

PLAN SUMMARY  
FOR  
UNIFIED  
COURT SYSTEM  
RETIREES



**CSEA**   
**EMPLOYEE**  
**BENEFIT FUND**

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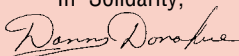
Dear Unified Court System Retiree:

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

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

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

In Solidarity,



Danny Donohue  
Chairman

## UNIFIED COURT SYSTEM EMPLOYEES GENERAL INFORMATION

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### Who Is Eligible

- Employees of the CSEA represented State of New York Unified Court System bargaining unit who retired on or after April 1, 1998.

### Dependents

If your collective bargaining agreement includes dependent coverage, your dependents become eligible at 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:

#### *Spouse*

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

#### *Domestic Partners*

- 18 years of age or older;
- Unmarried and not related by marriage or blood in a way that would bar marriage;

- Residing together;
- Involved in a committed (lifetime) rather than casual relationship;
- Mutually interdependent financially. The Partners must be each other's sole domestic partner and must have been involved in the domestic partnership for a period of not less than 6 months.

Fund members who wish to obtain benefits for their domestic partners are eligible to do so based on the same eligibility criteria used for health insurance enrollment.

### **Children**

- Your unmarried children under the age of 19, including legally adopted children, stepchildren and children of domestic partners, who permanently reside with you.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship to you and is supported by you and your spouse/domestic partner.
- 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 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.S. 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 by completion of a Student Status form available from the CSEA EBF.**

### **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 form which enrolls you in the Fund. If you have not already done so, you can obtain an enrollment form by calling the Fund at **1-800-323-2732** or by visiting our website **www.cseaebf.com**. Enrollment in the Plan does not vest any right in the covered retiree except the right to receive benefits under the Plan only so long as payments are being received by the Fund on behalf of the retiree. Return the completed enrollment form and any additional information required by the Fund.

## **Continuation of Coverage**

- If you die, or become divorced or legally separated, or a dependent ceases to be a dependent, your spouse and/or dependent may have certain rights to continue Plan coverage through COBRA. In the event of divorce, legal separation or a child losing dependent status, you or a family member must inform the Fund of the qualifying event within 60 days of the event or the day on which coverage would be lost because of the event.

## **Appeal Procedure**

- If you feel that you did not receive full benefits, you may appeal to the Fund. Send a letter to the Fund explaining why you feel you did not get the full amount to which you were entitled. Include copies of supporting documentation.
- ALL appeals must be submitted within 60 days of the determination being appealed.
- This appeal procedure is not designed to cover services not covered by the Plans.

## **Abuse or Misuse**

- **Abuse or misuse of any Plan may result in withholding of benefits.**
- The Fund reserves the right to revoke assignment of benefits to certain providers.

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

## **VISION CARE PLAN**

The Vision Care Plan offers quality eye care services at no cost to members when using one of the Plan's panel providers.

### **Using This Benefit**

When in need of Vision Care services, call the EmployeeBenefit Fund at **1-800-323-2732** 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 3,000 participating providers will be provided to you on request.

### **Using a Participating Provider**

#### **General Benefit Provisions**

Eligible members and dependents are entitled to a routine eye examination and one pair of glasses or a contact lens benefit once every 12 months.

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

### ***Eyeglasses***

The benefit includes progressive addition no-line bifocals or trifocals, cataract lenses, scratch proofing, glass photo-chromic, high index lenses, fashion tints and prescription sunglasses.

If you go to a participating vision provider and select a frame from your plan collection, you will have no out-of-pocket expense for the cost of your frame. If you choose a frame that is outside of your plan collection, you will be provided a \$30 allowance and you must pay the difference in the price to the participating provider.

### ***Contact Lenses***

- Plan contact lenses consist of soft planned replacement or disposables. You will be allowed \$125 toward non-plan contacts.
- 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 non-plan contact lenses are required, the allowance will be applied **toward** the total cost of the contact lenses.

