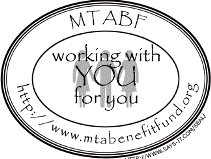
**Mahopac Teachers Association Benefit Fund**



Member’s Benefits Booklet

Revised (January 2013)

**MAHOPAC TEACHERS ASSOCIATION BENEFIT FUND**

## **P.O. Box 656**

**Baldwin Place, New York 10505**

**http://www.mtabenefitfund.org/**

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The Trustees are pleased to provide you with this comprehensive benefits booklet that describes your benefits through the Mahopac Teachers Association Benefit Fund. The following briefly describes the MTA Benefit Fund areas of coverage.

* DENTAL PLAN - Currently the Dental Plan's annual maximum has been increased to $1,800 per covered person.
* FINANCIAL COUNSELING – All covered members are entitled to an annual session with a counselor from Stacey Braun Associates.
* LIFE INSURANCE - Currently the Life Insurance coverage is $100,000 for the active teacher/member under age 70 and $65,000 for the active CSEA member under age 70. THE PRINCIPAL GROUP provides this insurance.
* LEGAL SERVICES - The Legal Services plan now extends coverage for the member's parent(s) and/or parent(s)-in-law for a Will, Living Will, Health Care Proxy and Planning for the Elderly (which includes the preparation of powers of attorney) benefits. These benefits are provided at no cost to the member or his/her parent(s) or -in-law(s).
* MAJOR MEDICAL DEDUCTIBLE REIMBURSEMENT - The current reimbursement for the major medical deductible is $500 per individual, per calendar year.
* VARIABLE BENEFIT PLAN - This benefit affords the MTABF and COBRA members with a monetary reimbursement per plan year (July 1 through June 30) to supplement those benefits already provided by the Fund.
* In addition to these benefits, the Fund will continue to provide the Accidental Death & Dismemberment Insurance, Hearing Aid and Optical Benefits.
* This booklet is an important source of information. We urge you to familiarize yourself with the benefits program and the required procedures so that you understand your rights and obligations under the program. This booklet is available on the internet at: **http://www.mtabenefitfund.org**
* To the extent that this booklet describes an insured benefit (e.g., life insurance) the group insurance contract specifies the exact benefits provided, and the language of the insurance contract will govern in the event of inconsistency between it and the language of this booklet.
* If there are any questions concerning your benefit program, please do not hesitate to contact the Trustees or the Fund's Third Party Administrator, The Preferred Group at 800-573-7474.

**REMEMBER! YOU ARE RESPONSIBLE FOR KEEPING THE FUND INFORMED OF CHANGE OF STATUS. FAILURE TO DO SO COULD RESULT IN THE LOSS OF YOUR BENEFITS**



**I. WHO ARE COVERED MEMBERS?**

* Members covered by the Benefit Fund are:
* All employees of the Board of Education of Mahopac covered by the collective bargaining agreement between the Board of Education of Mahopac and for whom contributions are payable to the MTA Benefit Fund; and
* Any other employees of the Board of Education of Mahopac who may be deemed eligible by the Board of Trustees, and for whom contributions are payable to the MTA Benefit Fund.

#### Highlights of Benefits Eligibility

* Life Insurance and Accidental Death & Dismemberment: covered member only.
* Dental Benefit Plan: covered member, retirees who opt into the Fund and pay the appropriate self-pay premium and eligible dependents.
* Optical Plan: covered member or designated eligible dependent.
* Legal Services Plan: covered members and eligible dependents, including in-laws and parents.
* Financial Counseling: covered members
* Major Medical Deductible Reimbursement: covered members and eligible dependents.
* Hearing Aid: covered member or designated eligible dependent.
* Variable Benefit: MTABF members and COBRA .

#### II. ELIGIBILITY

* In general, subject to the requirements pertaining to the definition of covered member, employees in covered categories are eligible for benefits as long as they remain employees of Mahopac Public Schools and contributions are made on their behalf by the Board of Education to the MTA Benefit Fund.
* Teachers who work .50, full time AMA, full time UPSEU & those titled full time managerial confidential
* **Eligible spouses & dependents** of the above mentioned groups.
* Retired members of the above mentioned groups who elect to pay into the Fund.

