ 41.00

Dental Radiographs
Intraoral complete series, including bitewings *(1 per 3 years)* .... $ 80.00
or
Panoramic .... $ 80.00 *(1 per 3 years)*
There is a three year limitation for full series and panoramic radiographs.

Intraoral Periapical film *(Maximum 6 per year) Not to be covered in same year as complete series or panoramic film.* .... $ 8.00
Intraoral occlusal film *(2 per 3 years)* .... $ 29.00
Bitewing x-rays, per film *(Maximum 4 per year) Not covered in same year as Intraoral complete series* .... $ 8.00
Cephalometric film *(1 per year)* .... $ 24.00

TESTS AND LABORATORY EXAMINATIONS

Pulp vitality test *(1 per year)* .... $ 15.00
Diagnostic casts, upper and/or lower *(1 per lifetime)* .... $ 19.00

PREVENTIVE SERVICES

Dental prophylaxis, adult-12 yrs and over *(2 per calendar year)* .... $ 70.00
Dental prophylaxis, child-under 12 yrs *(2 per calendar year)* .... $ 50.00
Fluoride, Under age 19 *(2 per calendar year)* .... $ 18.00
Sealants, Under age 19, per tooth *covered on bicuspids and molars in the permanent dentition only. (1 per 3 years)* .... $ 25.00
Space maintainers, under age 19 *(1 per life)*
Unilateral, fixed space maintainer .... $ 72.00
Bilateral, fixed space maintainer $150.00
Unilateral, removable space maintainer .... $ 90.00
Bilateral, removable space maintainer $155.00

RESTORATIVE - FILLINGS

Amalgam Restorations - *(1 per surface per tooth per year) 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 .... $ 80.00
Amalgam-two surfaces $100.00
Amalgam-three surfaces $135.00
Amalgam-four or more surfaces $135.00

Resin-Based Composite Restorations
(1 per surface per tooth per year) Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of materials called resin-based composites.
PERMANENT OR PRIMARY TEETH (Anterior or Posterior)
Resin-based, one surface .... $ 80.00
Resin-based, two surfaces $100.00
Resin-based, three surfaces $135.00
Resin-based, four or more surfaces, or involving incisal angle $135.00

RESTORATIVE - CROWNS AND INLAYS/ONLAYS

These services are limited to permanent teeth, as scheduled. Crowns and inlays are covered for the restoration of teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite material. All crown work 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 only upon insertion.

Crowns - *(1 per 5 years)*
Resin *(permanent, anterior teeth only)* $200.00
Resin fused to metal $410.00
Porcelain/Ceramic $670.00
Implant/abutment supported, porc/ceram $670.00
Porcelain fused to metal $670.00
Implant/abutment supported, porc fused to metal .. $670.00
3/4 cast metal $475.00
Full cast metal $570.00
Implant/abutment supported, full cast metal .. $570.00

Inlays/Onlays - *(1 per 5 years)*
Inlay/onlay, one surface $300.00
Inlay/onlay, two surfaces $420.00
Inlay/onlay, three or more surfaces $440.00

Other Restorative Services
Recement inlay *(1 per year)* .... $ 14.00
Recement crown *(1 per year)* .... $ 36.00
Stainless Steel crowns, deciduous teeth only *(1 per tooth per 5 years)* .... $ 56.00
Core build-up, pin retained *(1 per life)* .... $ 56.00
Pin retention, per tooth *(1 per year)* .... $ 26.00
Post and core, cast or prefabricated, per tooth *(1 per 5 years)* $120.00

ENDODONTICS

Pulp capping, direct or indirect *(1 per year)* ... $ 18.00
Pulpotomy, deciduous teeth only *(1 per life)* ... $ 65.00

Root Canal Therapy *(1 per tooth per lifetime)*
This procedure consists of the removal of all pulp contents and filling the pulp canals of teeth having damaged pulps. This service is limited to permanent teeth. Benefits are payable upon completion of the root canal therapy.
Root canal therapy, anterior $375.00
Root canal therapy, bicuspid $450.00
Root canal therapy, molar $550.00
Apicoectomy, 1st root *(1 per lifetime)* $200.00
Apicoectomy, each additional root $125.00
(General Anesthesia covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per lifetime)* .... $ 75.00

PERIODONTICS

Periodontics consists of treatment of diseases of the tissues (gums and bone) which support the teeth. When such services are provided, the allowance shall be made on a quadrant or sextant basis. All periodontal work will be professionally reviewed for appropriateness and necessity of the planned treatment, taking into consideration the exclusions and limitations of the Plan. The treatment plan should include periodontal charting and x-rays may be requested. Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. Periodontic benefits will not usually be paid for patients under age 19. Exceptions can be made, based on documented medical necessity. Retreatment of periodontal surgery, such as gingivectomy and osseous surgery, is allowed only if four years have elapsed since the previous periodontal surgery.

Gingivectomy or gingivoplasty, per quadrant *(1 per 4 years)* $330.00
Osseous surgery, per quadrant *(1 per 4 years)* $485.00
Pedicle soft tissue graft *(1 per 4 years)* $140.00
Free soft tissue graft, including donor site *(1 per 4 years)* $104.00
Periodontal scaling and root planing, per quadrant *(2 times per calender year) limited to 2 quadrants per visit* .... $ 40.00
Periodontal maintenance procedure *(2 per calendar year, either prophylaxis or periodontal maintenance procedure)* .... $ 70.00