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

## **VISION DISCOUNT FIXED CO-PAYS**

### **Major Plan Features**

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

### **Fixed Co-pays Include:**

\$35.00 – Standard Anti-reflective Coating

\$48.00 – Premium Anti-reflective Coating

\$55.00 – Ultra Anti-reflective Coating

\$12.00 – Ultraviolet (UV) Coating

\$65.00 – Plastic Photosensitive Lenses

\$50.00 – Ultra Progressive Lenses

\$75.00 – Polarized Lenses

This valuable program provides savings to members resulting in less out-of-pocket for "add ons."

## How To Use This Benefit

- Use any CSEA Employee Benefit Fund **participating** vision provider. For a list of providers, please visit our website at **www.cseaebf.com**.
- Members who choose lenses and/or coatings not covered in their existing EBF vision plans will pay the fixed co-pay in the schedule listed.

## Exclusions and Limitations

- Patient must be covered by the Fund under an existing vision program to be eligible for fixed co-pay(s). This discount is available only at the time of the eligible date of service. It is not available as a separate service outside of the patient's eligibility date.
- All portions of the benefit (exam plus corrective wear) must be billed simultaneously. All services must be performed on the same day. Benefits cannot be split between two panel providers OR between a participating and non-participating doctor.
- Any benefit that is claimed after a period that exceeds one year from the calendar year in which vision services were rendered.
- Please note: fixed co-pays are not refundable. Payment for items not covered under the plan are the responsibility of the patient.

## Using a Non-Participating Provider

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

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

*Send all vision correspondence to:*  
**CSEA EMPLOYEE BENEFIT FUND**  
**P.O. Box 516**  
**Latham, NY 12110-0516**

## DENTAL CARE PLAN

### How To Use This Plan

- You may use any licensed dentist for dental care.
- Effective 9/1/2014, Participating Providers are not required to accept these allowances as payment in full.

- If you would like to view our current Directory of Dental Care Providers, you can request a copy by calling us at **1-800-323-2732** or visit our website at **www.cseaebf.com**.
- If you choose a non-participating provider, and are charged more than the amount listed under the Schedule of Allowances you must pay the difference.
- A universal American Dental Association (ADA) claim form, available through your dental provider, or a CSEA claim form which may be obtained from our website at **www.cseaebf.com** must be used to submit for completed services. Electronic claims are also accepted.
- **The Fund does not recommend that you use any particular dentist either participating or non-participating.**

*Send all dental correspondence to:*  
**CSEA EMPLOYEE BENEFIT FUND**  
**P.O. Box 489**  
**Latham, NY 12110-0489**

### **Maximum Benefit Dental Plan**

- There is a \$3000.00 annual maximum dental benefit for each covered retiree and dependent.
- For year 2014 and on, there is no annual maximum for children under the age of 19, per the Affordable Care Act guidelines.
- This maximum is on a calendar-year basis (January 1 through December 31).
- Under this maximum, we are assuming liability for up to the first \$3000.00 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 \$500.00, we advise the submission of a preauthorization before the work begins.
- Use a dental claim form for this submission and include the related x-rays.
- After review, the Benefit Fund will notify the retiree 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 retiree 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 Benefit Fund even if it would otherwise be a covered service.
- **For Example:** If your dentist submitted a pre-authorization for a crown which would cost \$465.00 and review by our dental consultant showed that an amalgam restoration for \$75.00 would give an acceptable result, the Benefit Fund would pay only \$75.00. If the member decided to have the crown, he or she would pay the difference of \$390.00 (\$465.00-\$75.00).
- 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 and benefit levels in existence at the time of service.**