The MTA Benefit fund defines eligible spouses & dependents as follows:

**Spouse:** Spouse of covered member. Proper documentation is required at the time of enrollment

**Child:**

1. Children of covered member between the ages of birth and 26 years provided such children are unmarried and dependent upon their parent(s) for support and maintenance or are covered by another plan. This includes natural children and legally adopted children. Proper documentation is required at the time of enrollment.
2. A member’s step child or a domestic partner’s child may be considered an eligible dependent if the child resides with the member full-time and is financially dependent upon the member. This must be verified annually by completing an affidavit and providing proof of financial dependency as shown on income tax returns.
3. An eligible dependent child is also an unmarried child who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law, or physical handicap, and chiefly dependent upon the member for support and maintenance, and who became so incapable prior to attainment of the age of 19. Proof of such incapacity and dependency must be furnished to the plan by the member at the time of enrollment or within 30 days of the child’s nineteenth birthday. Coverage under this provision will end if the dependent child marries, becomes eligible for coverage through Medicare/Medicaid, or becomes able to earn a living. The member may be required to submit subsequent proof of the child’s disability and dependency.

#### III. ENROLLMENT

* Each covered member must complete and file an enrollment card with the Fund in order to receive any benefits from the Fund. If your marital status changes or if you acquire additional dependents, notify the Trustees and submit a new enrollment form.
* **In Addition:**
  1. **When any change occurs in your status - marriage, divorce, separation, birth or adoption of a child or death of a dependent, please notify the Trustees. It is important and to your advantage that you keep the Fund Office up-to-date on your current status so that claims can be processed efficiently, consistent with our policy of prompt payment.**
  2. **The Fund should be notified promptly of any change of name and/or address.**
  3. **Information, literature and claim forms are available from MTABF Building Trustees upon request and from the Benefit Fund web site.**

#### IV. VITAL INFORMATION REQUIRED FOR CLAIM FORMS AND CORRESPONDENCE

* All claims received by the MTA Benefit Fund (and all correspondence addressed to the Fund) must contain the following essential information:

· Name of Member

· School or Building Assignment

· Position

· Bargaining Unit

· Social security number

* An incomplete form will be returned to the member for further information and may cause a delay in the benefit payment.
* All yearly maximums that apply to benefits are tied to the position in the District. Any staff person entering after the start of the school year will be granted the remainder of benefits set forth for that position. For a new position created after the opening of the school year, benefits will be prorated.

**V. COBRA (Statutory Continuation of Coverage)**

* The Consolidated Omnibus Budget Reconciliation Act of 1985, commonly called COBRA, as amended by the Omnibus Budget Reconciliation Act of 1989 (COBRA '89) allows you to extend health care coverage for yourself and your family under certain circumstances, which would normally cause coverage to end. COBRA continuation consists of those benefits mandated by COBRA to be continued to you and your dependents through the Mahopac Teachers Association Benefit Fund. You or your dependents will be required to make the necessary payments for the following benefits:
  + Major Medical Deductible Reimbursement,
  + Dental Benefits Plan,
  + Hearing Aid Benefit Plan, and
  + Optical Benefit Plan.
* You do not have to show evidence of good health in order to continue coverage. However, you must make all of the payments from the date of the event that qualifies you to continue coverage. Future payments are payable in advance by the first of each month.
* You have the right to extend coverage for yourself, your spouse and your eligible dependents for up to 18 months if coverage ends because:
  + Your employment ends for any reason other than gross misconduct,
  + You are no longer eligible for coverage, or
  + You are on leave of absence without pay.
* If you notify the Fund within 60 days from the date that Social Security determines that you or one of your dependents are disabled, you can continue COBRA coverage for that person beyond the 18th month at an increased cost. The disabled person's coverage may be continued for up to a total of 29 months from the date of the event that would have originally caused coverage to end. The covered person is required to make the necessary payment for the 19th through 29th month.
* Your spouse has the right to this continuation coverage for up to 36 months if his or her coverage under the Fund would otherwise end because:
  + You are legally divorced or separated,
  + You become entitled to Medicare, or
  + You die.
* Your eligible dependent children have the right to this continuation coverage for up to 36 months if their coverage under the Fund would otherwise end because:
  + They are no longer considered dependents,
  + You and your spouse become legally divorced or legally separated,
  + You become entitled to Medicare, or
  + You die.
* A child who is born to, or placed for adoption with you during a period of COBRA coverage will be eligible to become a qualified beneficiary. These qualified beneficiaries can be added to COBRA coverage upon proper notification to the Fund Administrator of the birth or adoption.