Equinox Dental
Less than 100% Participation Rates
7/1/08 – 6/30/12

	Participation Percentage	Composite Monthly	Annually	Participation Percentage	Employee Only Monthly	Annually	Participation Percentage	Employee & Family Monthly	Annually
7/1/08 – 6/30/09	100%	$83.80	$1,005.60	100%	$40.23	$482.76	100%	$108.43	$1,301.16
	90%	$86.31	$1,035.72	90%	$41.44	$497.28	90%	$111.68	$1,340.16
	80%	$89.67	$1,076.04	80%	$43.05	$516.60	80%	$116.02	$1,392.24
	70%	$93.86	$1,126.32	70%	$45.06	$540.72	70%	$121.44	$1,457.28
	60%	$98.88	$1,186.56	60%	$47.47	$569.64	60%	$127.95	$1,535.40
	50%	$106.43	$1,277.16	50%	$51.09	$613.08	50%	$137.71	$1,652.52
7/1/09 – 6/30/10	100%	$87.99	$1,055.88	100%	$42.24	$506.88	100%	$113.51	$1,362.12
	90%	$90.63	$1,087.56	90%	$43.50	$522.00	90%	$116.91	$1,409.92
	80%	$94.15	$1,129.80	80%	$45.19	$542.28	80%	$121.45	$1,457.40
	70%	$98.55	$1,182.60	70%	$47.30	$567.60	70%	$127.13	$1,525.56
	60%	$103.83	$1,245.96	60%	$49.84	$598.08	60%	$133.94	$1,607.28
	50%	$111.75	$1,341.00	50%	$53.64	$643.68	50%	$144.15	$1,729.80
7/1/10 – 6/30/11	100%	$99.94	$1,199.28	100%	$47.98	$575.76	100%	$129.33	$1,551.96
	90%	$102.94	$1,235.28	90%	$49.42	$593.04	90%	$133.21	$1,598.52
	80%	$106.94	$1,283.28	80%	$51.34	$616.08	80%	$138.39	$1,660.68
	70%	$111.94	$1,343.28	70%	$53.74	$644.88	70%	$144.85	$1,738.20
	60%	$117.93	$1,415.16	60%	$56.61	$679.32	60%	$152.61	$1,831.32
	50%	$126.93	$1,523.16	50%	$60.93	$731.16	50%	$164.25	$1,971.00
7/1/11 – 6/30/12	100%	$107.04	$1,284.48	100%	$51.38	$616.56	100%	$138.51	$1,662.12
	90%	$110.25	$1,323.00	90%	$52.92	$635.04	90%	$142.66	$1,711.92
	80%	$114.53	$1,374.36	80%	$54.97	$659.64	80%	$148.20	$1,778.40
	70%	$119.88	$1,438.56	70%	$57.54	$690.48	70%	$155.12	$1,861.44
	60%	$126.31	$1,515.72	60%	$60.63	$727.56	60%	$163.45	$1,961.40
	50%	$135.94	$1,631.28	50%	$65.25	$783.00	50%	$175.91	$2,110.92

Please Note: The following rates are for 100% and less than 100% participation. For rates beyond the time frame listed, the Fund *MUST* be contacted. Marketing Representatives must be involved when calculating less than 100% rates. Please contact the Marketing Department at 1-800-323-2732.

PROSTHODONTICS (REMOVABLE)

Services are limited to permanent teeth replacement. All prosthodontic services will be professionally reviewed for necessity and appropriateness of the planned treatment taking into consideration the plan restrictions and limitations. Benefits are payable upon insertion of the denture. Allowance includes all adjustments and relines for six months following insertion.

Complete Dentures *(1 per 5 years)*

Service	Allowance
Full upper or lower, permanent	$675.00
Full upper or lower denture, implant/abutment supported	$675.00

Partial Dentures *(1 per 5 years)*

Service	Allowance
Partial upper or lower denture, permanent	$675.00
Partial upper or lower denture, implant/abutment supported	$675.00
Unilateral partial upper or lower denture, permanent	$400.00
Interim partial denture, upper or lower, anterior teeth only	$160.00

A benefit will be paid for a permanent partial denture replacing an interim partial denture after 6 months but no more than 12 months from the date the interim was inserted.

Adjustments To Dentures

Service	Allowance
Full or Partial Denture Adjustment *(after 6 months of insertion of denture)(1 per year)*	$ 50.00

Repairs to Full/Complete Dentures

Service	Allowance
Repair broken complete denture base *(1 per year)*	$ 75.00
Replace missing or broken teeth, *(1 per year)*	$ 52.00

Repairs to Partial Dentures

Service	Allowance
Repair resin denture base *(1 per year)*	$ 75.00
Repair cast framework *(1 per year)*	$ 75.00
Repair or replace broken clasp *(1 per year)*	$ 71.00
Replace broken teeth *(1 per year)*	$ 52.00
Add tooth to existing partial denture *(1 per lifetime)*	$ 52.00
Add clasp to existing partial denture *(1 per year)*	$ 71.00

Rebase Procedures, Full denture only *(1 per 2 years)*
Rebase-process of refitting a denture by replacing the base material.

Service	Allowance
Rebase complete maxillary or mandibular denture	$189.00

Reline of Dentures, upper or lower *(1 per 3 years)*
Reline-process of resurfacing the tissue side of a denture with new base material.

Service	Allowance
Reline full denture, chairside or laboratory	$188.00
Reline partial denture, chairside or laboratory	$188.00

Other Removable Prosthetic Services

Service	Allowance
Tissue conditioning, per denture *(1 per 3 years)*	$ 47.00
Overdenture, upper or lower *(1 per 5 years)*	$675.00

PROSTHODONTICS (FIXED)

Services are limited to permanent teeth. All prosthodontic services will be professionally reviewed for necessity and appropriateness of the planned treatment taking into consideration the exclusions and limitations of the Plan. Benefits are payable upon insertion of the fixed bridge. Temporary coverage is included.

Pontics *(1 per 5 years)*

Service	Allowance
Cast metal	$400.00
Porcelain fused to metal	$500.00
Porcelain/Ceramic	$500.00
Resin fused to metal	$350.00

Abutments (Fixed Bridge Retainers) Inlays/Onlays *(1 per 5 years)*

Service	Allowance
Inlay/onlay, two surfaces	$395.00
Inlay/onlay, three or more surfaces	$410.00
Retainer for Maryland-type bridge	$249.00

Abutments (Fixed Bridge Retainers) Crowns *(1 per 5 years)*

Service	Allowance
3/4 Cast metal	$455.00
Cast metal, full	$550.00
Implant/abutment supported, cast metal	$550.00
Porcelain fused to metal	$650.00
Implant/abutment supported, porc fused to metal	$650.00
Porcelain/Ceramic	$650.00
Implant/abutment supported, porcelain/ceramic	$650.00
Resin fused to metal	$390.00

Other Fixed Partial Denture Services

Service	Allowance
Recement fixed bridge *(1 per year)*	$ 42.00
Stress breaker *(1 per 5 years)*	$ 76.00
Precision attachment *(1 per 5 years)*	$102.00

ORAL SURGERY

Extractions *(1 per lifetime)*

Service	Allowance
Extract coronal remnants, primary tooth	$ 85.00
Erupted tooth or exposed root	$125.00
Surgical removal	$140.00
Soft tissue impaction	$175.00
Partial bony impaction	$250.00
Full bony impaction	$325.00
Surgical removal of residual roots	$140.00

Other Oral Surgical Procedures

Service	Allowance
Surgical access of an unerupted tooth *(1 per lifetime)*	$140.00
Biopsy of oral tissue, hard or soft, tissue removal *(1 per year)*	$ 95.00
Alveoloplasty, per quadrant, in conjunction with extractions *(1 per lifetime)*	$150.00
Alveoloplasty, per quadrant, not in conjunction with extractions *(1 per 5 years)*	$150.00
Incision and drainage, intraoral *(1 per 1 year)* *General Anesthesia/IV sedation not covered with this procedure*	$ 75.00
Frenulectomy *(1 per lifetime)*	$135.00

ORTHODONTICS PROCEDURES

Provided for employees and unmarried dependent children enrolled in the Plan. This plan includes adult orthodontics.

