

# BENEFIT BOOKLET



REVISED OCTOBER 1, 2021

# The Bethpage Congress of Teachers Benefit Trust Fund

c/o Administrative Services Only, Inc.  
303 Merrick Rd  
Lynbrook, NY 11563

516-396-5500

1-800-537-1238

## Trustees

Steven Suprenant  
Email: [ssuprenant@bethpage.ws](mailto:ssuprenant@bethpage.ws)

Fund Director

Dennis Sciacca    Treasurer

Nancy Simpson    Chairperson

Robert Verdi    Trustee

James Miller    Trustee

Hannah Dunn    Trustee

Jeanne Cano    Trustee

B.C.T. Office

Phone 516-931-1783

October 1, 2021

Dear Participant:

The Trustees are pleased to provide you with this Comprehensive Benefits Booklet describing the benefits that are available to you as an active Participant of the Bethpage Congress of Teachers Benefit Trust.

The Benefit Trust is funded entirely by the contributions, which are made as a result of the collective bargaining agreements between the Benefit Trust and the District. In a fiscally prudent manner, the Trustees of the Benefits Trust continually monitor what benefits can be improved and what new benefits can be provided.

We have tried to present all the information about your coverage in plain non-technical language. Periodically you may receive updated pages to the booklet to keep it current with benefit changes.

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.

We suggest that you read this booklet carefully and keep it available so that you may refer to it in the future.

**BOARD OF TRUSTEES**

## GENERAL INFORMATION

Each section of this booklet contains detailed claim filing instructions. Original claim forms are enclosed. Please retain these forms and photocopy when necessary.

For **Dental Benefit Inquiries or Participating Provider Organization** questions, please call or write to:

Administrative Services Only, Inc.  
Dept. 137  
PO Box 9005  
Lynbrook, NY 11563-9005

Telephone: 516-396-5500  
1-800-537-1238 (outside New York State)

**Website: [asonet.com](http://asonet.com)**

For questions concerning the **Optical Claim/Benefit Inquiries Only** contact:

**Davis Vision**

**Telephone: 1-800-999-5431 (For Inquiries and Provider Locations)**

**Website: [davisvision.com](http://davisvision.com)**

For questions concerning the **Life Insurance Benefit Only** contact:

Administrative Services Only, Inc.  
Dept. 137  
PO Box 9005  
Lynbrook, NY 11563-9005

Telephone: 516-394-9477  
800-537-1238 ext 9477(outside New York State)

**Website: [asonet.com](http://asonet.com)**

Please be sure to identify yourself as a participant of the Bethpage Congress of Teachers Benefit Trust Fund to avoid any delay and to make sure that the appropriate information is provided to you.

# TABLE OF CONTENTS

<b>ELIGIBILITY</b> .....	A-1
EXTENSION OF BENEFIT .....	A-2
AMENDMENT AND TERMINATION OF BENEFITS.....	A-2
THIRD-PARTY REIMBURSEMENT/SUBROGATION .....	A-2
SURVIVOR CONTINUATION BENEFIT .....	A-3
RIGHT TO APPEAL.....	A-4
RIGHT TO RECOUP PAYMENTS MADE IN ERROR .....	A-4
COORDINATION OF BENEFITS.....	A-5
CONTINUATION OF BENEFITS (COBRA) .....	A-6
NOTICE OF PRIVACY PRACTICE.....	A-9
<b>DENTAL BENEFITS PROGRAM</b> .....	B-1
HOW TO FILE A CLAIM .....	B-2
PRE-TREATMENT REVIEW .....	B-2
ALTERNATE BENEFITS PROVISION.....	B-3
EXTENSION OF DENTAL BENEFITS.....	B-3
EXPENSES NOT COVERED .....	B-3
GENERAL LIMITATIONS .....	B-4
PARTICIPATING DENTAL PROGRAM .....	B-5
SCHEDULE OF ALLOWANCES.....	B-7
<b>VISION CARE EXPENSE BENEFITS</b> .....	C-1
SCHEDULE OF ALLOWANCES.....	C-1
<b>LIFE INSURANCE</b> .....	D-1
CONVERSION PRIVILEGE .....	D-2
GENERAL PROVISIONS .....	D-3
CLAIMS .....	D-3

## ELIGIBILITY

### **ELIGIBLE PARTICIPANT**

In order to be eligible for coverage, a participant must have at least 2/5 status. All participants with 2/5 status shall be entitled to individual coverage. All participants with more than 2/5 status shall be entitled, at their option to individual or family coverage. A participant must be **actively employed** and a member of the Bethpage Congress of Teachers Benefit Trust Fund. (Retirees are eligible to continue the dental benefits through C.O.B.R.A. upon retirement).

### **ELIGIBLE DEPENDENTS:**

**Your spouse or Domestic Partner**, unless legally separated.

**\*\*\*Please send in Fund Enrollment form along with legal documentation (Marriage certificate or Domestic Partnership documents)**

**Your unmarried dependent children (please send birth certificate(s) or legal guardian documentation to enroll dependent children)** age 14 days through age 19 years. With the exception of Dependent Term Life Insurance, unmarried dependent children over age 19 but less than age 25 are also eligible for Benefit Trust Fund benefits, provided that they are chiefly dependent upon you, the participant, for support and maintenance and are full-time students in an educational institution. Proof of attendance at an educational institution should be attached to any claim submitted for a child between the ages of 19 and 25 for Fall semester only. **This will suffice for the entire school year.**

**Stepchildren and legally adopted children** may be eligible for benefits provided that they are chiefly dependent upon you, the participant, for support and maintenance and are enrolled with the Benefit Trust Fund, by you, when you enroll or when they initially become your dependents. **Please send legal documentation or proof of dependency**

**A child who is physically or mentally incapable of self-support** and is an eligible dependent under the Fund's benefits plan upon attaining age 19 may be continued under the Plan while remaining so incapacitated and unmarried, subject to your own coverage remaining in effect. To continue a child under this provision, the Benefits Trust Fund must receive proof of incapacity within 31 days after coverage would otherwise terminate (due to the child attaining the age of 19). Additional proof will be required periodically.