#### Change of Status Notification

* It is your responsibility to inform the Fund in writing of a divorce, legal separation, or a child losing dependent status within 60 days of the date of the event that would cause loss of coverage.
* Once the Fund is notified of an event that affects your coverage or your dependents coverage, you will be notified that you have the right to choose continuation coverage. To continue coverage, you must let the Fund know no later than 60 days after the date you or your dependent would lose coverage or from the date you receive notice from us of your right to elect continuation coverage. If you do not choose it, your health related benefits through the Fund will end. If you reject this continuation coverage, your spouse and dependent children will be given the opportunity to continue coverage independently from you.
* The time periods during which coverage is extended may be shortened if:
  + Mahopac Teachers Association Benefit Fund no longer provides health related benefits for any participants or dependents,
  + The person electing coverage does not make the required payment within 30 days of the date it is due,
  + The person electing coverage becomes covered by another group health plan. (You may continue COBRA coverage if the other plan does not cover pre-existing conditions.)
  + The person electing coverage is widowed or divorced, subsequently remarries and is covered under the new spouse's group health plan, or
  + The person electing coverage becomes entitled to Medicare.
* Contact the Fund for more information about your rights and your dependents' rights to continuation coverage through COBRA.

#### VII. COORDINATION OF BENEFITS

* In general, when benefits would be payable under more than one Group Plan, benefits payable under those plans will be coordinated to the extent that the total benefits under all Group Plans will not exceed 100% of the total allowable expenses. "Allowable expense" means any necessary, reasonable and customary expense that is covered in whole or in part under at least one of these Group Plans.
* **Claim Procedures under the Coordination of Benefits Provision:**

**If you are a covered member of the Fund, and are eligible for benefits from another Group Plan:**

* Submit your claim.
* After you have received payment for such claim from the Fund, you may submit this claim to the other Group Plan under which you are eligible for benefits.
* You will receive any additional benefits, which may be due for this claim under the second plan, but the total amount you receive for each claim from this Fund and from any other Group Plan cannot exceed 100% of allowable expenses.

**If your spouse has a claim and is eligible for benefits under another Group Plan:**

* He/she must submit the claim to his/her plan first.
* After this claim is paid by that plan, it may be submitted to this Fund accompanied by an explanation of benefits received from the other plan.
* Any additional benefits, which may be due for this claim, will be paid by this Fund, but the total amount paid for this claim from this Plan will not exceed 100% of allowable expenses as determined by the Fund.

**If a claim is submitted for a child when one parent is a covered member of this Fund, & the other parent is a covered member of another plan:**

* Submit this claim to the Plan of the parent whose birthday (month and day only) occurs first in a calendar year.
* After the claim has been paid by the first plan, it may be submitted to the second plan along with an explanation of benefits received from the first plan.
* The payment you receive for each claim from both plans cannot exceed 100% of allowable expenses.

**If the claim is submitted for a child whose parents are divorced when one parent is a covered member of this Fund and the other parent is a covered member of another plan:**

* If the parent with custody has not remarried,
* Submit the claim to the Plan that covers the parent with custody first.
* After the claim has been paid by the first plan when it may be submitted to the second plan along with another explanation of benefits received from the first plan.

**If the parent with custody has remarried:**

* Submit the claim to the plan that covers the parent with custody first.
* Submit to the plan that covers the stepparent second.
* Submit the claim to the plan that covers the parent without custody last.
* In the event there is a court order that establishes financial responsibility for the medical, dental or other health care expenses of the child, submit the claim to the Plan that covers the parent with the court-ordered responsibility first.

#### VII: AMENDMENT OR TERMINATION OF BENEFITS

* The benefits provided by this Fund may, from time to time, be changed, modified, augmented or discontinued by the Board of Trustees. The Board of Trustees adopts rules and regulations for the payment of benefits and all provisions of this booklet are subject to such rules and regulations and to the Trust indenture that established the Fund and governs its operations.
* Your coverage and your dependent's coverage will stop on the earliest of the following dates:
  + When the Fund is terminated.
  + When you are no longer eligible.
  + When there is a non-payment of the direct pay premiums.
  + When the District ceases to make contributions on your behalf to the Fund.
  + Your dependents' coverage will also terminate when they are no longer your eligible dependents.
* Active member and retiree benefits under this plan have been made available by the Trustees as a privilege and are always subject to modification or termination in the exercise of the prudent discretion of the Trustees. No person acquires a vested right to such benefits either before or after his or her retirement. The Trustees may expand, modify or cancel the benefits for active members and retirees, change eligibility requirements or the amount of the self-pay premiums, and otherwise exercise their prudent discretion at any time without legal right or recourse by an active member, retiree or any other person.