Lifetime orthodontic maximum - $2551.00

Service	Allowance
Limited/Interceptive/Appliance Therapy including adjustments (prior to comprehensive treatment) *(1 per lifetime)*	$300.00
Comprehensive orthodontic treatment, appliance insertion *(1 per lifetime)*	$475.00
Periodic orthodontic treatment visit *(24 monthly visits per lifetime)*	$ 62.00
Orthodontic retention, per visit *(maximum 12 monthly visits per lifetime)*	$ 24.00

ADJUNCTIVE GENERAL SERVICES

Service	Allowance
Palliative (emergency) treatment of dental pain *(1 per year, same frequency limit as Limited examination, evaluation)*	$ 40.00
General anesthesia/deep sedation (per covered oral surgery visit)	$200.00
or	
Intravenous sedation (per covered oral surgery visit)	$200.00
Occlusal adjustment, limited *(1 per 4 years)*	$ 35.00
Occlusal adjustment, complete *(1 per 4 years)*	$140.00

EXCLUSIONS AND LIMITATIONS

Replacement of Crowns and Prosthetic Appliances

- 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.

In addition to the exclusions and limitations as stated in the CSEA Equinox 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.
- precision or other elaborate attachments or features for dentures, bridgework or any other dental appliances.
- charges for surgical implants.
- any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan.
- splinting.
- treatment covered by Workers' Compensation or similar law.
- charges for expenses which are reimbursable through "no-fault" automobile insurance.
- any benefit that is claimed after a period that exceeds one year from the calendar year in which dental services were rendered.
- temporary dental services which will be considered 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 CSEA Equinox 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 CSEA Equinox Dental Plan will be coordinated with the benefits of the other group plans.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.

Birthday Rule

Coordination of benefits regulations state that the primary payer of benefits for dependent children is determined by the parent who has the earlier date by month and day, without regard to the year of birth.

CSEA EMPLOYEE BENEFIT FUND
Danny Donohue, Chairman
One Lear Jet Lane, Suite 1
Latham, NY 12110-2395
1-800-EBF-CSEA • 518-782-1500
(Telephone Device For The Deaf)
TDD# 1-800-532-3833

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EQUINOX

DENTAL PLAN

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Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

Part-Time Or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

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Dependents Include:

- Your spouse, provided he or she is not legally separated from you. Spouse includes a person of the same sex to whom the covered employee was married in a marriage ceremony performed in a jurisdiction permitting same sex marriages.
- Your unmarried children, including stepchildren who permanently reside with you and legally adopted children, under the age of 19.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship 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 he or she became so disabled prior to reaching the age of 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor's Degree (e.g., B.A. or B.S.), Master's Degree (e.g., M.A. or M.S.) or Associate's Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The Fund requires that **current proof of student status be provided annually** (letter or statement from the college's Registrar's Office or completion of Student Status Form available from the Fund).

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- If you would like a copy of our current participating Dentist Directory call us at **1-800-EBF-CSEA or (518) 782-1500**. Visit our website to download a copy.
- Specialists within participating general practices may 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 Equinox Dental Plan. The Specialist must inform the Fund and the member that he/she 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 dentist, and are charged more than the amount listed under the schedule of allowances, you must pay the difference. (See schedule of allowances.)
- The Fund does not recommend that you use any particular dentist, either participating or non-participating.
- A universal American Dental Association (ADA) claim form, available through your dental provider, or a CSEA claim form, which may be obtained from the Benefit Fund, must be used to submit for completed services.

> **Submit all dental claim forms to:**
> **CSEA EMPLOYEE BENEFIT FUND**
> **P.O. Box 489 • Latham, NY 12110-0489**

Maximum Benefit - Dental Plan

- There is a $3210.00 a year maximum on dental benefits.
- $3210.00 a year of covered dental benefits is available for each member and dependent.
- This maximum is on a calendar-year basis (January through December).

Pre-Authorization of Benefits

- Whenever the estimated cost of a recommended dental treatment exceeds $250.00, **it must be submitted to the Employee Benefit Fund before 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 you have work done for over $250.00 without submitting a pre-authorization first, your claim will be reviewed under the alternate treatment provision.
- We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If we recommend alternate benefits, you should also discuss this with your dentist.

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

CSEA EBF EQUINOX DENTAL PLAN SCHEDULE OF ALLOWANCES FOR COVERED SERVICES

DIAGNOSTIC SERVICES

Examinations, periodic, comprehensive or detailed *(only 2 exams per calendar year)* .... $ 40.00
Limited examination (evaluation) *(same frequency limitation as Palliative treatment)* . $ 40.00

Dental Radiographs

Intraoral complete series, including bitewings *(1 per 3 years)* .... $ 80.00
or
Panoramic film *(1 per 3 years)* .... $ 80.00
There is a 3 year limitation for complete series and panoramic radiographs.
Intraoral Periapical film *(not covered in same year as panoramic or complete series, maximum 6 per 1 year)* .... $ 8.00
Intraoral occlusal film *(2 per 3 years)* .... $ 26.00
Bitewing x-rays, each film *(not covered in same year as Intraoral complete series)(Maximum 4 per year)* .. $ 8.00
Cephalometric film *(1 per year)* .... $ 24.00

Tests and Laboratory Examinations

Pulp vitality test *(1 per year)* .... $ 15.00
Diagnostic casts, upper and/or lower *(1 per lifetime)* .... $ 19.00

PREVENTIVE SERVICES

Dental prophylaxis, adult-12 yrs and over *(2 per calendar yr)* .... $ 68.00
Dental prophylaxis, child-under 12 yrs *(2 per calendar yr)* .... $ 48.00
Fluoride, Under age 19 *(2 per calendar year)* ... $ 17.00
Sealants, under 19 years, per tooth *covered on bicuspids and molars in the permanent dentition, only (1 per 3 years)* .... $ 22.00
Space maintainers, under 19 years *(1 per lifetime)*
- **Unilateral, fixed space maintainer** .... $ 66.00
- **Bilateral, fixed space maintainer** $140.00
- **Unilateral, removable space maintainer** ..... $ 78.00
- **Bilateral, removable space maintainer** $144.00

RESTORATIVE - FILLINGS

Amalgam Restorations - *(1 per surface per tooth per year) 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 .... $ 75.00
Amalgam, two surfaces .... $ 95.00
Amalgam, three surfaces $130.00
Amalgam, four or more surfaces $130.00

Resin-Based Composite Restorations

(1 per surface per tooth per year) Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of material called resin-based composites.