**No one will be eligible as a dependent while covered as a participant or while in active military service.**

**IN ORDER FOR YOUR ELIGIBLE DEPENDENTS TO BE COVERED BY THE DENTAL PLAN, YOU MUST SUBMIT A COMPLETED ENROLLMENT FORM TO THE BENEFIT TRUST FUND. THIS FORM MUST BE RECEIVED NO LATER THAN TO THIRTY-ONE (31) DAYS AFTER THE START OF YOUR DENTAL BENEFITS. IF YOU ADD NEW DEPENDENTS TO YOUR DENTAL PLAN, THEY MUST BE ADDED NO LATER THAN 31 DAYS AFTER THEY BECOME YOUR DEPENDENT**

### **EXTENSION OF BENEFITS**

If an eligible actively employed participant dies while still covered for dental benefits by the Benefits Trust Fund, an extension of thirty-six months is available. The extension is available through the purchase C.O.B.R.A. The C.O.B.R.A. coverage would take effect the first day of the month following the Participant's date of death. Please refer to page A-6 for C.O.B.R.A. information.

### **AMENDMENT AND TERMINATION OF BENEFITS**

The benefits provided by the Benefit Trust 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 Fund Agreement, which, established the Benefit Trust Fund and governs its operations.

Your coverage and your dependents' coverage will stop on the earliest of the following dates:

If the Benefit Trust Fund is terminated.

When you are no longer eligible:

When there is non-payment of the direct pay premiums.

When the Employer ceases to make contributions on your behalf to the Benefit Trust Fund.

Your dependents' coverage will also terminate when they are no longer eligible.

Participant benefits under this plan have been made available by the Trustees 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. The Trustees may expand, modify or cancel the benefits for participants and dependents; 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 a participant or any other person.

### **THIRD-PARTY REIMBURSEMENT/SUBROGATION**

If a covered participant or dependent is injured through the acts or omissions of a third party, the Benefit Trust Fund shall be entitled, to the extent it pays out benefits, to reimbursement from the covered participant or dependent from any recovery obtained from the responsible third party (including Workers' Compensation cases). Alternatively, the Benefit Trust Fund shall be subrogated, unless otherwise prohibited by law, to all rights of recovery that the covered participant or dependent may have against such third party arising out of its acts or omissions that caused the injury. Subrogation means that the Benefit Trust Fund becomes substituted in the injured person's place to pursue a claim recovery against the third party.

Benefits will be provided only on the condition that the covered participant or dependent agrees in writing:

- (A) To reimburse the Benefit Trust Fund, to the extent of benefits paid to it, out of any monies recovered from such third party, whether by judgment, settlement or otherwise;
- (B) To provide the Benefit Trust Fund with an Assignment of Proceeds to the extent of benefits paid out by the Benefit Trust Fund on the claim and to cooperate and assist the Benefit Trust 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
- (C) To take all reasonable steps to effect recovery from the responsible third party and to do nothing after the injury to prejudice the Benefit Trust Fund's right to reimbursement or subrogation, and to execute and deliver to the Benefit Trust Fund Office all necessary documents as the Benefit Trust Fund may require to facilitate enforcement of the Fund's rights and not to prejudice such rights.

**BENEFITS PAYABLE ON BEHALF OF DECEASED PARTICIPANT**

With respect to any benefits payable to a deceased participant upon the date of death, or with respect to death benefits payable by virtue of the death of the participant where the participant's designated beneficiary has predeceased the participant and a successor has not been designated, or where the participant has not designated a beneficiary, then these benefits will be made payable to the first surviving class of the following classes of successive preference beneficiaries:

The covered participant's:

- A. Surviving spouse;
- B. If no surviving spouse, to the surviving children equally, or
- C. If no surviving children, to the covered participant's estate.

## **RIGHT TO APPEAL**

The Board of Trustees may change the benefits provided by the Benefit Trust 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 Fund Agreement, which, established and governs the Fund operations.

The Benefit Trust Fund Office uniformly applies all rules. The action of the Benefit Trust Fund Office is subject only to review by the Board of Trustees. A participant or beneficiary may request a review of action by submitting notice in writing to the Board of Trustees:

Bethpage Congress of Teachers Benefit Trust Fund  
C/o Administrative Services Only, Inc.  
Department 137  
P.O. Box 9005  
Lynbrook, NY 11563

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.

## **RIGHT TO RECOUP BENEFIT PAYMENTS MADE IN ERROR OR TO SUSPEND BENEFITS COVERAGE**

The Benefit Trust Fund has the right to recoup overpayments that were caused by an error in the processing of a claim, or, if additional information comes to the attention of the Benefit Trust Fund after the claim has been paid. Furthermore, the Benefit Trust Fund has the right to suspend one or more benefits if you have received overpayments or have in any way abused the Benefit Trust Fund's benefit program.

If the Benefit Trust Fund finds it has overpaid you, or an otherwise ineligible dependent, for a particular benefit, it has the right to recoup the excess amount from you. The Benefit Trust Fund may bill you for overpayments made, and/or, it may also reduce future benefit payments to offset the overpaid amounts or it may suspend your benefits until the overpayment is recouped.