#### VIII: THIRD-PARTY REIMBURSEMENT/SUBROGATION

* If a covered member or dependent is injured through the acts or omissions of a third party, the Fund shall be entitled -- to the extent it pays out benefits -- to reimbursement from the covered member or dependent from any recovery obtained from the responsible third party. Alternatively, the Fund shall be subrogated, unless otherwise prohibited by law, to all rights of recovery that the covered member or dependent may have against such third party arising out of its acts or omissions that caused the injury. Subrogation means that the Fund becomes substituted in the injured person's place to pursue a claim for recovery against the third party. Fund benefits will be provided only on the condition that the covered member or dependent agrees in writing:
* To reimburse the Fund, to the extent of benefits paid by it, out of any monies recovered from such third party, whether by judgment, settlement or otherwise;
* To provide the Fund with an Assignment of Proceeds to the extent of benefits paid out by the Fund on the claim and to cooperate and assist the Fund in seeking recovery. The Assignment will be filed with the person whose act caused the injuries, his or her agent, the court and/or the provider of services; and
* To take all reasonable steps to effect recovery from the responsible third party and to do nothing after the injury to prejudice the Fund's right to reimbursement or subrogation, and to execute and deliver to the Fund Office all necessary documents as the Fund may require to facilitate enforcement of the Fund's rights and not to prejudice such rights.

#### IX: RIGHT TO APPEAL

Only the Board of Trustees may change the benefits provided by this Fund. The Board of Trustees adopts rules and regulations for the payment of benefits and all provisions of this booklet are subject to such rules and regulations and to the Trust Indenture that established and governs the Fund's operations.

* All rules are uniformly applied. The actions taken are subject to review by the Board of Trustees. A covered member may request a review of action by submitting notice in writing to the Board of Trustees within 60 days after the action of the Fund. The Trustees shall act on the appeal within a reasonable period of time and render their decision in writing, which shall be final and conclusive and binding on all persons.

**X: SOME GENERAL QUESTIONS AND ANSWERS**

#### WHAT IS THE FUND?

The Mahopac Teachers Association Benefit Fund is a legal entity separate and distinct from the Union and was established as a result of collective bargaining between the Board of Education of the Mahopac Public Schools, Mahopac, New York and the Mahopac Teachers Association. Contributions to the Fund are predicated on the amount stipulated in the collective bargaining agreement.

**HOW DOES THE FUND OBTAIN MONEY TO OPERATE ITS PLAN OF BENEFITS?**

As indicated in the answer to the above question, the source of contributions to the Fund is the Employer, the Board of Education of the Mahopac Public Schools. There is no requirement that employees contribute to the Fund in order to be eligible for the benefits it provides, except for COBRA qualified beneficiaries. In accordance with the Agreement and Declaration of Trust and the various governing agreements, the contributions to the Benefit Fund are used to provide benefits for the covered members and eligible dependents, and to finance the cost of administration.

#### WHO IS RESPONSIBLE FOR THE FUND'S OPERATION?

A Board of Trustees all of whom are designated by the Mahopac Teachers Association in accordance with its Agreement and Declaration of Trust by which the Benefit Fund was created governs the Fund.

The current members of the Board of Trustees, and their principal business addresses are listed in the front of this booklet. They may be contacted either at their respective business addresses or c/o the MTA Benefit Fund, P.O. Box 656, Baldwin Place, N.Y. 10505.

The Board of Trustees is responsible for the daily functioning of the Fund. This booklet describes how claims should be presented for benefits and the eligibility requirements for it. Decisions are subject to appeal, in writing, to the Board of Trustees. The procedure describing appeals is set forth in this booklet.

**WHAT LAWS GOVERN THE FUND**?

In addition to the Agreement and Declaration of Trust, the Fund is also subject to a large body of statutory laws designed to protect the beneficiaries of the Fund. Under this body of law and under the various agreements, the Fund is mandated to submit its books to audit by certified public accountants. Such audits are available for inspection by the Union and the Board of Education of the Mahopac Public Schools at the principal office of the Fund, by appointment. The Fund's fiscal records are maintained on a fiscal year basis, ending June 30. The Trustees are responsible for filing all necessary documents with the United States Internal Revenue Service.