## **UNIFIED COURT SYSTEM RETIREE DENTAL PLAN**

### **Schedule of Allowances for Covered Services**

#### **DIAGNOSTIC SERVICES**

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

#### **CLINICAL ORAL EVALUATION (EXAMINATION)**

**Evaluation – periodic, comprehensive or detailed**  
(only 2 exams per calendar year) ..... \$ 30.00

**Evaluation – limited**  
(1 per calendar year) ..... \$ 30.00

#### **DENTAL RADIOGRAPHS**

**Intraoral complete series including bitewings**  
(1 per 3 years)..... \$ 80.00

*or*

**Panoramic**  
(1 per 3 years)..... \$ 80.00

*There is a 3 year limitation for complete series and/or panoramic radiographs.*

**Intraoral periapical film** (not covered in same year as panoramic or complete series, maximum 6 per 12 month period)..... \$ 8.00

**Intraoral occlusal film** (2 per 3 years)..... \$ 25.00

**Bitewing x-rays, per film** (not covered in same year as a complete series. Maximum – 4 per year) ..... \$ 8.00

**Cephalometric film** (1 per 12 month period). \$ 80.00

## TESTS AND LABORATORY EXAMINATIONS

**Pulp vitality test** (*1 per calendar year*).....\$ 6.00

## PREVENTIVE SERVICES

**Dental prophylaxis, adult-12 yrs and over**  
(*2 per calendar year*) .....\$ 61.00

**Dental prophylaxis, child-under 12 yrs**  
(*2 per calendar year*) .....\$ 39.00

**Fluoride, under 19 years**  
(*2 per calendar year*) .....\$ 14.00

**Sealants, under 19 years, per tooth, covered**  
on bicuspid and molars in the permanent  
dentition only (*1 per 3 years*) .....\$ 17.00

**Space maintainers, under age 19** (*1 per life*)

**Unilateral, fixed space maintainer**.....\$ 60.00

**Bilateral, fixed space maintainer**.....\$140.00

**Unilateral, removable space maintainer**.....\$ 78.00

**Bilateral, removable space maintainer**.....\$144.00

## RESTORATIVE- FILLINGS

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

### PERMANENT OR PRIMARY TEETH

**Amalgam, one surface** .....\$ 75.00

**Amalgam, two surfaces**.....\$ 90.00

**Amalgam, three surfaces** .....\$ 100.00

**Amalgam, four or more surfaces** .....\$ 100.00

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

### PERMANENT OR PRIMARY TEETH (Anterior or Posterior)

**Resin-based composite, one surface** .....\$ 80.00

**Resin-based composite, two surfaces**.....\$ 95.00

**Resin-based composite, three surfaces** .....\$ 110.00

**Resin-based composite, four or more surfaces or involving incisal angle**.....\$ 110.00

## RESTORATIVE - CROWNS AND INLAYS/ONLAYS

- Crowns and inlays/onlays are covered for the restoration of permanent teeth which, as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite filling.
- The treatment plan must be accompanied by radiographs and will be professionally reviewed for necessity and appropriateness of the planned treatment taking into account the exclusions and limitations of the Plan.
- Any type of crown restoration that has been in place for 12 months is considered permanent and subject to the frequency limitation.

- Benefits are payable upon insertion of the crown or inlay/onlay.
- **Pre-op radiographs are required for the review of this procedure.**

**CROWNS** - (1 per 5 years)

<b>Resin</b> (permanent, anterior teeth only) .....	\$180.00
<b>Resin fused to metal</b> .....	\$325.00
<b>Porcelain/Ceramic</b> .....	\$340.00
<b>Implant/abutment supported, porc/ceram</b> ...	\$340.00
<b>Porcelain fused to metal</b> .....	\$465.00
<b>Implant/abutment supported, porcelain fused to metal</b> .....	\$465.00
<b>3/4 cast metal</b> .....	\$325.00
<b>Full cast metal</b> .....	\$382.00
<b>Implant/abutment supported, full cast metal</b> .....	\$382.00

**INLAYS/ONLAYS** (1 per 5 years)

<b>Inlay/onlay, one surface</b> .....	\$150.00
<b>Inlay/onlay, two surfaces</b> .....	\$270.00
<b>Inlay/onlay, three or more surfaces</b> .....	\$288.00

