

GREENBURGH TEACHERS FEDERATION WELFARE FUND
PLAN DESCRIPTION

This document is a brief description of the programs.

ELIGIBILITY

All employees of the Board of Education of the Greenburgh School District whose employment is the subject of a collective bargaining agreement by and between the Board and the Greenburgh Teachers' Federation Plan and all other employees who may be deemed eligible by the Trustees of the Benefit Fund. The Member must be actively employed through the end of October in order to be eligible for benefits from the start of the plan year. **Eligible dependents** include spouses, unmarried children who have not yet attained their 19th birthday or 24th birthday if attending an accredited school or college on a full-time basis; and is dependent upon the employee for support and maintenance.

PLAN YEAR

July 1st through June 30th

ANNUAL MAXIMUM

\$4,000 for Active Members only (not the spouse or dependents) in a plan year, \$1,500 for all other covered individuals in a plan year. \$4,000 family maximum in a plan year.

ORTHODONTIC MAXIMUM

\$4,000 lifetime maximum per covered individual.

DEDUCTIBLE

\$25 per covered spouse or dependent in a plan year. The deductible is waived for diagnostic, preventive, and for all services rendered to an active member.

PLAN LIMITATIONS

Examination – two in a plan year

Prophylaxis, adult – four in a plan year; **child** – two in a plan year

X-rays – panoramic or full mouth series – one in a thirty-six month period

Replacement of prosthetics – not more than once in five years

Palliative treatment – no other treatment rendered that same visit

Sealant – unrestored posterior teeth, to age 16, lifetime maximum two applications per tooth.

Fluoride treatment – to age 16, maximum two applications per plan year

Root Scaling, curettage, bite correction; any combination, including prophylaxis – per visit, maximum \$300 per plan year.

Implants – two in a plan year. Participating Providers are **not** required to accept the schedule of allowances for implant services as payment in full.

Specialist consultation – one per plan year, includes examination.

Waiting period for replacement of missing teeth – one year waiting period for new employees and dependents.

PRE-TREATMENT REVIEW

This process is recommended for your benefit as it will give the dentist and plan member a better understanding of the dental coverage for a proposed treatment plan before the work begins and expenses are incurred. **Please note-** a pre-treatment review estimate is not a promise of payment. Work must be done while the patient is still eligible

Pre-op periapical x-rays required for crowns, veneers, inlays and extractions

Periodontal charting and x-rays are required for surgical periodontal procedures

Pre-op periapical x-rays of the entire arch are required for fixed bridgework and removable bridgework

COORDINATION OF BENEFITS

If the patient is eligible for benefits under more than one group dental plan, you are entitled to collect benefits available through both plans. The total may not exceed your usual charge and payments from the other plan must first be applied to reduce or eliminate co-payments, deductibles or charges levied due to maximums.

VISION BENEFITS

The maximum allotment a member and his/her family is \$500 total per plan year. This can be used for anything associated with eye care (lasik surgery is not included in this coverage). You can purchase your optical needs anywhere you decide and submit for reimbursement. Raymond Opticians has agreed to be a vision provider offering special benefits to members. Contact Raymond and identify yourself as a Greenburgh Teachers Federation Welfare Fund member or plan administrator Preferred Group.

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LEGAL PLAN

The Fund will reimburse the member a maximum of \$250 for any legal expense incurred during the year. This benefit may be used to pay a premium the employee has purchased from NYSUT or any other organization

LIFE INSURANCE

Each active member receives a \$100,000 life policy thru The Hartford. For additional information go to the website www.gtfunion.com

LONG TERM DISABILITY

Coverage is thru The Hartford. For information visit the website www.gtfunion.com

For more information or claim forms visit the Union website www.gtfunion.com

For a complete explanation of plan benefits refer to the Member Benefits Booklet

HOW TO FILE A CLAIM/QUESTIONS REGARDING PLAN

MAIL OR FAX CLAIMS TO:

PREFERRED GROUP PLANS

P.O. BOX 15136

ALBANY, NY 12212-5136 PHONE (866) 989-8997 (FAX) 518-641-0325

SUBMIT ON LINE WWW.THEPREFERREDGROUP.COM