The Fund Employer Identification Number is: 14-1628255

#### XI. DENTAL BENEFITS

#### The Mahopac Teachers Association Benefit Fund provides COMPREHENSIVE DENTAL BENEFITS.

#### WHO IS ELIGIBLE?

* Members and if a family plan is purchased by the member, eligible dependents. Eligible dependent children are covered up to their 26th birthday. (A dependent of family that is enrolled one year & then dropped the following year must wait 3 years before they can be re-enrolled.)

#### HOW DO COMPREHENSIVE DENTAL EXPENSE BENEFITS WORK?

* Comprehensive Dental Benefits provide scheduled reimbursement for expenses you incur for preventive, basic and major non-orthodontic dental services with no deductible required.

#### WHAT DOES THE PLAN PAY?

* Your Comprehensive Dental Benefits program pays a set amount for covered expenses you have for preventive, basic, and major dental services up to a maximum benefit of $ 1,800 per plan year (July 1 through June 30) per each covered person. A dental reimbursement schedule of dental procedures follows.

#### WHO IS ELIGIBLE FOR THE ORTHODONTIC BENEFIT?

* If enrolled in the family plan, eligible dependent children up to their 26th birthday and eligible adult participants in the plan.

#### HOW DOES THE ORTHODONTIC BENEFIT WORK?

* Orthodontic services are reimbursed according to a fee schedule up to a Lifetime Maximum of $ 2,000 for eligible participants. A period of orthodontic treatment starts on the first day you or your dependent incurs a covered expense for orthodontia and extends for a period of consecutive months until the maximum has been reached, the case is complete, or you or your dependent's eligibility ends. The orthodontic benefit is not included in the yearly dental maximum.

#### WHAT ARE COVERED ORTHODONTIC EXPENSES?

* The initial work-up/examination, once up to $125.
* The reconstruction, diagnosis and insertion of the initial appliance: Once, up to $ 440.
* $50 per active monthly visit.
* $40 per passive treatments (once per six months; maximum of three visits)
* Please note that the initial work-up/examination and the initial appliance are reimbursed only once during a period of orthodontic treatment.

**WHAT IS THE PARTICIPATING PROVIDER OPTION (PPO)?**

* Participating Providers are dental care providers who have agreed to provide Covered dental procedures at no out-of pocket expense to Fund members and their eligible dependents.
* We have selected providers in the dental care panel who have agreed to accept the Fund's fee schedule as PAYMENT IN FULL FOR COVERED SERVICES. In addition, we have sought out providers who have treated Fund members in the past. The Fund does not recommend the services of any particular provider. Before receiving services from a panel provider, you should confirm that he/she is still on the panel by calling the Fund's third-party administrator, The Preferred Group, at 1-800-573-7474.
* Please remember that Fund members and their dependents are still subject to annual and lifetime coverage limits as specified in the dental plan description. The only time that you will have to make a payment is for procedures that are not covered and for procedures performed after you have reached an applicable maximum (e.g., exceeding a frequency limitation or the annual maximum).
* If, for any reason you encounter any irregularity or trouble with the services provided by a participating dentist, please contact our Dental Plan Administrator, The Preferred Group, at 1-800-573-7474.
* Also, if you are charged by a participating dentist for any covered service, contact the Dental Plan Administrator. (DO NOT PAY ANY SUCH CHARGE.)
* A listing of all of the PPO dentists is located on the MTABF web site located at: **http://www.mtabenefitfund.org/**

#### WHAT IS PRE-TREATMENT AUTHORIZATION?

* When a dentist's charges for a course of treatment will amount to $ 500 or more, dental services must be authorized by the Fund before treatment is provided. Pre-treatment authorization by the Fund's dental consultant is required for any proposed course of treatment in which a dentist's charges will amount to $ 500 or more. X-rays must be included with treatment plans submitted for pre-treatment authorization. Pre-treatment authorization by the Fund's dental consultant is limited to the approval of the course of treatment proposed. Pre-treatment authorization means that the services are warranted. It is not a guarantee of payment.
* The covered member's or eligible dependent's dentist is required to submit x-rays and a treatment plan to the Fund Office for review by the Fund's dental consultant no later than 30 days after the initial examination. A claim submitted for pre-treatment authorization will be returned to the dentist indicating the pre-treatment authorization decision. Your dentist should contact you upon receipt of the claim form.
* The dentist may proceed to provide dental services as soon as the treatment plan has been authorized by the Fund. The Fund reserves the right to modify or deny payment of claims amounting to $500 or more which have not been authorized by the Fund before the beginning of treatment.