## COORDINATION OF BENEFITS

In the event that a person covered by the Bethpage Congress of Teachers Benefit Trust Fund is covered under another group plan, there will be “coordination of benefits” regarding reimbursement by this Fund. This coordination will apply in the event that an expense is incurred for a covered item under the Benefit Trust Fund and is also covered under the other plan. A determination will be made as to which plan is “primary”, or the first plan to pay, and which plan is the “secondary” payer. The method to determine which plan is primary is based on the following rules:

1. If the claimant is a covered participant of the Benefit Trust Fund, then the Benefit Trust Fund plan will pay benefits first, while a plan covering a participant as a dependent will pay second.
2. If a dependent child is covered by plans of both parents, the benefits of the plan, which covers the child of the parent whose date of birth (month and day only, excluding year) occurs earlier in the calendar year, will be determined to be the primary payer. The benefits of the plan that covers the child of the parent whose date of birth (excluding the year) occurs later in the calendar year, will be determined the secondary payer. If a plan containing this “Birthday Rule” is coordinated with a plan that contains a gender-based rule, and, as a result the plans do not agree on the order of benefits payment, the gender-based rule plan will determine the order.
3. When parents are divorced or separated, the order of benefit payment for a dependent child is:
  - (a) The plan of the parent with custody pays first and the plan of the parent without custody pays second.
  - (b) If the parent with custody has remarried the order is:
    - (1) The plan of the parent with custody pays first.
    - (2) Next, the plan of the stepparent pays.
    - (3) The plan of the parent without custody pays last.

If there is a court decree, which, states that one parent is responsible for the child’s health care expenses, the plan of that parent will pay first. That court decree will supercede any order stated above.

4. If a person is covered under more than one plan, the plan that he or she was under for the longer time period pays first, as if there were no other plan. If the Benefit Trust Fund plan is the secondary plan, it will coordinate the benefits with the primary plan so that no greater than 100% of the allowable expense will be paid.

If you or your family participants are eligible to receive benefits under another group plan in addition to this one, benefits will be coordinated with the benefits from your other group plan so that up to 100% of the allowable expenses incurred will be paid jointly by the plans. In order to obtain all of the benefits available, you and your family participants should file claims under each plan. Participants should file with the primary plan first and then the secondary plan. Be certain to include a copy of the payment voucher ("Explanation of Benefits" Form) from the primary plan when filing a claim with the secondary plan.

**Effective 9/1/2019: Coordination of Benefits between members who are Married/Domestic Partners within the Benefit Trust Fund are allowed.**

## **COBRA CONTINUATION OF COVERAGE**

The Consolidated Omnibus Budget Reconciliation Act of 1985, commonly called COBRA, 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 Bethpage Congress of Teachers Benefit Trust Fund. You or your dependents will be required to pay the necessary premium for the following benefit:

- Dental Benefit Plan

You do not have to show evidence of good health in order to continue coverage. However, you must pay all of the premiums from the date of the event that qualifies you to continue coverage. Future premiums 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; or
- you are no longer eligible for coverage;

If you notify the Benefit Trust 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 premium. 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 pay the necessary premium for the 19th through the 29th month.

Your spouse has the right to this continuation coverage for up to 36 months if his or her coverage under the Benefit Trust Fund would otherwise end because:

- you are legally divorced or separated; or
- you die.

Your eligible dependent children have the right to this continuation coverage for up to 36 months if their coverage under the Benefit Trust Fund would otherwise end because:

- they are no longer considered dependents;
- you and your spouse partner become legally divorced or legally separated; or
- you die.

### **Notification**

It is your responsibility to inform the Benefit Trust 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 Benefit Trust 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. You must let the Benefit Trust Fund know that you want continuation coverage the later of 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 Benefit Trust Fund would end. If you reject this continuation coverage, your spouse/domestic 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:

- The Bethpage Congress of Teachers Benefit Trust Fund no longer provides health related benefits for any participants or dependents;
- the person electing coverage does not pay the required premium 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;

Contact the Plan Administrator (A.S.O. Inc) for more information about your rights and your dependents' rights to continuation coverage through COBRA. As an alternative to COBRA continuation coverage, the following plans may be purchased at the premium established by the Benefit Trust Fund, under the following circumstances:

## **2. CONTINUATION COVERAGE DUE TO:**

### **Death of Participant**

If a covered participant dies, his/her spouse with minor dependents may continue to be eligible for Benefit Trust Fund benefits for up to 36 months by purchasing C.O.B.R.A. coverage for dental.

### **Leave of Absence**

Eligible employees, who cease employment for reasons of leave of absence, maternity leave, or any other conditions as set forth in the collective bargaining agreement, may elect to buy the following plan:

- A. Participant, spouse and dependent children may buy the dental plan indefinitely for as long as they continue to make payments.

### **Retirement**

Eligible employees who retire may elect to buy into the following plan:

- A. Participant, spouse and dependents may buy into the dental plan only, for 18 months after they retire as long as they continue to make C.O.B.R.A. payments.

### **In General**

Dependents become eligible for benefits on the same date as the participant or, if acquired later, on the date they first become eligible dependents, but no claims will be honored until an appropriate enrollment card is received.

An eligible employee who ceases employment for reason of retirement and is married subsequent to retirement may change his/her status from single to married and must pay the appropriate premium in order to cover their spouse.

Once an eligible employee ceases employment for reasons of retirement, leave of absence, maternity leave, or other conditions set forth in the collective bargaining agreement and elects not to maintain participation in The Bethpage Congress of Teachers Benefit Trust Fund and thereby does not make contributions to The Benefit Trust Fund for continuation of dental benefits, he or she may not thereafter elect dental benefits unless he/she returns to covered employment.

During the month that your retirement or leave becomes effective, you will receive a letter from The Benefit Trust Fund indicating the cost for maintaining benefits on an individual basis. If you do not receive this letter, you must notify the Benefit Trust Fund Office before the date of your retirement or leave, and The Benefit Trust Fund Office will send you the necessary information before your retirement or leave begins.

## **NOTICE OF PRIVACY PRACTICE**

A federal law, the Health Insurance Portability and Accountability Act, (“HIPAA”), requires the Bethpage Congress of Teachers Benefit Trust Fund to protect the confidentiality of your private health information. A complete description of your rights under HIPAA can be found in the Fund’s privacy notice, which was distributed to all current participants of the Benefit Trust Fund prior to April 14, 2004 and is distributed to all new participants upon enrollment, a copy of which is available from the Benefit Trust Fund office.

The Benefit Trust Fund will not use or further disclose information that is protected by HIPAA (“protected health information”), except as necessary for treatment, payment, operations of the Benefit Trust Fund, or as permitted or required by law. By law, the Benefit Trust Fund has required all business associates to also observe the Benefit Trust Fund’s privacy rules. In particular, the Benefit Trust Fund will not, without authorization, use or disclose protected health information for employment-related actions and decisions.