PERMANENT OR PRIMARY TEETH (Anterior or Posterior)

Resin-based composite, one surface .... $ 80.00
Resin-based composite, two surfaces $100.00
Resin-based composite, three surfaces $135.00
Resin-based composite, four or more surfaces or involving incisal angle $135.00

RESTORATIVE - CROWNS AND INLAYS/ONLAYS

These services are limited to permanent teeth as scheduled. Crowns and inlays are covered for the restoration of teeth which, as a result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite material. All crown work 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 permanent crown or inlay.

Crowns - *(1 per 5 years)*

Resin *(permanent, anterior teeth only)* $180.00
Resin fused to metal $390.00
Porcelain/Ceramic $650.00
Implant/abutment supported, porc/ceram $650.00
Porcelain fused to metal $650.00
Implant/abutment supported, porc fused to metal .. $650.00
3/4 cast metal $455.00
Full cast metal $550.00
Implant/abutment supported, full cast metal $550.00

Inlays/Onlays - *(1 per 5 years)*

Inlay/onlay, one surface $275.00
Inlay/onlay, two surfaces $395.00
Inlay/onlay, three or more surfaces $410.00

Other Restorative Services

Recement inlays *(1 per year)* .... $ 12.00
Recement crown *(1 per year)* .... $ 30.00
Stainless steel crowns, deciduous teeth only *(1 per tooth per 5 years)* .... $ 56.00
Core buildup, including pins *(1 per lifetime)* ... $ 56.00
Pin retention, per tooth *(1 per 1 year)* .... $ 22.00
Post and core, cast or prefabricated, per tooth *(1 per 5 years)* $102.00

ENDODONTICS

Pulp capping, direct or indirect *(1 per year)* ... $ 16.00
Pulpotomy, deciduous teeth only *(1 per lifetime)* $ 60.00

Root Canal Therapy *(1 per tooth per life)*

This procedure consists of the removal of all pulp contents and filling the pulp canals of teeth having damaged pulps. This service is limited to permanent teeth. Benefits are payable upon completion of the root canal therapy.

Root canal therapy, anterior $350.00
Root canal therapy, bicuspid $425.00
Root canal therapy, molar $525.00
Apicoectomy, 1st root *(1 per lifetime)* $200.00
Apicoectomy, each additional root $125.00
(General Anesthesia/IV Sedation covered with Apicoectomy)
Retrograde filling per root, in conjunction with apicoectomy *(1 per lifetime)* .... $ 75.00

PERIODONTICS

Consists of treatment of diseases of the tissues (gums and bone) which support the teeth. When such services are provided, the allowance shall be made on a quadrant or sextant basis. All periodontal work 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 periodontal charting and x-rays may be requested. Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. Periodontic benefits will not usually be paid for certain procedures performed on patients under the age of 19. Exceptions can be made based on documented medical necessity.

Gingivectomy or gingivoplasty, per quadrant *(1 per 4 years)* $325.00
Osseous surgery, per quadrant *(1 per 4 years)* $470.00
Pedicle soft tissue graft *(1 per 4 years)* $140.00
Free soft tissue graft, including donor site *(1 per 4 years)* $104.00
Periodontal scaling and root planning, per quadrant *(2 times per calendar year) limited to 2 quadrants per visit* .... $ 38.00
Periodontal maintenance procedure *(2 per calendar year, either prophylaxis or periodontal maintenance procedure)* .... $ 68.00

Horizon Dental
Less than 100% Participation Rates
7/1/08 – 6/30/12

	Participation Percentage	Composite Monthly	Annually	Participation Percentage	Employee Only Monthly	Annually	Participation Percentage	Employee & Family Monthly	Annually
7/1/08 – 6/30/09	100%	$57.82	$693.84	100%	$27.75	$333.00	100%	$74.82	$897.84
	90%	$59.55	$714.60	90%	$28.58	$342.96	90%	$77.06	$924.72
	80%	$61.87	$742.44	80%	$29.69	$356.28	80%	$80.06	$960.72
	70%	$64.76	$777.12	70%	$31.08	$372.96	70%	$83.80	$1,005.60
	60%	$68.23	$818.76	60%	$32.75	$393.00	60%	$88.29	$1,059.48
	50%	$73.43	$881.16	50%	$35.24	$422.88	50%	$95.02	$1,140.24
7/1/09 – 6/30/10	100%	$64.18	$770.16	100%	$30.81	$369.72	100%	$82.79	$993.48
	90%	$66.11	$793.32	90%	$31.73	$380.76	90%	$85.28	$1,023.36
	80%	$68.67	$824.04	80%	$32.96	$395.52	80%	$88.59	$1,063.08
	70%	$71.88	$862.56	70%	$34.50	$414.00	70%	$92.73	$1,112.76
	60%	$75.73	$908.76	60%	$36.35	$436.20	60%	$97.69	$1,172.28
	50%	$81.51	$978.12	50%	$39.12	$469.44	50%	$105.15	$1,261.80
7/1/10 – 6/30/11	100%	$76.78	$921.36	100%	$36.85	$442.20	100%	$99.35	$1,192.20
	90%	$79.08	$948.96	90%	$37.96	$455.52	90%	$102.33	$1,227.96
	80%	$82.15	$985.80	80%	$39.43	$473.16	80%	$106.30	$1,275.60
	70%	$85.99	$1,031.88	70%	$41.28	$495.36	70%	$111.27	$1,335.24
	60%	$90.60	$1,087.20	60%	$43.49	$521.88	60%	$117.24	$1,406.88
	50%	$97.51	$1,170.12	50%	$46.80	$561.60	50%	$126.18	$1,514.16
7/1/11 – 6/30/12	100%	$80.62	$967.44	100%	$38.70	$464.40	100%	$104.32	$1,251.84
	90%	$83.04	$996.48	90%	$39.86	$478.32	90%	$107.45	$1,289.40
	80%	$86.26	$1,035.12	80%	$41.40	$496.80	80%	$111.62	$1,339.44
	70%	$90.29	$1,083.48	70%	$43.34	$520.08	70%	$116.84	$1,402.08
	60%	$95.13	$1,141.56	60%	$45.66	$547.92	60%	$123.10	$1,477.20
	50%	102.39	$1,228.68	50%	$49.15	$589.80	50%	$132.49	$1,589.88

Please Note: The following rates are for 100% and less than 100% participation. For rates beyond the time frame listed, the Fund *MUST* be contacted. Marketing Representatives must be involved when calculating less than 100% rates. Please contact the Marketing Department at 1-800-323-2732.