**OTHER RESTORATIVE SERVICES**

<b>Recement Inlay</b> (1 per 12 month period) .....	\$ 12.00
<b>Recement Crown, Implant Crown</b> (1 per 12 month period) .....	\$ 26.00
<b>Stainless steel crown, deciduous teeth only</b> (1 per tooth per 5 years) .....	\$ 56.00
<b>Core buildup, including pins</b> (1 per lifetime) .....	\$ 56.00
<b>Pin retention, per tooth</b> (1 per 12 month period) .....	\$ 18.00
<b>Post and core, cast or prefabricated, per tooth</b> (1 per 5 years) .....	\$102.00

**ENDODONTICS**

**ROOT CANAL THERAPY** (1 per tooth per lifetime)

Benefits for root canal therapy are limited to permanent teeth and are payable upon completion.

<b>Root canal therapy, anterior</b> .....	\$214.00
<b>Root canal therapy, bicuspid</b> .....	\$268.00
<b>Root canal therapy, molar</b> .....	\$377.00

**OTHER ENDODONTIC/PERIRADICULAR SERVICES**

<b>Pulp capping, direct or indirect</b> (1 per 12 month period) .....	\$ 16.00
<b>Pulpotomy, deciduous teeth only</b> (1 per lifetime) .....	\$ 31.00
<b>Apicoectomy, 1st root</b> (1 per lifetime) .....	\$150.00
<b>Apicoectomy, each additional root</b> .....	\$100.00
<i>(General anesthesia/IV sedation covered with apicoectomy)</i>	
<b>Retrograde filling, per root</b> (in conjunction with apicoectomy) .....	\$ 50.00

## PERIODONTICS

*Gingivectomy and Osseous surgery 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 for osseous surgery and gingivectomy. Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. The allowance will be made on a quadrant or sextant basis. Periodontic benefits are not usually paid for procedures performed on patients under 19 years of age. Exceptions can be made based on documented medical necessity.*

<b>Gingivectomy, or gingivoplasty per quadrant</b> (1 per 4 years).....	\$230.00
<b>Osseous surgery, per quadrant</b> (1 per 4 years).....	\$390.00
<b>Periodontal scaling and root planing, per quadrant (2 per calendar year)</b> (limited to 2 quadrants per visit) .....	\$ 27.00
<b>Periodontal maintenance procedure</b> (2 per calendar year, either prophylaxis or periodontal maintenance procedure).....	\$ 61.00

## PROSTHODONTICS - REMOVABLE

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

<b>COMPLETE DENTURES</b> (1 per 5 years)	
<b>Full upper or lower denture, permanent</b> .....	\$420.00
<b>Full upper or lower denture, implant/abutment supported</b> .....	\$420.00
<b>PARTIAL DENTURES</b> (1 per 5 years)	
<b>Partial upper or lower denture, permanent</b> ..	\$450.00
<b>Partial upper or lower denture, implant/abutment supported</b> .....	\$450.00
<b>Unilateral partial upper or lower denture, permanent</b> .....	\$210.00
<b>ADJUSTMENTS TO DENTURES</b> - Full or Partial Dentures (after 6 months of insertion of denture) (1 per 12 month period).....	\$12.00
<b>REPAIRS TO FULL/COMPLETE DENTURES</b>	
<b>Repair broken complete denture base</b> (1 per 12 month period).....	\$ 42.00
<b>Replace missing or broken teeth</b> (limited to 4 per calendar year) .....	\$ 42.00

## REPAIRS TO PARTIAL DENTURES

<b>Repair resin denture base</b> (1 per 12 month period).....	\$ 42.00
<b>Repair cast framework</b> (1 per 12 month period).....	\$ 42.00
<b>Repair, replace or add clasp to existing partial</b> (limited to 4 per calendar year) .....	\$ 71.00
<b>Replace or add tooth to existing partial</b> (limited to 4 per calendar year) .....	\$ 42.00

## REBASE PROCEDURES, Full denture only (1 per 2 years)

<b>Rebase complete maxillary or mandibular denture</b> .....	\$ 94.00
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## RELINE OF DENTURES, upper or lower (1 per 2 years).