## DENTAL BENEFITS

The dental expense benefits will be paid for covered services and supplies as the result of non-occupational dental disease or defect in connection with a dental procedure furnished to you by a dentist while you are covered. You may choose any duly licensed dentist or dental surgeon.

**ANNUAL MAXIMUM AMOUNT PAYABLE:** \$3,000 per covered individual per calendar year. There is no family maximum.

**ORTHODONTIC MAXIMUM PAYABLE:** \$2,000 Lifetime maximum (not subject to the annual maximum).

**ANNUAL DEDUCTIBLE:** \$25 individual with a maximum of \$75 per family on Type II and Type III services.

**NETWORK BENEFITS:** Paid according to a set fee schedule, which is detailed in the schedule of network allowances.

**NON-NETWORK BENEFITS:**

**Type I 100% of fee charged up to Usual and Customary (Preventative & Diagnostic Services)**

**Type II 80% of fee charged up to Usual and Customary (Basic Services)**

**Type III 80% of fee charged up to Usual and Customary (Major Services)**

**Type IV 80% of fee charged up to Usual and Customary (Orthodontic Services)**

**COVERED EXPENSES:** Charges incurred for the performance of dental services provided for in the ***SCHEDULE OF COVERED DENTAL ALLOWANCES***, when the dental service is performed or under the direction of a duly licensed dentist, is essential dental care, and begins and is completed while the individual is covered for benefits.

A dental service is deemed to start when the actual performance of the service starts except that:

- ◆ for fixed bridgework and removable dentures, it starts when the first impressions are taken and/or abutment teeth are prepared;
- ◆ for a crown, it starts on the first date of preparation of the tooth involved;
- ◆ for root canal therapy, it starts when the pulp chamber of the tooth is opened.

**HOW TO FILE A CLAIM:** After dental work is performed, have your dentist complete all items in the Dentist Information portion of the Dental Claim Form and list the procedures, dates of service, and charges, and sign in the space provided for the dentist signature. You should then complete all items in the Participant Information portion. Be sure to include spouse and dependent information. ***Completed claim forms, with x-rays and other attachments, should be sent to the address below:***

Dental claims must be filed within 12 months after the date of service. Claims filed later than 12 months from the date of service will not be reimbursed. If you would like the payment made directly to your dentist, you must sign the "Authorization to Assign Benefits" box on the claim form. Reimbursement will be made according to the Schedule of Covered Dental Allowances, not to exceed the actual dentist charges. Any charges by your dentist above the scheduled allowance shall be your responsibility.

**PRE-TREATMENT REVIEW:** This process is intended to inform you the dentist, in advance of treatment, what benefits are provided by the Dental Benefits Plan. It enables you to obtain full knowledge of the operation of your Plan prior to undertaking treatment and incurring expenses. A claim form for Pre-Treatment Review should be filed by your Dentist if the course of treatment prescribed is expected to cost more than \$500 in a 90 day period and/or if it includes any of the following services: crowns, inlays, bridges, dentures, laminate veneers, orthodontics or periodontal surgery. The dentist should complete the claim form describing the planned treatment and the intended charges before starting treatment. Complete your portion of the claim form and mail it together with the necessary x-rays and other supporting documentation to the address below:

A.S.O. will review the proposed treatment and apply the appropriate Benefit Trust Fund provisions. You and your dentist will receive a report showing the exact amount the Fund will pay for each procedure. If there is a disallowance, it will be indicated and an explanation will be provided. Discuss the treatment plan and the benefits payable with your dentist.

If you receive a pre-treatment authorization for a proposed course of treatment that was submitted by one dentist, that pre-authorization will remain valid if you elect to have some or all of the work done by another dentist. The pre-authorization will be honored for one year after issuance. **Please be aware that a pre-treatment authorization is not a promise of payment.** Work must be done while you are still covered by the Benefit Trust Fund for benefits (except where there is an Extension of Benefits), and no significant change occurred in the condition of your mouth after the pre-treatment estimate was issued. Payment will be made according to Plan allowances and limitations in effect at the time services are provided.

**A.S.O., Inc. Dept. 137  
PO Box 9005  
Lynbrook, NY 11563-9005  
PAYOR ID: CX076**

**ALTERNATE BENEFITS PROVISION:** Due to the element of choice available in the treatment of some dental conditions, there may be more than one course of treatment that could produce a suitable result based on acceptable dental standards. In these instances, although you may elect to proceed with the original treatment plan, reimbursement allowances will be based on a less expensive alternate course of treatment. This should in no way be considered a reflection on your treating dentist's recommendations. By using the pre-treatment review and authorization procedures you and your dentist can determine, in advance, what benefits are available for a given course of treatment. If the course of treatment has already begun, or has been completed without a pre-treatment authorization estimate, the benefits paid by the Benefit Trust Fund Dental Plan may be based on the less expensive treatment.

**EXTENSION OF DENTAL BENEFITS –** An expense incurred in connection with a dental service that is completed after a person's eligibility for benefits ceases will be deemed to be incurred while that person was eligible if:

- ◆ For crowns, fixed bridgework and full or partial dentures, a pre-treatment estimate was issued and impressions were taken or teeth were prepared while that person was an eligible beneficiary and the device was installed or delivered within one month after that person's eligibility terminated.
- ◆ For root canal therapy, the pulp chamber of the tooth was opened while that person was still eligible for benefits and the treatment was completed within one month after that person's eligibility terminated.

NOTE: There is no extension for any dental service not shown above.