#### HOW DO YOU SUBMIT A CLAIM?

* Claim forms are available on the website (**http://www.mtabenefitfund.org/.** ) The forms themselves provide instructions concerning proper filing. Read these forms carefully and entirely.
* When you have a claim, you should promptly submit the completed claim form. Claims submitted 90 days after completion of dental services will be denied.
* It may become necessary to require additional proof or information concerning a particular claim, and therefore the Fund reserves the right to require such proof or information, including but not limited to any or all of the following:
  + A dental chart showing work done before the treatment for which claim is made.
  + X-rays, lab or hospital reports.
  + Cast molds or other evidence of the dental condition or treatment.
  + Post-treatment examination of the patient, at the Fund's expense, by a dentist it selects.

#### HOW ARE YOUR BENEFITS AFFECTED BY THE ALTERNATE BENEFIT PROVISION?

* When more than one dental service would provide suitable treatment, your benefits will be based on the treatment determined by the Fund to be best suited to your condition by accepted standards of dental practice. If two services provide satisfactory results according to accepted standards of dental practice and one service is less expensive than the other, the Fund will reimburse up to the scheduled allowance for the less expensive treatment.

#### EXCLUSIONS

Benefits will not be paid for charges for:

* treatment from anyone other than a licensed dentist or physician, except routine cleaning of teeth and fluoride application which is performed by a licensed dental hygienist under the direct supervision of, and billed by, a dentist or physician,
* facings, veneers, or similar material placed on molar crowns or pontics,
* services performed by a member of your or your spouse's immediate family, unless acceptable proof of payment is provided for those services,
* services or supplies that are cosmetic in nature or directed toward a cosmetic end,
* any service or supplies incurred, installed, or delivered before you or your dependent(s) become eligible for benefits from this Fund,
* replacing a lost, missing or stolen prosthetic appliance,
* a broken appointment,
* any services received from a medical department, clinic or any facility provided or furnished by your spouse's employer,
* any service that is not medically necessary or is not normally performed for proper dental care of the condition or any service that is not approved by the attending dentist,
* services or supplies that do not meet accepted standards of dental practice including experimental or investigational services or supplies,
* services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared,
* any duplicate prosthetic appliance except as specifically provided,
* completing claim forms,
* oral hygiene, or dietary instruction or plaque control programs,
* implants
* wiring or bonding teeth or crowns to act as a splint for any reason,
* an injury arising from employment,
* illness covered by Workers' Compensation,
* services or supplies for which you are not required to pay,
* appliances, restorations, or any procedure to alter vertical dimension for cosmetic purposes,
* services or supplies not specifically listed under covered expenses.

#### PARTICIPATING DENTISTS

* A listing of the names, addresses and phone numbers of the dentists who are currently participating with the Benefit Fund's Dental Plan is available on the MTABF Web Site, which is located at: **http://www.mtabenefitfund.org/.**
* These dentists have agreed to provide covered dental procedures AT NO OUT-OF-POCKET EXPENSE to Fund members and their eligible dependents. This does not include orthodontic work.
* This listing is provided as an information service only, for the convenience of covered members and their eligible dependents. The Fund does not recommend the services of any particular dentist.
* The participating providers have been selected because they have agreed to accept the Welfare Fund's dental fee schedule as PAYMENT IN FULL FOR COVERED SERVICES AND NO OUT-OF-POCKET EXPENSE. This does not include orthodontic work.
* If a panel provider charges you or your eligible dependents for any covered service, please do not pay and contact The Preferred Group, at 1-800-573-7474 immediately.
* The Fund requests that you report any irregularities including rudeness, unsanitary conditions and difficulty in obtaining appointments at convenient hours to The Preferred Group, at 1-800-573-7474.
* A dentist's participation is subject to change - therefore, when you call for your appointment, be sure to verify that the dentist is currently participating with the Fund.

#### XII. OPTICAL BENEFIT PLAN

#### WHO IS COVERED?

* Members are covered for the Optical Benefit Plan. A member's benefits can be assigned to an eligible dependent.