<b>Reline full denture, chairside</b> .....	\$150.00
<b>Reline full denture, laboratory</b> .....	\$150.00
<b>Reline partial denture, chairside</b> .....	\$150.00
<b>Reline partial denture, laboratory</b> .....	\$150.00

## PROSTHODONTICS – FIXED

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

## PONTICS (1 per 5 years)

<b>Cast metal</b> .....	\$164.00
<b>Porcelain fused to metal</b> .....	\$340.00
<b>Porcelain/Ceramic</b> .....	\$340.00
<b>Resin fused to metal</b> .....	\$270.00

## ABUTMENTS (FIXED BRIDGE RETAINERS) INLAYS/ONLAYS

(1 per 5 years)

<b>Inlay/Onlay, two surfaces</b> .....	\$270.00
<b>Inlay/Onlay, three or more surfaces</b> .....	\$288.00
<b>Retainer for Maryland-type bridge</b> .....	\$149.00

## ABUTMENTS (FIXED BRIDGE RETAINERS) CROWNS

(1 per 5 years)

<b>Cast metal, 3/4</b> .....	\$325.00
<b>Cast metal, full</b> .....	\$382.00
<b>Implant/abutment supported, cast metal</b> ....	\$382.00
<b>Porcelain fused to metal</b> .....	\$465.00
<b>Implant/abutment supported, porc fused to metal</b> .....	\$465.00
<b>Porcelain/Ceramic</b> .....	\$340.00
<b>Implant/abutment supported, porc/ceramic</b> ....	\$340.00
<b>Resin fused to metal</b> .....	\$325.00

## OTHER FIXED PARTIAL DENTURE SERVICES

<b>Recement Bridge, Implant Bridge</b> .....	\$ 42.00
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## ORAL SURGERY

### EXTRACTIONS (1 per lifetime)

Extract coronal remnants, primary tooth ...	\$ 50.00
Erupted tooth or exposed root.....	\$ 50.00
Surgical removal .....	\$ 79.00
Soft tissue impaction.....	\$ 90.00
Partial bony impaction .....	\$126.00
Full bony impaction .....	\$175.00
Surgical removal of residual roots .....	\$ 60.00

### OTHER SURGICAL PROCEDURES

<b>Surgical access of unerupted tooth</b> (1 per lifetime).....	\$120.00
<b>Biopsy of oral tissue, hard or soft, tissue removal</b> (1 per 12 month period).....	\$ 65.00
<b>Alveoloplasty, per quadrant, in conjunction with extraction</b> (1 per lifetime).....	\$ 47.00
<b>Alveoloplasty, per quadrant, not in conjunction with extractions</b> (1 per 5 years).....	\$ 86.00
<b>Incision and drainage, intraoral</b> (1 per calendar year) (General anesthesia/IV sedation not covered with this procedure.) ...	\$ 42.00
<b>Frenulectomy</b> (1 per lifetime).....	\$114.00

## ORTHODONTICS

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

<b>Limited/Interceptive/Appliance Therapy</b> .....	\$ 300.00
<i>(once per lifetime, prior to and not in the same month as comprehensive treatment. Additional appliances and office visits are the responsibility of the member.)</i>	
<b>Comprehensive orthodontic treatment, appliance insertion</b> (once per lifetime) .....	\$ 540.00
<b>Periodic orthodontic treatment visit</b> .....	\$ 85.00
<i>(limited to 24 completed active treatment visits per life)</i>	

## ADJUNCTIVE GENERAL SERVICES

<b>General anesthesia/deep sedation -each 15 minute increment with a maximum benefit of \$200.00</b> (per covered oral surgery visit) .....	\$100.00
<i>or</i>	
<b>Intravenous sedation -each 15 minute increment with a maximum benefit of \$200.00</b> (per covered oral surgery visit) .....	100.00
<b>Palliative (emergency) treatment of dental pain</b> (2 per calendar year) .....	\$ 30.00
<b>Occlusal adjustment, limited</b> (1 per 4 years).....	\$ 35.00
<b>Occlusal adjustment, complete</b> (1 per 4 years).....	\$140.00

## **EXCLUSIONS AND LIMITATIONS**

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### **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 the 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 have elapsed since the crown was inserted.