PERIODONTICS

Periodontics consists of treatment of diseases of the tissues (gums and bone) which support the teeth. When such services are provided, the allowance shall be made on a quadrant or sextant basis. All periodontal work will be professionally reviewed for appropriateness and necessity of the planned treatment, taking into consideration the exclusions and limitations of the Plan. The treatment plan should include periodontal charting and x-rays may be requested. Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. Periodontic benefits will not usually be paid for patients under age 19. Exceptions can be made, based on documented medical necessity. Retreatment of periodontal surgery, such as gingivectomy and osseous surgery, is allowed only if ***five years*** *have elapsed since the previous periodontal surgery.*

Gingivectomy or gingivoplasty per quadrant *(1 per 5 years)* ... $300.00
Osseous surgery, per quadrant *(1 per 5 years)* ... $455.00
Periodontal scaling and root planning, per quadrant *(1 per 6 month period) limited to 2 quadrants per visit* ... $ 32.00
Periodontal maintenance procedure *(1 per 6 months, either prophylaxis or periodontal maintenance procedure)* ... $ 62.00

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. The Plan will pay for no other installation within the next 5 year period. Benefits are payable upon insertion. Includes routine post delivery care.

Complete Dentures *(1 per 5 years)*
Full upper or lower denture (permanent) ... $650.00
Full upper or lower denture, implant/abutment supported ... $650.00
Full upper or lower denture (interim) ... $180.00

Partial Dentures *(1 per 5 years)*
Partial upper or lower denture, permanent ... $650.00
Partial upper or lower denture, implant/abutment supported ... $650.00
Unilateral partial denture, permanent ... $350.00
Partial upper or lower denture, interim *(anterior teeth only)* ... $140.00

Repairs to Full/Complete Dentures
Repair broken complete denture base ... $ 75.00
Replace missing or broken teeth *(any number)* ... $ 50.00

Repairs to Partial Dentures
Repair resin denture base ... $ 75.00
Repair cast framework ... $ 75.00
Repair or replace broken clasp ... $ 58.00
Replace broken teeth *(any number)* ... $ 50.00
Add tooth to existing partial denture *(any number)* ... $ 50.00
Add clasp to existing partial denture ... $ 58.00

Rebase Full Denture - *(1 per 2 years)*
Rebase-process of refitting a denture by replacing the base material.
Rebase (full denture only) maxillary or mandibular ... $ 169.00

Reline of Dentures *(1 per 2 years)*
Reline-process of resurfacing the tissue side of a denture with new base material.
Reline full denture ... $154.00
Reline partial denture ... $154.00

PROSTHODONTICS (FIXED)

All fixed bridge units 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 years)*
Cast metal, full ... $350.00
Porcelain fused to metal ... $475.00
Porcelain/Ceramic ... $475.00
Resin fused to metal ... $346.00

Abutments (Fixed Bridge Retainers) Crowns *(1 per 5 years)*
3/4 Cast metal ... $430.00
Cast metal, full ... $525.00
Implant/abutment supported, cast metal ... $525.00
Porcelain fused to metal ... $600.00
Implant/abutment supported, porc fused to metal ... $600.00
Porcelain/Ceramic ... $600.00
Implant/abutment supported, porcelain/ceramic ... $600.00
Resin fused to metal ... $370.00
Retainer for Maryland-type bridge ... $235.00

Recement Bridge ... $ 35.00

ORAL SURGERY

Extractions *(1 per tooth per lifetime)*
Extract coronal remnants, primary tooth ... $ 70.00
Erupted tooth or exposed root ... $ 80.00
Surgical removal ... $120.00
Soft tissue impaction ... $150.00
Partial bony impaction ... $200.00
Full bony impaction ... $275.00
Surgical removal of residual roots ... $120.00

Other Oral Surgical Procedures
Biopsy of oral tissue, hard or soft *(tissue removal)* ... $ 75.00
Alveoloplasty, per quadrant *(1 per lifetime)* ... $150.00
Removal of odontogenic cyst or tumor ... $100.00
Removal of exostosis or torus, per site ... $200.00
Incision and drainage, intraoral ... $ 75.00
(General anesthesia/IV sedation not covered with this procedure)
Frenulectomy ... $125.00
Excision of hyperplastic tissue - per arch ... $150.00

ORTHODONTICS PROCEDURES

Provided for employees and unmarried dependent children enrolled in the Plan. Orthodontic appliances must be in place before age 19. **Lifetime orthodontic maximum - $2267.00**

Limited/Interceptive/Appliance Therapy including adjustments *(prior to comprehensive treatment)* ... $300.00
Comprehensive orthodontic treatment, appliance insertion *(1 per life)*, includes diagnostic survey ... $425.00
Periodic orthodontic treatment visit *(24 months per life)* ... $ 60.00
Orthodontic retention visit (passive) *(after 6 months of retention)* ... $102.00

ADJUNCTIVE GENERAL SERVICES
General anesthesia/deep sedation *(per covered oral surgery visit)* ... $200.00
or
Intravenous sedation *(per covered oral surgery visit)* ... $200.00
Palliative (emergency) treatment of dental pain *(1 per 6 month period, same frequency limitation as Limited examination, evaluation)* ... $ 34.00

Exclusions And Limitations

- There is a 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.

In addition to the exclusions and limitations as stated in the CSEA Horizon Dental Plan Schedule of Allowances and those listed above, this Plan does **not** cover:

- charges for surgical implants.
- 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.
- precision or other elaborate attachments or features for dentures, bridgework or any other dental appliances.
- any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan.
- splinting.
- treatment covered by Workers' Compensation or similar law.
- charges for expenses which are reimbursable through "no-fault" automobile insurance.
- any benefit that is claimed after a period that exceeds one year from the calendar year in which dental services were rendered.
- temporary dental services which will be considered 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 CSEA Horizon 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 CSEA Horizon Dental Plan will be coordinated with the benefits of the other group plans.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.

Birthday Rule

Coordination of benefits regulations state that the primary payer of benefits for dependent children is determined by the parent who has the earlier date by month and day, without regard to the year of birth.

CSEA EMPLOYEE BENEFIT FUND

Danny Donohue, Chairman
One Lear Jet Lane, Suite 1
Latham, NY 12110-2395
1-800-EBF-CSEA • 518-782-1500
(Telephone Device For The Deaf)
TDD # 1-800-532-3833

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HORIZON

DENTAL PLAN

SUMMARY PLAN DESCRIPTION

GENERAL INFORMATION

Enrollment

Coverage under the Plans offered by the CSEA Employee Benefit Fund is not automatic. You must first **enroll** yourself and your dependents in the Fund. There is one enrollment card which enrolls you in the Plan(s) negotiated for you. If you have not already done so, you can obtain an enrollment card by calling the Fund at **1-800-EBF-CSEA** or **(518) 782-1500**.