**WHAT BENEFITS ARE PAID?**

**There are two vision options: Davis OR Raymond.**

#### Davis Optical

* Under the Davis Optical Benefit you can receive the following on a yearly basis:
  + Eye examinations,
  + Lenses and/or Frames
* Under the no-cost option, you simply contact Davis Optical directly at 1-800-999-5431. Davis will provide a list of participating provider locations and optical voucher. Please contact Davis Optical directly or [**www.davisvision.com**](http://www.davisvision.com)**.**

#### Raymond Optical

* Under the Raymond Optical Benefit you can receive the following on a yearly basis:
  + Eye examinations
  + Lenses and/or Frames
  + Raymond offers a free spare pair of eyeglasses or prescription sunglasses. Raymond will allow you to transfer this benefit to a family member. (In order to transfer this benefit you must bring in the family members current prescription.) See a Raymond Optician for details.
* Under the no-cost option, you simply contact your local Raymond Office Raymond will provide you with an appointment. Please contact Raymond Opticians directly.

**Additional $100.00 OPTICAL REIMBURSEMENT:**

* Members may also utilize the reimbursement plan which, in addition to the above coverage, pays a benefit allowance of up to $100 once every plan year (July 1 through June 30) for each covered member for services rendered by an optometrist or ophthalmologist of his/her choice towards an eye examination, prescription lenses, and/or frames or contacts. If a member uses a participating provider and selects frames and lenses outside of those offered by Davis or Raymond, a claim form may be submitted to Preferred Group Plans to defray up to $100 of additional costs. **Dependents are NOT eligible for this benefit.**
* Limitations
  + Charges in excess of the above allowances are the responsibility of the member.
* Exclusions
  + Non-prescription sunglasses.
  + Services provided by a member of your or your spouse's immediate family.

**RECEIVNG THE $100 OPTICAL ALLOWANCE**

* 1. Use the Variable Benefit Claim Form.
  2. Return the completed claim form to the address below together with an original, dated receipt marked "paid" describing the type of service rendered, the date service was rendered, the amount charged and name of the person who received the optical service.
  3. If a member uses a participating provider and selects frames and lenses outside of those offered by the Davis Plan OR Raymond Plan, a claim form may be submitted to Preferred Group Plans to defray up to $100 of additional costs.
  4. Completed claim forms should be mailed to:

The MTA Benefit Fund

C/o Preferred Group Plans

P.O. Box 15136

Albany, NY 12212-5136

#### XIII. MAJOR MEDICAL REIMBURSMENT

* The Mahopac Teachers Association Benefit Fund will reimburse the member a portion of his/her out-of-pocket major medical deductible incurred on behalf of the member and/or his/her eligible dependents, once during a calendar year. This benefit will be paid upon reaching the deductible or at the end of the calendar year whichever comes first.
* To obtain this benefit, the member must submit all necessary major medical statements showing the date, Doctor or Hospital, and event for which the deductible was used by major medical and submit them with the proper Benefit Fund claim form within 90 days of reaching the deductible or the end of the calendar year, whichever comes first. Completed forms should be mailed to:

Mahopac Teachers Association Benefit Fund

C/o Preferred Group Plans

P.O. Box 15136

Albany, NY 12212-5136

#### XIV. VARIABLE BENEFIT

**WHO IS COVERED?**

* This benefit is available to the member for covered expenses incurred by the covered member and his/her eligible dependents.

**WHAT SERVICES DOES THE PLAN COVER?**

* The Variable Benefit Plan was implemented to further minimize out-of-pocket expenses to you and your family. The Variable Benefit Plan provides a monetary reimbursement per plan year (July 1 through June 30) per family for eligible expenses incurred in any combination of the above benefits. Claims must be filed no later than July 31st of the covered year (July 1 through June 30) The plan covers out-of-pocket expenses that exceed the maximums of certain Fund benefits, which are the following:
  1. All Prescription drugs and their co-payments for those drugs which are otherwise covered under your basic health plan;
  2. Optical expenses and services in excess of the $100 maximum under the Fund's Optical Benefit Plan reimbursement option;
  3. Charges in excess of the dental plan fee schedule (remember, participating dentists accept the Fund's fee schedule as payment in full) for members or charges incurred for services rendered to a member's spouse and/or eligible dependent children;
  4. Charges in excess of the dental fee schedule ($1,800 annual maximum for regular dental services and $1,685 lifetime maximum for orthodontic services) for the member or charges incurred for services rendered to a member's spouse and/or eligible dependent children;
  5. Hearing aid expenses in excess of $300 every three years incurred by the member or charges incurred for services rendered to a member's spouse and/or eligible dependent children; or
  6. Doctor visit co-payments for services otherwise covered by your basic health plan.
  7. Over the Counter Medications & Products- Download a copy of the list from the MTABF web site **www.mtabenefitfund.org**
  8. Wellness Benefit:
     + Gym Memberships - membership fees only; submit for reimbursement for paid membership fees after the paid cycle is complete (ie: if you pay monthly, you submit for reimbursement after the month is over) In order to receive reimbursement, complete documentation, including proof of payment, must be provided.
     + Diet Memberships - membership fees only; submit for reimbursement for paid membership fees after the paid cycle is complete (ie: if you pay monthly, you submit for reimbursement after the month is over). This benefit covers membership only & does not cover the cost of food, aid products, etc. In order to receive reimbursement, complete documentation, including proof of payment, must be provided.
     + Smoking Cessation - Smoking Cessation products are already covered under OTC. This benefit will additionally cover any therapeutic smoking cessation sessions/classes. In order to receive reimbursement, complete documentation, including proof of payment, must be provided.