### **In addition to the exclusions and limitations as stated in the CSEA Dental Fee 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 lost or stolen prosthetic appliance.
- duplicate prosthetic appliances or services.
- dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension.
- any service rendered or appliance furnished before the eligibility date or after the termination date under this Plan.
- charges for surgical implants.
- splinting.
- treatment covered by Workers' Compensation or similar law.
- charges for expenses which are reimbursable through "no-fault" automobile insurance.
- any claim or appeal that is submitted after a period that exceeds one year from the calendar year in which dental services were rendered.
- temporary dental services which 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 UCS Retiree Dental Plan will take into account any coverage the retiree (or eligible dependent) has under other group plans. In other words, the benefits under the UCS Retiree Dental Plan will be coordinated with the benefits of other group plans.

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

## 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 birth date by month and day, without regard to year of birth. (Other determining factors may apply)

# LEGAL SERVICES BENEFIT

## MAJOR PLAN FEATURES

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

## GENERAL INFORMATION

### Eligibility

- \* NOTE: You must be an eligible retiree/dependent at the time services are completed for payment to be processed.

### Limitations and Exclusions

- \$1,000 per calendar year (January 1-December 31) per family.\*
- Retirees are reimbursed for legal expenses only to the extent of fees charged and up to 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 retiree.
- The fund is not responsible for making initial payment to retain legal counsel.



- Allowances will be reduced if court awards payment of attorneys fees or portions thereof. Combined payments may not exceed fees charged.
- Costs of document reproduction, filings, court fees, etc. are not covered nor are second opinion fees.
- Only matters specified in this brochure are covered.
- You cannot claim services if you represent yourself.

\*Note: For purposes of the Legal Services Benefit, "Family" includes Domestic Partner.

## **Legal Claim Form**

Call the CSEA EBF for a claim form at:

**1-800-323-2732**

Or download a form at:

**[www.cseaebf.com](http://www.cseaebf.com)**

- After legal services are completed, fill out parts 1 and 2.
- The attorney's original bill must be attached to the claim form. The bill must specify services rendered, date completed and fees charged. Cancelled checks, retainer agreements and billing/payment ledgers cannot be accepted for this benefit.
- The reimbursement will be sent directly to you. Please be sure your correct address is on the claim form.

## **REGULAR BENEFITS**

**(No Deductible)**

### **General Consultation:**

#### ***Who is eligible***

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

#### ***What is the benefit***

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 general consultations related to that matter, are not covered by this provision.

## **Document Review at Fund Office:**

### ***Who is eligible***

Retiree or spouse/domestic partner 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 retiree, of all personal legal documents, such as contracts, installment purchase agreements, loan agreements, guarantees, leases, insurance policies and court papers. This benefit does not include review of documents relating to business matters, employment matters, income tax matters, Amicus Curiae activities, class actions, or matters relating to the Civil Service Employees' Association, Inc., the CSEA Employee Benefit Fund or any of its respective affiliates, officers, directors, trustees, employees, agents or attorneys. A retiree or spouse/domestic partner 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 retiree.

## **Wills and Living Trusts:**

### ***Who is eligible***

Retiree and spouse/domestic partner.

### ***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***

Each retiree and spouse/domestic partner may utilize this benefit once every five years.