**EXPENSES NOT COVERED – Covered expenses will not include, and no payment will be made for, expenses incurred for:**

1. Treatment solely for the purpose of cosmetic improvement.
2. Expenses due to occupationally related conditions.
3. Replacement of lost or stolen appliances.
4. Replacement of bridges, crowns, or dentures within five (5) years after the date of original installation.
5. Replacement of bridges, crowns, inlays, or dentures that are or can be made usable according to common dental standards.
6. Procedures, appliances, or restorations (except full dentures) whose main purpose is to:
  - a) change vertical dimension; or the restoration of occlusion
  - b) diagnose or treat conditions or dysfunctions of the temporomandibular joint
7. Multiple bridge abutments.
8. Charges covered by a no-fault automobile policy.
9. Dental services that do not meet common dental standards.



10. Services not included as Covered Dental Expenses in the Schedule of Covered Dental Allowances.
11. Services for which benefits are not payable according to the "General Limitations" section.
12. The initial placement of partial or full dentures, or bridges if the prosthesis includes the replacement of teeth missing prior to the effective date of the Covered person's coverage including congenitally missing teeth. This exclusion will not apply if the prosthesis replaces a Functioning Natural Tooth that is extracted while the covered person is insured under the policy.

**GENERAL LIMITATIONS – No payment will be made for expenses incurred for you or any one of your eligible dependents:**

1. For or in connection with services or supplies resulting from an accidental injury and which are deemed to be the responsibility of a third party.
2. For or in connection with an injury arising out of, or in the course of, any employment for wage or profit which may be covered under any Worker's Compensation or similar law.
3. For or in connection with a sickness which may be covered under any Workers' Compensation or similar law.
4. For charges made by a hospital owned or run by the United States Government unless there is a legal obligation to pay such charges whether or not there is any coverage.
5. For charges that would not have been made if the person had no coverage, including services provided by a participant of the patient's immediate family.
6. To the extent that payment is unlawful where the person resides when the expenses are incurred.
7. To the extent that they are more than the scheduled benefit allowance.
8. For charges for care, treatment, or surgery which are not deemed to be necessary.
9. To the extent that you or any of your dependents is in any way paid or entitled to payment for these expenses by or through a public program.
10. For or in connection with experimental procedures or treatment methods.

**COSMETIC LIMITATION:** When there is more than one method of restoring a decayed or fractured tooth, one of which may result in a more esthetic restoration than others, payment will be based on the least costly professionally acceptable treatment option.

**GUARDED PROGNOSIS LIMITATION:** If, in the opinion of the claims administrator, the longevity of the proposed or rendered treatment is limited, payment may be made in accordance with plan provisions. However, any future benefits for services provided in that jaw may be affected.

## **THE BETHPAGE CONGRESS OF TEACHERS BENEFIT TRUST FUND** **PARTICIPATING DENTAL PROGRAM**

*This feature of your dental benefits plan is designed to substantially reduce or eliminate the non-reimbursed portion of your dental bill. Since usual and customary dental charges generally exceed Dental Plan reimbursements, you will realize significant savings in the cost of your dental care when you use a participating dental provider.*

**When you use a participating dental provider, you will not incur any out-of-pocket expense, except in the following instances:**

1. For services listed in the Schedule but for which the Plan will not pay such as:
  - (a) Services that exceed the \$3,000 per person calendar year maximum, or
  - (b) where procedure frequency limitations have been met

In these instances, the participating dentist's charges may not exceed the maximum allowances as stated in the Schedule.

For non-covered services, you are not required to pay more than the dentist's usual and customary charge for that service.

**THE DIRECTORY OF PARTICIPATING DENTISTS** includes the names, addresses, and telephone numbers of **General Practitioners, Periodontists, Endodontists, Oral Surgeons, and Orthodontists**. While several dentists may practice at the same location, only the dentist whose name appears on the list is a Bethpage Congress of Teachers Benefit Trust Fund Participating Dentist. **For the most current list of network providers or to locate a provider in your area please log on to [asonet.com](http://asonet.com).**

**Selecting a Dentist** - There are no restrictions on the use of a participating dentist. You are free to select the dentist or dental specialist of your choice. Each family member may select his or her own dentist. You may utilize the services of a participating dental specialist whether or not you use the services of a participating general dentist for your routine care. You may change your dentist at any time, for any reason. It is important to understand that the Fund does not recommend or endorse any particular dentist. You are responsible to select the dentist of your choice, whether participating or non-participating, and you should exercise the same care and apply the same criteria in selecting a participating dentist that you would in selecting a non-participating dentist.

**Scheduling an Appointment** – After selecting a participating dentist from the directory, call the dental office for an appointment. Identify yourself as a participant of the Bethpage Congress of Teachers Benefit Trust Fund when scheduling your appointment. ***Due to the fact that there are occasional additions and deletions to the list of participating dentists, please verify that the dentist is still participating when scheduling your appointment.*** If you have questions, contact A.S.O., Inc at 516-396-5500, or 800-537-1238.

**Filing A Claim** - Participating Dentists will handle all the necessary paperwork. You simply complete the Participant Information and Assignment of Benefits section of the claim form and payment will be made directly to the Dentist.

**Participant Assistance** - If you have any questions regarding the treatment you received or charges incurred when utilizing the services of a Participating Dentist, please call A.S.O., Inc at 516-396-5500, or 800-537-1238.

**BETHPAGE CONGRESS OF TEACHERS BENEFIT TRUST FUND  
SCHEDULE OF COVERED NETWORK DENTAL ALLOWANCES**

**TYPE I DIAGNOSTIC & PREVENTIVE SERVICES**

ORAL EXAMINATION - <i>maximum-two in a calendar year</i> .....	22.00
PANORAMIC FILM .....	45.00
FULL MOUTH SERIES X-RAYS	
<i>10 to 14 periapical and bitewing films</i> .....	50.00
<i>maximum one panoramic film or full mouth series in a thirty-six month period</i>	
INTRAORAL FILM	
Periapical or bitewing, per film .....	5.00
OCCLUSAL FILM .....	15.00
CEPHALOMETRIC FILM.....	45.00
PROPHYLAXIS, including scaling and polishing- <i>maximum-two in a calendar year</i>	
adult .....	45.00
child, to age 19 .....	42.00
FLUORIDE TREATMENT- <i>maximum-two in a calendar year</i>	
child, to age 19.....	25.00
SEALANTS - <i>lifetime maximum-1 application per tooth per 36 months</i>	
child, to age 19, <i>un-restored permanent posterior teeth</i> .....	22.00
DIAGNOSTIC CASTS.....	45.00
SPACE MAINTAINER.....	150.00