**HOW ARE THE BENEFITS OBTAINED?**

* Complete the Variable Benefit Claim Form and submit it, along with receipts of your expenses and your Explanation of Benefits form from your basic health plan.
* Completed forms should be mailed to:

Mahopac Teachers Association Benefit Fund

C/o Preferred Group Plans

P.O. Box 15136

Albany, NY 12212-5136

**WHAT SERVICES ARE NOT COVERED BY THE PLAN?**

* The Variable Benefit Plan applies only to those covered expenses eligible for reimbursement under the rules and regulations of each individual plan that this plan supplements, as indicated above. The Variable Benefit Plan does not supplement the Fund's Life Insurance and AD&D Benefit plan or the Fund's Legal Services Plan.

#### XV. HEARING AID BENEFIT

* The Fund will pay up to $300 for charges incurred every three years. This benefit may be used by the member or assigned to and eligible defendant. This benefit is secondary to the basic health plan's hearing aid benefit.
* To obtain this benefit the member must submit all necessary major medical statements, the original bill showing the date of service, place of service, and amount charged and the proper Benefit Fund form within 90 days of date of service.
* Completed forms should be mailed to:

Mahopac Teachers Association Benefit Fund

C/o Preferred Group Plans

P.O. Box 15136

Albany, NY 12212-5136

#### XVI. LEGAL SERVICES BENEFIT

* Please refer to the Westchester Putnam Teachers Legal Services Fund comprehensive benefits booklet for a complete description of the legal services program.
* The law firm of Mirkin and Gordon P.C. can be reached at (914) 997-1576

#### XVII. FINANCIAL COUSELING

* Financial Counseling is the process of establishing personal and financial goals and creating a way to reach them. The ongoing process involves taking stock of all of your existing resources, developing a plan to utilize them, and systematically implementing the plan in an effort to achieve your short-term and long-term goals. The plan must be monitored and reviewed periodically so that adjustments can be made to ensure that it continues to move you toward your financial goals. The process is a mutually defining exercise in which the financial counselor explores your values, needs, attitudes, expectations and time horizons as they may affect your goals, needs and priorities. This process consists of the following six logical, identifiable steps:

1. Identify and help establish financial goals
2. Collect and assess all relevant financial data
3. Identify areas of improvement
4. Provide recommendations and solutions
5. Implement the recommendations
6. Monitor and offer periodic reviews and updates

In a world of ever increasing financial complexity, a Financial Counselor can serve as your financial "coach", who works as a generalist rather than having a specific area of expertise. The Counselor is able to understand and coordinate the work of all of your financial experts in order to assist you in the development of your financial game plan. Stacey Braun Associates, Inc. Financial Counseling Program provides you with access to qualified professionals, such as Certified Financial Planners and Registered Investment Advisors who can help you achieve your financial goals. Whether you need a comprehensive financial plan or an answer to a financially related question, Stacey Braun’s professionals are available to work one-on-one with you to provide quality assistance.

Stacey Braun professional services include providing you with an understanding and assistance with the following:

1. Investment Options
2. Asset Allocation
3. Mutual Funds
4. Annuities, fixed and variable
5. IRAs (Traditional, Roth, SEPs)
6. Education IRAs
7. 401(k)
8. 403(b)
9. Rollovers
10. Retirement Planning/Distributions
11. Education Funding
12. Basic Estate Planning
13. Insurance (Life, Disability and Long-Term Care)
14. Tax Planning

##### XIX. FORMS & DOCUMENTS

##### The latest version of all MTABF forms & documents are available on the MTABF Web Site located at:

##### http://www.mtabenefitfund.org/