Enrollment in the plan does not vest any right in the covered employee except the right to receive benefits under the plan only so long as payments are being received by the Fund on behalf of the employee. Return the completed enrollment card and any additional information required by the Fund.

Who Is Eligible

Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

Part-Time Or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.

Dependents

- If your collective bargaining agreement includes dependent coverage, your dependents become eligible the same time you do.
- You must notify the Fund promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid responsibility for charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

- Your spouse, provided he or she is not legally separated from you. Spouse includes a person of the same sex to whom the covered employee was married in a marriage ceremony performed in a jurisdiction permitting same sex marriages.
- Your unmarried children, including stepchildren who permanently reside with you and legally adopted children under the age of 19.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship 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 he or she became so disabled prior to reaching the age of 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor's Degree (e.g., B.A. or B.S.), Master's Degree (e.g., M.A. or M.S.) or Associate's Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The Fund requires that **current proof of student status be provided annually** (letter or statement from the college's Registrar's Office or completion of Student Status Form available from the Fund).

NOTE: This form is used only to update/validate the CSEA EBF dependent student eligibility file. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.

C.O.B.R.A.

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in hours, you may have certain rights to continue Plan coverage through C.O.B.R.A. Under these and certain additional circumstances, your spouse and/or dependent(s) may have rights to continue coverage through C.O.B.R.A. as well.
- Before your payroll status changes, ask your employer for details about continuing coverage through C.O.B.R.A.

Appeal Procedure

- If you feel that you did not receive full benefits, you may appeal to the Director of the Fund.
- Send a letter to the Director explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation.
- This procedure is **not** designed to cover clerical mistakes on claims, which may be corrected by a phone call to the Fund.
- Nor is it meant for services clearly not covered by the Plans or for exemptions to or waivers of required waiting periods.

CSEA EMPLOYEE BENEFIT FUND WEBSITE

Find the most up to date information on your dental benefits by visiting our website at www.cseaebf.com

Save valuable time by printing dental plan information, provider listings and EBF forms.

HORIZON DENTAL PLAN
How To Use This Plan

- You may use any licensed dentist for dental care.
- Over 1400 participating dental offices in New York State accept the fee schedule as full payment for covered services, whether payment is made by you or by the Fund through an assignment of benefits.
- If you would like a copy of our current participating Dentist Directory call us at **1-800-EBF-CSEA** or **(518) 782-1500.**
- Specialists within participating general practices may 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 Horizon Dental Plan. The Specialist must inform the Fund and the member that he/she 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 dentist, and are charged more than the amount listed under the schedule of allowances, you must pay the difference. (See schedule of allowances.)
- The Fund does not recommend that you use any particular dentist, either participating or non-participating.
- A universal American Dental Association (ADA) claim form, available through your dental provider, or a CSEA claim form, which may be obtained from the Benefit Fund or downloaded from our website, must be used to submit for completed services.

Submit all dental claim forms to:
CSEA EMPLOYEE BENEFIT FUND
P.O. Box 489 • Latham, NY 12110-0489

Maximum Benefit – Dental Plan

- There is a $2850.00 a year maximum on dental benefits.
- $2850.00 a year of covered dental benefits is available for *each* member and dependent.
- This maximum is on a calendar-year basis (January through December).
- Under this maximum, we are assuming liability for up to the first $2850.00 of *covered* dental work per year. This maximum does not apply to orthodontics.
- 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.

Pre-Authorization of Benefits

- Whenever the estimated cost of a recommended dental treatment exceeds $250.00, **it must be submitted to the Employee Benefit Fund before 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 you have work done for over $250.00 without submitting a pre-authorization first, your claim will be reviewed under the alternate treatment provision.
- We strongly recommend that whenever you are discussing your treatment plan with your dentist, you clearly understand what is being proposed. If we recommend alternate benefits, you should also discuss this with your dentist.

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

CSEA EBF HORIZON DENTAL PLAN SCHEDULE OF ALLOWANCES COVERED SERVICES

DIAGNOSTIC SERVICES

Examinations - periodic, comprehensive detailed *(only 1 exam per 6 months)* .... $ 34.00
Limited Examination (evaluation) *(same frequency limitation as Palliative treatment)* ... $ 34.00
Dental Radiographs
Intraoral complete series, including bitewings *(1 per 3 years)* .... $ 70.00
or
Panoramic *(1 per 3 years)* .... $ 70.00
There is a 3 year limitation for complete series and panoramic radiographs. Periapical and bitewing x-rays are not covered if performed during the same 12 month period as complete series. Periapical x-rays are not covered during the same 12 month period as a panoramic film
Periapical x-rays, per film *(Maximum 10 per 12 month period)* .... $ 7.00
Bitewing x-ray, per film *(Maximum 4 per 12 month period)* .... $ 7.00

PREVENTIVE SERVICES

Dental prophylaxis, adult-12 yrs and over *(1 per 6 month period)* .... $ 62.00
Dental prophylaxis, child-under age 12 *(1 per 6 month period)* .... $ 48.00
Fluoride, under age 19 *(1 per 6 month period)* ... $ 16.00
Sealants, under age 19, per tooth *covered on bicuspids and molars in the permanent dentition. (1 per 3 years)* .... $ 21.00
Space maintainers, under age 19 *(1 per 3 years)*
Unilateral space maintainer .... $ 60.00
Bilateral space maintainer $115.00

RESTORATIVE - FILLINGS

Amalgam Restorations - *(1 per 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 .... $ 72.00
Amalgam-two surface .... $ 87.00
Amalgam-three surfaces $110.00
Amalgam-four or more surfaces $110.00

Resin-Based Composite Restorations
(1 per surface per tooth per 12 month period) Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of material called resin-based composites.
Permanent or Primary teeth (Anterior or Posterior)
Resin-based one surface .... $ 76.00
Resin-based two surfaces .... $ 93.00
Resin-based three surfaces $115.00
Resin-based four or more surfaces, or involving incisal angle $115.00

RESTORATIVE - CROWNS AND INLAYS/ONLAYS

These services are limited to permanent (not deciduous) teeth, as scheduled. Crowns and inlays are covered for the restoration of teeth which as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite material. All crown work 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.

