

OUTLINE OF BENEFITS FOR ACTIVE EMPLOYEES

Provided by the CWA Local 1180 Benefit Funds



Board of Trustees

Gloria Middleton, Chairman
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Fund Administrator

Benefits for covered full-time employees only:

- *Life Insurance **\$5,000 (\$1,000 for part-time)**
- *Accidental Death & Dismemberment \$5,000 (\$1,000 for part-time)
- Weekly Accident and Sickness Benefit **\$250** weekly for up to 13 weeks
- Education/College Tuition Reimbursement Up to \$200 per semester
- Book Reimbursement Up to \$25 each semester for course-related books
- Adult Education/NYC Reimbursable Courses Up to \$100 in a calendar year for job-related courses
- Legal Services Consultations, most civil matters handled free
- Members' Annuity Fund Currently \$522 per annum for certain employees
- Retirement Counseling Pension & Health Ins. Counseling

Benefits for covered full-time employees and spouses only:

- Parental Benefit – Up to \$100 for birth/adoption of birth or adoption certificate
- Podiatry Benefit - Up to \$10 a visit for a maximum of four office visits per calendar year

Benefits for covered full-time employees and dependents:

- ***Dental Coverage** – (*Adults 19 years of Age and older*) Choice of one of the following:

Scheduled Dental Plan - Up to \$2,000 per individual, per calendar year based on a Schedule of Fees and **Orthodontic**-\$2,290 lifetime maximum benefit per individual

Dentcare/Healthplex Plan – In-network only, necessary services are fully covered. Small co-payments for dentures, crowns, orthodontic, bridges and periodontal treatment

Empire BlueCross Blue Shield XPO - Empire BC/BS nationwide plan allows members to visit any licensed dentists or specialists of your choice, but with costs normally lower, when you choose one within their large network. Members pay a negotiated rate for covered services from in-network, even if you exceed your coverage year maximum of \$2,000. Orthodontic is also fully covered for children under age 19.

EmblemHealth Preferred Dental Plan - Emblem provides members with quality coverage with access to over 8,500 dentists and specialists in New York and New Jersey. Coverage annual maximum is \$2,000 per person. Children are covered up to age 26 with verification. Orthodontic is also fully covered for children under age 19. **There is a monthly premium associated with this plan of \$34.51 per household**

***Pediatric Dental Coverage** (*Children Under 19 years of Age*) No Cost Benefit.

***BENEFITS ALSO AVAILABLE FOR PART-TIME EMPLOYEES**

For the Schedule Dental Plan or the Dentcare Plan, patients are required to use participating providers, as chosen by the member for the family. Orthodontics approved only when medically necessary. That is, congenital deformities such as a cleft palate that prevents normal mastication

- **Home Health Care** - \$150 for each three consecutive 24-hour periods up to \$450 per calendar year
- **General Medical Reimbursement** - \$150 per family per calendar year
- **Optical Benefit** – (*Adults 19 years of age and older*) Up to \$100 per pair of prescription glasses; maximum 1 pair, per individual, per calendar year. Limit 4 pairs per family annually, not including pediatric optical benefit.
- **Pediatric Optical Benefit**-(*Children Under 19 Years of age*) No Cost-Benefit- Must use a network provider.
A pair of prescription glasses annually from a special selection of frames. If the child's prescription changes during the year, new glasses will be provided without cost.
- **Mental Health Benefit** - Up to \$300 a year per person for out-of-hospital psychiatric care
- ***Prescription Drug Benefit** – *No Annual Dollar Maximum*
(*Except Court Employees, who receives this benefit through their basic health plan*)

Preventative Medications – no co-payments for prescriptions, applicable to the Affordable Care Act (ACA) preventive medications.

Co-payment – Generic -\$5, up to a 30 day supply at retail, \$10.00 up to 90 day supply through mail order.

Brand Name - 20% for 30 day supply, retail; 20% for 90 day supply mail order

Brand Name drugs with generic equivalent- you pay the difference between the price of the brand name drug and the price of the generic drug, at retail and mail order

Proton Pump Inhibitors: Generics only

Specialty Medications: High Cost Drugs used to treat complex or rare conditions. First 30 day fill allowed at participating pharmacies, thereafter refills must be made through MaxorPlus Specialty Pharmacy (mail order).

Diabetic Medications and Supplies: Members under age 65 are covered by their City Health Insurance Provider.

Step Therapy: For certain classes of drug therapies, medication starts with the safest and most cost effective drug before progressing to more costly or risky therapies. The Fund will only pay for generic drugs in the step therapy drug class.

CWA LOCAL 1180 SECURITY BENEFITS FUND

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