## **Principal 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.

**Principal Residence Mortgage Protection:*****Who is eligible***

Retiree or spouse/domestic partner who is a DEFENDANT in a proceeding to foreclose a mortgage regarding a dwelling, condominium or cooperative, which the covered retiree and/or spouse/domestic partner owns and in which the retiree 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 per family and not exceeding a two-family dwelling. No business property is covered by this benefit.

**Tenant Defense:*****Who is eligible***

Retiree or spouse/domestic partner 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 retiree or spouse/domestic partner as tenant and the landlord.

***Benefit allowance***

Up to \$150.

***Limitations***

One landlord/tenant defense per 12 month period per family.

## **Change of Name:**

### ***Who is eligible***

Retirees and dependents are entitled to this benefit.

### ***What is the benefit***

Up to \$200 per family, once in a lifetime.

### ***Benefit allowance***

Legal advice and representation in a change of name procedure.

### ***Limitations***

Limited to one change of name sought by retiree for self and dependents. Change may be made to first name, middle name, or last name or any combination.

## **Adoption:**

### ***Who is eligible***

Retiree 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***

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

### ***What is the benefit***

Legal representation in the guardianship proceeding.

### ***Benefit allowance***

Up to \$300, after deductible, per guardianship proceeding.

### ***Limitations***

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

## **Contracts:**

### ***Who is eligible***

Retiree or spouse/domestic partner 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***

Retiree or spouse/domestic partner 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 offenses):**

### ***Who is eligible***

Retiree 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 retiree 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 offenses.

## **Domestic Relations Representation:**

### ***Who is eligible***

Retiree 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 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 12 month period.

Allowances will be reduced if court awards payment of attorneys fees or portions thereof. Combined payments may not exceed fees charged.

**Please note** – You will also need to complete a “Remove Dependent Form” and submit it along with the requested documentation and your claim so your dependent records can be updated. A “Remove Dependent Form” can be obtained online at [www.cseaebf.com](http://www.cseaebf.com) or by calling the Fund at **1-800-323-2732**.

## **Court-Ordered Support:**

### ***Who is eligible***

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

### ***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***

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

### ***Benefit allowance***

Legal advice and counsel upon a denial of veteran's right for benefit... Up to \$100.

Legal representation to effect changes in types of military discharges... Up to \$250.

Legal representation in court martials or military boards... Up to \$500.

### ***Limitations***

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

## **\$50 Deductible Benefits**

Retiree 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.

## **Juvenile Delinquency Representation:**

### ***Who is eligible***

Dependent of retiree, 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.

### **Traffic Violation Representation:**

#### **Who is eligible**

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

#### **What is the benefit**

Legal services are covered for the DEFENSE of an alleged traffic violation. The violation charge must be of a serious nature that may effect 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**

Retiree 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**

Retiree 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 defense 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**

Retiree 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***

Retiree 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 the Plan.

### ***What is the benefit***

DEFENSE in a CIVIL legal proceeding in which the retiree or dependent is a named DEFENDANT in an action brought before a court or administrative agency that involved 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 problem 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 contingency fee. Contingency 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***

Retiree or dependent as defined by the Fund who is a named heir 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.

## **MATERNITY BENEFIT**

### **MAJOR PLAN FEATURES**

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- Covers eligible retiree.
- Upon the birth of a child, the Fund will pay \$200 to help cover the cost of maternity care.

### **WHAT IS THE BENEFIT**

- A retiree can receive the \$200 benefit if either the retiree or the retiree's spouse/domestic partner has a child.
- Multiple births receive multiple benefits.
- This benefit is not diminished by any other medical benefit which may be received.

### **HOW TO USE THIS BENEFIT**

Call the Fund Office to obtain a Maternity Benefit Claim Form at:

**1-800-323-2732**

Or download a form at:

**[www.cseabf.com](http://www.cseabf.com)**

- Submit your completed form with a copy of the child's birth certificate to the Fund Office.

### **Exclusions and Limitations**

- Retiree must have been eligible for Fund benefits at least nine months prior to the birth of the child.
- Retiree must be eligible on the date of the birth of the child.