**TYPE II BASIC (RESTORATIVE) SERVICES**

SILVER AMALGAM FILLINGS	
one surface-permanent.....	50.00
two surfaces-permanent .....	60.00
three surfaces-permanent.....	75.00
four or more surfaces-permanent.....	85.00
COMPOSITE RESIN	
one surface .....	50.00
two surface .....	70.00
three or more surfaces.....	90.00
four or more surfaces involving the incisal angle .....	120.00
PIN RETENTION-per tooth.....	25.00

**TYPE III MAJOR (RESTORATIVE) SERVICES**

PORCELAIN METALLIC INLAY	
one surface .....	250.00
two surfaces .....	275.00
three surfaces .....	325.00
CROWNS	
acrylic jacket .....	225.00
porcelain jacket .....	450.00
plastic with metal .....	425.00
porcelain with metal .....	475.00
full or 3/4 cast .....	450.00
PORCELAIN LAMINATE .....	350.00
STAINLESS STEEL CROWN, primary tooth .....	135.00
POST & CORE-pre-fabricated .....	150.00
POST & CORE-cast .....	180.00

**TYPE II BASIC SERVICES (ENDODONTICS)**

*x-ray evidence of satisfactory completion required*

PULP-CAP, direct .....	30.00
PULPOTOMY .....	70.00
APICOECTOMY Anterior , 1st root .....	230.00
APICOECTOMY Bicuspid , 1st root .....	310.00
APICOECTOMY Molar , 1st root .....	325.00
APICOECTOMY, addl root .....	140.00
RETROGRADE FILLING-per tooth .....	85.00
ROOT THERAPY	
Anterior .....	350.00
Bicuspid .....	375.00
Molar .....	425.00

**PROSTHODONTIC REPAIRS**

DENTURE RELINE	
office procedure-complete .....	140.00
office procedure-partial .....	85.00
laboratory procedure-complete .....	150.00
laboratory procedure-partial .....	145.00
DENTURE REPAIRS	
denture adjustment .....	35.00
repair cast framework .....	85.00
broken denture base .....	90.00
replace tooth or broken clasp in denture .....	85.00
replace broken facing .....	100.00
add tooth to existing partial denture .....	85.00
add clasp to existing partial denture .....	100.00
RECEMENT CROWN .....	40.00

RECEMENT SPACE MAINTAINER.....	40.00
RECEMENT BRIDGE .....	40.00

**TYPE III (PROSTHODONTICS) MAJOR SERVICES**

COMPLETE DENTURE	
Permanent .....	650.00
PARTIAL DENTURE-unilateral.....	300.00
PARTIAL DENTURE-bilateral	
acrylic base with clasps and rests.....	575.00
cast metal base.....	670.00
PRECISION ATTACHMENT.....	245.00
BRIDGE ABUTMENT	
crown-resin with metal .....	400.00
crown-porcelain fused to metal .....	425.00
crown-full cast.....	400.00
MARYLAND BRIDGE RETAINER .....	230.00
BRIDGE PONTIC	
full cast.....	350.00
resin with metal .....	400.00
porcelain with metal .....	425.00

**TYPE III (IMPLANTS) MAJOR SERVICES**

		MAXIMUM CHARGE	PLAN PAYS	MEMBER PAYS
6010	ENDOSTEAL IMPLANT	\$1,200.00	\$600.00	\$600.00
6056	PREFABRICATED ABUTMENT	\$475.00	\$237.50	\$237.50
6057	CUSTOM ABUTMENT	\$475.00	\$237.50	\$237.50
6058	ABUTMENT SUPPORTED PORCELAIN CERAMIC CROWN	\$675.00	\$337.50	\$337.50
6059	ABUTMENT SUPPORTED PORCELAIN/METAL CROWN	\$675.00	\$337.50	\$337.50
6061	ABUTMENT SUPPORTED CROWN	\$600.00	\$300.00	\$300.00
6062	ABUTMENT SUPPORTED CAST HIGH NOBLE METAL CROWN	\$675.00	\$337.50	\$337.50
6064	ABUTMENT SUPPORTED CAST NOBLE METAL CROWN	\$600.00	\$300.00	\$300.00
6065	IMPLANT SUPPORTED PORCELAIN CERAMIC CROWN	\$975.00	\$487.50	\$487.50
6066	IMPLANT SUPPORTED PORCELAIN/HIGH NOBLE METAL CROWN	\$975.00	\$487.50	\$487.50
6067	IMPLANT SUPPORTED HIGH NOBLE METAL CROWN	\$975.00	\$487.50	\$487.50
6100	IMPLANT REMOVAL, BY REPORT	\$470.00	\$235.00	\$235.00

**TYPE II BASIC SERVICES (ORAL SURGERY)**

ROUTINE EXTRACTION.....	55.00
SURGICAL EXTRACTION	
<b>must be demonstrated by x-ray</b>	
erupted tooth.....	80.00
retained root.....	75.00
impaction-soft tissue .....	115.00
impaction-partial bony.....	185.00
impaction-complete bony .....	225.00
SURGICAL EXPOSURE – IMP/UNERUP (AID ERUPTION) .....	80.00
SURGICAL EXPOSURE – IMP/UNERUP (FOR ORTHO) .....	160.00
ALVEOLOPLASTY-maximum per quad.....	65.00
FRENULECTOMY .....	180.00
BIOPSY OF ORAL TISSUE .....	75.00
REMOVAL OF CYST OR TUMOR <1.25CM.....	125.00
REMOVAL OF CYST OR TUMOR >1.25CM.....	175.00
INCISION & DRAINAGE .....	50.00
<b>no other treatment that visit</b>	
ROOT RESECTION/ HEMISECTION.....	165.00
GENERAL ANESTHESIA/IV SEDATION per 15 minutes.....	75.00
<b>Plan pays for first 30 minutes only</b>	