Crowns - *(1 per 5 years)*
Resin *(permanent, anterior teeth only)* $155.00
Resin fused to metal $370.00
Porcelain/Ceramic $600.00
Implant/abutment supported, porc/ceram ... $600.00
Porcelain fused to metal $600.00
Implant/abutment supported, porc fused to metal . $600.00
Full cast metal $525.00
Implant/abutment supported, full cast metal ... $525.00
3/4 cast metal $430.00

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 crown .... $ 25.00
Stainless Steel crowns, deciduous teeth *(1 per 3 years)* .... $ 56.00
Pin retention, per tooth *(1 per 12 month period)* .... $ 20.00
Post and core, cast or prefabricated, per tooth *(1 per 5 years)* .... $ 90.00

ENDODONTICS

Root Canal Therapy *(1 per tooth per lifetime)*
This procedure consists of the removal of all pulp contents and filling the pulp canals of teeth having damaged pulps. This service is limited to permanent teeth. Benefits are payable upon completion of the root canal therapy.
Root canal therapy, anterior $310.00
Root canal therapy, bicuspid $375.00
Root canal therapy, molar $475.00

Other Endodontic/Periradicular Services
Pulpotomy, deciduous teeth only *(1 per tooth per lifetime)* .... $ 50.00
Apicoectomy, 1st root *(1 per lifetime)* $190.00
Apicoectomy, each additional root $100.00
(General Anesthesia/IV sedation covered with Apicoectomy)
Retrograde filling, per root, in conjunction with apicoectomy *(1 per lifetime)* .... $ 70.00

Miscellaneous Benefits
Effective 7/1/08 – 6/30/12

LEGAL			HEARING	
COMPOSITE			COMPOSITE	
Monthly	Annually		Monthly	Annually
$1.56	$18.72	7/1/08 – 6/30/09	$.81	$9.72
$1.56	$18.72	7/1/09 – 6/30/10	$.81	$9.72
$1.56	$18.72	7/1/10 – 6/30/11	$.81	$9.72
$1.56	$18.72	7/1/11 – 6/30/12	$.81	$9.72

MATERNITY			ANNUAL PHYSICAL	
COMPOSITE			COMPOSITE	
Monthly	Annually		Monthly	Annually
$.51	$6.12	7/1/08 – 6/30/09	$.33	$3.96
$.51	$6.12	7/1/09 – 6/30/10	$.33	$3.96
$.51	$6.12	7/1/10 – 6/30/11	$.33	$3.96
$.51	$6.12	7/1/11 – 6/30/12	$.33	$3.96

PRESCRIPTION DRUG CO-PAY REIMBURSEMENT			PHYSICIAN CO-PAY REIMBURSEMENT	
COMPOSITE			COMPOSITE	
Monthly	Annually		Monthly	Annually
$11.07	$132.84	7/1/08 – 6/30/09	$8.36	$100.32
$11.07	$132.84	7/1/09 – 6/30/10	$10.00	$120.00
$11.30	$135.60	7/1/10 – 6/30/11	$10.00	$120.00
$11.92	$143.04	7/1/11 – 6/30/12	$10.00	$120.00

Note: The published rates are applicable only to units with 100% participation. For further information, please contact the CSEA Employee Benefit Fund at 1-800-323-2732. **Important:** For rates beyond the time frame listed, the Fund ***MUST*** be contacted.

Domestic Relations Representation

Who is eligible...

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

What is the benefit...

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 Separation, Annulment or Divorce...Up to $300.

CONTESTED Separation, Annulment or Divorce...Up to $400.

LITIGATED Separation, Annulment or Divorce...Up to $500.

Limitations...

Domestic relations benefits limited to one per elapsed year.

EXAMPLE: If a separation is completed by June 15, 1995, you would not be eligible for payment on a divorce until June 15, 1996.

Allowances may be reduced if court awards payment of attorneys fees or portions thereof. Combination of award and benefit may not exceed fees charged.

Court-Ordered Support

Who is eligible...

Member or spouse 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, no benefit shall be payable to the spouse.

What is the benefit...

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 for combined matters.

Limitations...

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

Veteran and Servicemen's Rights

Who is eligible...

Member or dependent as defined by the Fund, 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...

Legal services in:

- a denial of veteran's benefit or right;
- 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 rights 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 dependants rights as a veteran are covered by the Plan.

$50 Deductible Benefits

Members or dependents as defined by the Fund, are required to pay the first $50 of the fee for the following legal services in order to be eligible for these allowances.

Traffic Violation Representation

Who is eligible...

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

What is the benefit...

Legal services are covered 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 after deductible.

With trial...up to $300 after deductible.

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.

Automobile Defense Overage Matters

Who is eligible...

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

What is the benefit...

Legal services for the defence of an action involving operation of vehicle wherein damages or personal liability exceed face amount of insurance policy.

Benefit allowance...

Up to $300 after deductible.

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.

Debt Collection Defense

Who is eligible...

Member or dependent as defined by the Fund, who is a **DEFENDANT** in a claim involving debt collection.

What is the benefit...

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 Fund will determine the applicable benefit allowance.

Benefit allowance...

Without trial, District, City or County Court...Up to $150 after deductible.

Without trial, Civil or Supreme Court...Up to $250 after deductible.

With trial, District, City or County Court...Up to $300 after deductible.

With trial, Civil or Supreme Court...Up to $500 after deductible.

Limitations...

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

Legal Defense Benefit in Other Civil Matters

Who is eligible...

Member or dependent as defined by the Fund, 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...

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 after deductible.

With trial...Up to $500 after deductible.

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

Note: 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 is exclusively within the provisions of the benefits entitled Domestic Relations Representation and Court Ordered Support.

$20 Consultation Fee Matters

Personal Injury (Negligence) Matter

Payment for this type of legal proceeding is customarily by 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.

Estate Settlement Matter

Who is eligible...

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

What is the benefit...

$20 toward preliminary legal consultation in connection with the probate or settlement of an estate.

Limitations...

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

General Exclusions From Benefits

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:

- Any proceeding or dispute or controversy with or against the employer or their agents or officers;
- Any proceeding, dispute or controversy directed against the CSEA or any of its affiliated or parent bodies, e.g. the Civil Service Employees Association, Inc., the CSEA Employee Benefit Fund or any of the officers, agents or attorneys of these bodies;
- 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 retained before the employee became eligible to receive the benefit under this Plan, regardless of when a bill for said services was rendered;
- The Fund will not pay or reimburse members, spouses, and/or dependents for court costs and/or filing fees, fines or penalties or interests;
- The Fund will not pay for more than one benefit if a member and spouse are eligible for a benefit and both claim payment for the same action.
- Any benefit that is claimed after a period that exceeds one year from the calendar year in which legal services were rendered.

CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516
1-800-EBF-CSEA • 518-782-1500
(Telephone Device for the Deaf)
TDD# 1-800-532-3833

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CSEA

AFSCME Local 1000, AFL-CIO

EMPLOYEE BENEFIT FUND

LEGAL BENEFIT PLAN

PLAN SUMMARY

GENERAL INFORMATION

Enrollment

Coverage under the Plans offered by the CSEA Employee Benefit Fund is not automatic. You must first **enroll** yourself and your dependents in the Fund. There is one enrollment card which enrolls you in the Plan(s) negotiated for you. If you have not already done so, you can obtain an enrollment card by calling the Fund at **1-800-EBF-CSEA** or **(518) 782-1500.**

Enrollment in the plan does not vest any right in the covered employee except the right to receive benefits under the plan only so long as payments are being received by the Fund on behalf of the employee.

Who Is Eligible

You are eligible for coverage under Fund Plans:

Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

Part-Time Or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.

Dependents

- If your collective bargaining agreement includes dependent coverage, your dependents become eligible the same time you do.
- You must notify the Fund promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid responsibility for charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

- Your spouse, provided he or she is not legally separated from you.
- Your unmarried children, including stepchildren who permanently reside with you and legally adopted children, under the age of 19.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship 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 he or she became so disabled prior to reaching the age of 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor's Degree (e.g., B.A. or B.S.), Master's Degree (e.g., M.A. or M.S.) or Associate's Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The Fund requires that **current proof of student status be provided annually** (letter or statement from the college's Registrar's Office or completion of Student Status Form available from the Fund).

NOTE: This form is used only to update/validate the CSEA EBF dependent student eligibility file. Your Health Insurance carrier may require different or additional evidence of dependent student enrollment. We suggest that you obtain a letter of student enrollment from the school registrar to avoid delays in processing health insurance claims for your child.

C.O.B.R.A.

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in hours, you may have certain rights to continue Plan coverage through C.O.B.R.A. Under these and certain additional circumstances, your spouse and/or dependent(s) may have rights to continue coverage through C.O.B.R.A. as well.
- Before your payroll status changes, ask your employer for details about continuing coverage through C.O.B.R.A.

Appeal Procedure

- If you feel that you did not receive full benefits, you may appeal to the Director of the Fund.
- Send a letter to the Director explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation.
- This procedure is **not** designed to cover clerical mistakes on claims, which may be corrected by a phone call to the Fund.
- Nor is it meant for services clearly not covered by the Plans or for exemptions to or waivers of required waiting periods.

LEGAL BENEFIT PLAN

Major Plan Features

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

Limitations and Exclusions

- $1,000 per calendar year (January 1-December 31) per family.
- 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.
- Once you decide to retain legal counsel, you may be required to make an initial payment.
- If a court awards full or partial payment for legal fees, the Fund's reimbursement shall be reduced by the amount awarded. The total of the court award and the Fund'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.
- Only matters specified in this brochure are covered. Certain exclusions are listed in the General Exclusions section of this Plan.

NOTE: 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.

How To Use This Plan

- Write or call the Fund Office for a legal voucher:

  CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516
1-800-EBF-CSEA

- **AFTER** legal services are **completed**, fill out Part 1. Attorney fills out Parts 2 and 3. Both the member and the attorney sign part 3.
- The Attorney's **original** bill must be attached to the voucher and forwarded to the Fund Office.
- The reimbursement will be sent directly to you. Be sure your correct address is on the voucher.

Regular Benefits

(No Deductible)

General Consultation

Who is eligible...

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

What is the benefit...

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 Fund, the initial general consultation, as well as all other consultations related to that matter, are not covered by this provision.

Document Review At Fund Office

Who is eligible...

Member or spouse seeking examination and analysis of a legal document.

What is the benefit...

This benefit provides professional review and interpretation by an attorney designated by the Fund at no expense to the covered employee, of all personal legal documents, such as contracts, installment purchase agreements, loan agreements, guarantees, leases, insurance policies and court papers, excluding business documents. A member or spouse may use this benefit as many times during the year as proves necessary.

Limitations...

This benefit does not include the review of tax returns or documents that are in the process of being prepared or a document which the Fund has already reviewed or interpreted

NOTE: The Document Review Benefit provides for the review and interpretation of documents only and does not include legal representation or alteration. If such representation involves a covered matter, the Fund will pay an allowance. If the matter is not covered, then any legal costs must be borne directly by the employee.

Wills And Living Trusts

Who is eligible...

Member and their spouse.

What is the benefit...

The preparation and execution of a Will or Living Trust, but not both.

Benefit allowance...

$70.00 per Will or Living Trust.

Limitations...

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

Principle Residence Real Estate Closing

Who is eligible...

Member or spouse who is selling, purchasing or refinancing their principle residential dwelling, condominium or cooperative.

What is the benefit...

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). No business property is covered by this benefit.

Principle Residence Mortgage Protection

Who is eligible...

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

What is the benefit...

Legal advice and/or representation in the defense of a mortgage foreclosure involving any of the above stated residences.

Benefit allowance...

An allowance not to exceed $150 if the matter is resolved before trial. An allowance not to exceed $300 should the matter proceed to trial.

Limitations...

One foreclosure proceeding per calendar year family and not exceeding a two-family dwelling. No business property is covered by this benefit.

Tenant

Who is eligible...

Member or spouse who rents for personal residential use, a private dwelling, condominium, apartment or rooms as a tenant.

What is the benefit...

Legal advice and/or representation for a **DEFENDANT** in defense of a dispute between the member or spouse 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.

Change Of Name

Who is eligible...

Members and dependents are entitled to this benefit.

What is this benefit...

Legal advice and representation in a change of name procedure.

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. Change may be of first name, middle name or last name, or any combination.

Adoption

Who is eligible...

Member who seeks representation in an adoption proceeding.

What is the benefit...

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.

Legal Guardianship

Who is eligible...

Member and/or spouse seeking legal guardianship of 1) a person under the age 18 who permanently resides with the member and spouse or will permanently reside with the member or spouse if guardianship is granted or 2) a child or legal ward of the member and/or spouse 18 years or older who is incapable of self-support by reason of mental or physical disability.

What is the benefit...

Legal representation in the guardianship proceeding.

Benefit allowance...

Up to $300.00, after deductible, per guardianship proceeding.

Limitations...

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

Contracts

Who is eligible...

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

What is the benefit...

Legal advice and/or representation in the preparation, execution of a personal, non-business contract.

Benefit allowance...

Up to $75.

Limitations...

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

Personal Bankruptcy

Who is eligible...

Member or spouse filing for personal bankruptcy.

What is the benefit...

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.

Arraignment Service (Other Than Traffic Related Matters)

Who is eligible...

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

What is the benefit...

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.

Juvenile Delinquency Representation

Who is eligible...

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

What is the benefit...

Legal representation of the dependent in the juvenile delinquency proceeding.

Benefit allowance...

Up to $150 after deductible.

Limitations...

Only one juvenile delinquency proceeding per dependent per calendar year.