- Adoption of a child is not covered under this benefit. Please see Adoption Benefit on Page 17 under the Legal Plan for this service.

## **PRESCRIPTION DRUG CO-PAY BENEFIT**

### **MAJOR PLAN FEATURES**

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- Reimburses prescription drug card co-payments once annually, up to a maximum of \$100 per family per calendar year.\*
- \* Note: For purposes of the Prescription Drug Co-pay Benefit, "Family" includes Domestic Partner.

### **WHAT IS THE BENEFIT**

- Retirees are entitled to reimbursement once annually for prescription drug card co-pays for themselves and their dependents.
- Only one claim per year is processed. To obtain the maximum benefit, wait until your co-pay expenses reach \$100 before filing your claim.
- If you do not accumulate \$100 before the end of the year, submit your claim after December 31st but before March 31st of the following year for what you did pay.

### **HOW TO USE THIS BENEFIT**

Call the CSEA EBF obtain a Prescription Drug Co-Pay Benefit Claim Form at:

**1-800-323-2732**

Or download a form at:

**[www.cseaebf.com](http://www.cseaebf.com)**

- Submit your completed form with an **itemized pharmacy printout** indicating dates of service, item dispensed and co-pay amount. Please do not use highlighter on printout.
- The Fund will then send the **check to the retiree**.

### **Exclusions and Limitations**

- Prescriptions must be dispensed by a licensed pharmacist.
- The difference between Brand and Generic drugs is not covered.
- Charges for non-covered medications under your drug card are not eligible.
- Prescriptions that cost less than the required co-pay are the responsibility of the member.
- Cash register receipts, cancelled checks and credit card receipts are not accepted.

# HEARING AID BENEFIT

## MAJOR PLAN FEATURES

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

## HOW TO USE THIS BENEFIT

Call the Fund Office to obtain a Hearing Aid Claim Form at:

**1-800-323-2732**

Or download a form at:

**[www.cseaebf.com](http://www.cseaebf.com)**

- Submit your completed form with your **paid bill** and a **copy of your doctor's prescription** to the Fund Office.
- The claim form will be subject to verification.
- The Fund will then send the **check to the retiree**.

## Exclusions and Limitations

- The Fund does not pay for:
  - any repairs to hearing aids
  - any non-durable equipment such as replacement batteries.
  - any appliances or expenses not recommended or approved by a physician or otologist.

# PHYSICIAN CO-PAY BENEFIT

## MAJOR PLAN FEATURES

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- Reimburses co-pay expenses of physician office visits only. Reimbursement is processed once annually up to a maximum of \$125 per family per calendar year.\*

\* Note: For purposes of the Physician Co-pay Benefit, "Family" includes Domestic Partner.

## WHAT IS THE BENEFIT

- Retirees are entitled to reimbursement once annually for physician office visits for themselves and their dependents.
- Only one claim per year is processed. To obtain the maximum benefit, wait until your co-pay expenses reach \$125 before filing your claim.
- If you do not accumulate \$125 before the end of the year, submit your claim after December 31st but before March 31st of the following year for what you did pay.

## **How To Use This Benefit**

Call the CSEA EBF for a Physician

Co-pay Benefit claim form at:

**1-800-323-2732**

Or download a form at:

**[www.cseaebf.com](http://www.cseaebf.com)**

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

### **Exclusions and Limitations**

- Only office visit co-pays are reimbursed. Only one (1) co-pay per visit is reimbursed. Co-pays for additional services performed at the same visit are not reimbursed.
- Non-physician provider, physical therapy, emergency room, hospital, urgent care. Lab, x-ray/imaging and dental co-pays are not eligible. Deductible co-insurance payments are not eligible.
- Cash register receipts, original pharmacy physician receipts and cancelled checks/credit card receipts are not accepted for this benefit.

## **CSEA EMPLOYEE BENEFIT FUND**

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

**1-800-323-2732**  
**[www.cseaebf.com](http://www.cseaebf.com)**

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