**TYPE II BASIC (PERIODONTICS) SERVICES**

**Although eight teeth constitute the anatomic compliment of a quadrant, for purposes of settling claims for periodontal treatment, payment will be based on five teeth per quadrant. Accordingly, if at least five teeth are treated in a quadrant, payment will be based on the allowance for a full quadrant. If fewer than five teeth are treated, payment will be pro-rated on the basis of five teeth per quadrant. When more than one periodontal procedure is performed on the same day, claims for services will be combined and payment will be based on the most costly procedure.**

PEDICLE SOFT TISSUE GRAFT .....	210.00
FREE SOFT TISSUE GRAFT.....	350.00
OSSEOUS GRAFT PER QUADRANT.....	250.00
ROOT SCALING, GINGIVAL CURETTAGE and BITE CORRECTION, including prophylaxis, per visit .....	90.00
PERIODONTAL MAINTENANCE .....	60.00
PERIODONTAL SURGERY	
<b>confirmation by charting and/or x-rays required per quadrant of at least 5 teeth</b>	
GINGIVECTOMY, GINGIVOPLASTY and MUCOGINGIVAL SURGERY per quadrant.....	200.00
OSSEOUS SURGERY   per quadrant .....	450.00

**TYPE IV ORTHODONTIC SERVICES**  
**\$2,000 lifetime maximum**

REMOVABLE APPLIANCE-minor tooth movement.....	270.00
DIAGNOSIS AND INITIAL ORTHO APPLIANCE .....	600.00
Active treatment, per month.....	60.00
Maximum: 24 months.....	2,600.00**
Passive treatment per 3 months .....	60.00***
RETENTION APPLIANCE .....	120.00

**TYPE II BASIC (ADJUNCTIVE) SERVICES**

SPECIALIST CONSULTATION .....	50.00
<i>including an oral examination</i>	
PALLIATIVE TREATMENT .....	30.00
<i>no other treatment that visit</i>	
BRUXISM APPLIANCE .....	200.00

**\*\*The amount of \$2600.00 reflects the maximum charge a participating provider can charge per case.**

**The maximum lifetime Orthodontic benefit payable by the Fund is \$2000. Any charge beyond \$2000 is members responsibility**

**The maximum active treatment visits allowed is 24 months. Any Active treatment visit beyond 24 months is members responsibility.**

**\*\*\*Passive treatment (Retainer Visits) paid every 3 months up to total of 9 months, subject to lifetime maximum.**



# VISION CARE EXPENSE BENEFITS

## BETHPAGE CONGRESS OF TEACHERS ACTIVE PARTICIPANTS

Upon presentation of the proper identification card or other authorization approved by the FUND, the offices of DAVIS VISION shall supply complete eye care services and goods to eligible members and their dependents once **EVERY CALENDAR YEAR.**

For the most current list of network providers or to locate a provider in your area please log on to **[www.davisvision.com](http://www.davisvision.com) or download the Davis Vision App**

<u>In Network</u>	<u>Patient Co-Pays</u>
Exam fee:	\$0
<b><u>Frames</u></b>	
*Davis Frame Collection(Fashion Designer,Premier):	\$0
*(If you select a frame that is <u>not</u> in the Davis Frame Collection, you will receive a \$250 credit plus a 20% discount off any overage. You are responsible for any amounts over \$250)	
<b><u>Eyeglass Lenses</u></b>	
Single Vision Lenses (Plastic or Glass)	\$0
Bifocal Lenses (Plastic or Glass)	\$0
Trifocal Lenses (Plastic or Glass)	\$0
Grey Glass #3 Prescription, Oversize, Post Cataract Lenses	\$0
Tinting of Plastic Lenses	\$0
Polycarbonate Lenses for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or >	\$0
Polycarbonate Lenses other than stated above	\$30
Scratch Resistant Coating	\$20
Glass Photochromic Lenses	\$20
Blended Invisible Bifocals	\$20
Ultraviolet Coating	\$12
Intermediate Vision Lenses	\$30

**Eyeglass Lenses (Continued)**

<b><u>In Network</u></b>	<b><u>Patient Co-Pays</u></b>
Standard Anti-Reflective Coating	\$35
Premium Anti-Reflective Coating	\$48
Ultra Anti-Reflective Coating	\$60
Polarized Lenses	\$75
Plastic Photosensitive Lenses	\$65
High Index Lenses	\$55
Standard Progressive Addition Multifocal Lenses	\$50
Premium Progressive Addition Multifocal Lenses	\$90

**Contact Lenses**

Davis Frame Contact Lens Collection Only: \$0  
(Includes Evaluation, Fitting & Follow up)

**\*\*Disposable Lenses = Four boxes/multi-packs \$0**

**\*\*Planned Replacement Lenses = Two boxes/multi-packs \$0**

**\*\* (If you select contact lenses that are not in the Davis Contact Lens Collection, you will receive a \$175.00 credit plus a 15% discount off any overage. You are responsible for any amounts over \$175.00)**

**Note: An additional 20% discount off non-covered services will be offered to Members and Dependents who are not eligible or who have used their benefit.**

**Out-of-Network Reimbursement: Up to \$175 for exam and \*\*\*materials.**

**Materials consist of eyeglass or contact lenses and frames.**

**For more information, Please visit [www.davisvision.com](http://www.davisvision.com) or Download the Davis Vision App.**

**\*\*Both the website and the App require you to sign up and log in**

## **LIFE INSURANCE**

The Life Insurance Benefit is underwritten by First Reliance Standard Life Insurance Company, New York, herein referred to as "First Reliance".

The Group Insurance Policy insures the covered participants Bethpage Congress of Teachers Benefit Trust Fund (herein referred to as the "Policyholder").

### **SCHEDULE OF INSURANCE**

Final interpretation of all provisions and coverages will be governed by the Group Insurance Policy on file with First Reliance at its home office.

**Policyholder:** Bethpage Congress of Teachers Benefit Trust Fund

**Group Insurance Policy:** GL#138797

**Plan Effective Date:** July 1, 2005

**Eligible Class(es):** All Participants With At Least 2/5 Status

With respect to Basic Life Insurance & Accidental Death, Dismemberment, covered participants do not contribute toward the Plan's cost.

### **LIFE INSURANCE BENEFIT**

Covered Participant \$25,000

### **PRINCIPAL SUM OF ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

Covered Participant \$25,000

The Conversion Privilege and Waiver of Premium Provision(s) will not apply to Accidental Death & Dismemberment, but may apply to Life Insurance.

### **REDUCTION IN AMOUNT OF BENEFIT DUE TO AGE**

The Amount of Life Insurance & the Principal Sum of AD&D Insurance that applies to you will each be reduced by 50% when you attain age 70. Coverage terminates upon retirement.

### **WAIVER OF PREMIUM IN THE EVENT OF TOTAL DISABILITY**

In the event you become totally disabled, you may be eligible for a waiver of premium for up to one year. Please refer to your certificate of insurance for a complete description of the requirements.

## **CONVERSION PRIVILEGE UPON RETIREMENT OR TERMINATION**

If you retire or your employment terminates after having been covered as a participant, your Life Insurance may be converted to an individual policy within 31 days from the date of your retirement or termination. You must apply in writing for a conversion policy and pay the first premium. Your application and first premium will be forwarded to the insurance company designated to issue individual policies in accordance with this provision.

Please read the complete conversion policy requirements in your certificate of insurance.

Accidental Death & Dismemberment Benefits will not apply to a Retiree.

## **DEFINITIONS**

**Policyholder** The Bethpage Congress of Teachers Benefit Trust Fund

### **Who are Eligible Persons?**

All persons in the class or classes shown in the Schedule of Insurance will be considered Eligible Persons.

### **When does your coverage start?**

You will become an Insured Person on the date you become eligible for coverage.

## **BENEFITS-LIFE INSURANCE**

### **When do benefits become payable?**

When First Reliance receives due proof of a Covered Person's death, the Amount of Life Insurance in force for such person will be paid. The Amount of Life Insurance is shown in the Schedule of Insurance.

### **To whom are benefits payable?**

Benefits payable at your death will be paid to the beneficiary or beneficiaries you named in writing by you. This applies to the records on file with the First Reliance Standard Life Insurance Company at the time of your death.

## **ACCIDENTAL DEATH &, DISMEMBERMENT BENEFITS**

### **What is covered?**

If while insured for these benefits, an individual received a bodily injury covered by these benefits, and has any losses named below, benefits are payable as shown in the Schedule of Benefits. The losses must (a) be caused by an accident; (b) be the result of the injury, directly and independently of all other causes; and (c) occur within ninety days after the injury. All benefits other than for loss of life will be paid to the individual. Benefits for loss of life will be paid to the individual's beneficiary.

Types of losses and payment amounts are listed in your certificate of Insurance.

## **GENERAL PROVISIONS**

### **When can this plan be contested?**

Except for non-payment of premium, The Group Insurance Policy cannot be contested after two years from the Plan Effective Date.

No statement made by a Covered Person relating to his or her insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during the Covered Person's lifetime. In order to be used, the statement must be in writing and signed by the Covered Person.

### **How do you designate or change your beneficiary?**

You may designate or change a beneficiary by doing so in writing on a form provided by Administrative Services Only (ASO). The completed form should be mailed promptly to ASO.

After this written notice is received, the change will become effective as of the date you signed and dated the form, without prejudice to First Reliance, because of prior payment that was made in good faith based on First Reliance's records.

In no event may a beneficiary be changed by a Power of Attorney.

## **CLAIMS**

### **LIFE INSURANCE**

#### **Are special forms required to file a claim?**

If you die, your beneficiary will be furnished a claim form. The completed claim form and a certified copy of your death certificate should be sent to ASO. When the required claim papers are received and approved by First Reliance, the Amount of Life Insurance on your life will be paid.

### **ACCIDENTAL DEATH, DISMEMBERMENT BENEFITS**

#### **When should ASO be notified of a claim?**

A claimant must give ASO, or its appropriate representative, written notice of a claim within 30 days after the loss happens or starts. Late notice will be accepted only if shown to have been furnished as soon as is reasonably possible.

Such notice must include:

- (1) the claimant's name and address; and
- (2) the Policy or Plan number.

**When must Proof of Loss be given?**

Written Proof of Loss must be sent to ASO, or its appropriate representative, within 90 days after the date of such loss. Late proof will be accepted only if shown to have been furnished as soon as is reasonably possible.

**When and to whom will your claim be paid?**

Claims payable for loss will be paid as soon as due written proof is received. If any payment is due at the end of a claim, it will be paid as soon as written Proof of Loss is received.

**Can First Reliance have a claimant examined or request an autopsy?**

First Reliance reserves the right to examine any claimant and to perform an autopsy, if not forbidden by law. Any such examinations will be as reasonably required by First Reliance and at First Reliance's expense.

**Who Interprets Policy Terms and Conditions?**

First Reliance has full discretion and authority to determine eligibility for benefits and to construe and interpret all terms and provisions of the Group Insurance Policy.

**THE INFORMATION ABOVE IS A SUMMARY OF YOUR LIFE INSURANCE PLAN.  
PLEASE CONSULT YOUR GROUP LIFE CERTIFICATE OF INSURANCE FOR  
MORE DETAILS.**

**The Plan Described in this Booklet Is Administered by**

**ADMINISTRATIVE SERVICES ONLY**

**and is Insured by the**

**FIRST RELIANCE STANDARD LIFE INSURANCE COMPANY  
NEW YORK**

**ADDITIONAL VOLUNTARY LIFE INSURANCE IS AVAILABLE TO YOU AND/OR  
YOUR SPOUSE BY CONTACTING ADMINISTRATIVE SERVICES ONLY AT  
516-394-9477**