

FUSE WELFARE FUND

BENEFITS AT A GLANCE

As an active member of the New Rochelle FUSE, you and your dependents are eligible to participate in the following benefit plans:

1. **\$50,000 Term Life Insurance** – employee only. **Retirees may elect to port benefit upon retirement**
2. **Dental Plan** – members covered at no cost to them, dependent/spousal coverage available at additional cost
3. **Optical Plan** – members are covered for one visit and one pair of eyeglasses or contact lenses for each calendar year. Dependents enrolled in Supplemental coverage who are under the age of 19 are entitled to enhanced, pediatric vision benefits.

Hearing Plan - members are covered for one annual hearing exam (maximum allowance \$45.00). The Plan will reimburse the member only up to a maximum of \$1000.00 per hearing aid appliance per ear during a 36 month period

4. **Medical Reimbursement** – up to \$500.00 per calendar year. Available only to Active members
5. **TeleMedicine** – 1800MD – employee and Retiree (includes spouse and dependents under 26)
6. **AFLAC Critical Care Benefit**(includes eligible dependents at 50% of benefit) **Retirees may elect to port benefit upon retirement**
7. **PLEASE NOTE – THE NEW ROCHELLE FUSE WELFARE FUND NO LONGER CARRIES A LONG TERM DISABILITY INSURANCE PLAN.**

You are automatically enrolled for the benefits provided by the FUSE Welfare Fund. There is no cost to you as an active member for any of the benefits listed above. Members may elect to enroll eligible spouses and dependents in Supplemental Coverage during our September Enrollment Period. . Rates for Supplemental Coverage are set annually by the Welfare Fund Trustees and premiums are deducted from the member's paycheck beginning with the October 15th paycheck.

You should have completed a Beneficiary Designation Card and be certain that it is kept current with any changes in beneficiary information including phone numbers and addresses. You, as the participant/member, may decide to use your Medical Reimbursement and Vision Benefit (the vision benefit is once per family per year, except for children prior to age 19) for your covered spouse or child in any given year.

DENTAL:

New Rochelle Federation of United School Employees (FUSE) Welfare Fund provides you with dental benefits that are self-insured and administered by Administrative Services Only. Your spouse, domestic partner, and eligible dependent child(ren) are eligible for dental benefits if you enrolled them for dental benefits and are having payroll deductions for them. A Fee Schedule detailing all benefits is available from the FUSE office or online at www.nrfuse.com.

ENROLLMENT:

In order to properly enroll your eligible dependents, you must fill out the Dependent Enrollment Form at the time you enroll for coverage (during the month of September). During this period, members may add or drop your eligible dependents or spouses. **It is the member's responsibility to insure that the correct amount is deducted from the October 15th paycheck. Members are required to report any discrepancies to the Fund Manger within 3 business days of the October 15th paycheck. Failure to report any errors may result in excess payments or denied coverage.**

If a member would like to remove coverage for a spouse or dependent, they must notify the Fund ***IN WRITING***.

INSURANCE:

Term Life:

\$50,000 Term Life Insurance is provided for all active members. The proceeds of this benefit will be paid after the Fund Office receives proof of your death. This insurance benefit is paid for by the Welfare Fund and provided by the first UNUM Life Insurance Company. The benefit is payable only to your beneficiary on record at the Welfare Fund Office. Please make sure your beneficiary information is updated and current. Changes can be made at any time by contacting the Welfare Fund Office. The amount of the benefit is reduced to \$32,500 at age 70 and to \$25,000 at age 75. This benefit is discontinued upon the member's retirement or termination.

OPTICAL:

Standard vision examination and eyewear such as eyeglasses or contact lenses – one individual per family per year, plus pediatric vision benefit for children prior to age 19, if applicable (see below). **PLEASE NOTE: As of January, 2015, only family members enrolled in supplemental coverage are eligible to use the optical benefit within a calendar year.**

- Lasik surgery allowance of \$280.00 – one individual per family per lifetime.

PEDIATRIC VISION BENEFIT For Children Prior to Age 19 Who Are Enrolled in the Dental Plan Through Self-Pay:

Children younger than age 19 who are enrolled in the dental plan through self-pay, are eligible for one eye exam and one set of glasses covered up to the Plan's current dollar limits as shown in the vision benefit schedule (accessible at www.nrfuse.com). A lens prescription change is required in order to obtain a new pair of glasses within the same calendar year. Contacts are not covered, unless a letter from an ophthalmologist or optometrist is received by ASO stating that such contacts are medically necessary.

MEDICAL REIMBURSEMENT:

The Medical Reimbursement Benefit provides eligible Participants with an annual maximum of \$500 per family for the reimbursement of expenses that are generally not reimbursed by the health plan, such as co-payments, co-insurance and other eligible expenses. You must submit a claim for reimbursement of eligible expenses. All claims for benefits must be **postmarked no later than March 31st** of the following year. **It is the member's obligation to prove that a claim was mailed on or before the deadline.** You may wish to consider using certified mail or obtain proof of postage for the Post Office.. Receipts for out of pocket expenses may be submitted for family members only **who are covered under the Welfare Fund's Supplemental Dental coverage plan.**

HEARING:

One standard hearing exam per calendar year. \$1000 per ear for hearing aid devices. . Hearing aid appliances must be prescribed by a duly licensed physician, audiologist or otologist.

This benefit is available to the member only and has a frequency limitation of every three years.

As of June, 2020.....

TELEMEDICINE:

1.800MD is a national telehealth company specializing in convenient, quality medical care. With board-certified physicians in all 50 states*, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications. Talk to a doctor any time, day or night, on the weekend or when traveling away from home. No inconvenience or hassle of traveling to the doctor's office, urgent care or ER. Available to active members and Retirees , their spouses and dependents under the age of 26.

This Benefit is offered at NO CHARGE TO MEMBERS OR RETIREES

AFLAC CRITICAL ILLNESS:

The Aflac New York Specified Disease plan provides cash benefits when an insured person is diagnosed with or treated for a covered specified disease—and these benefits are paid directly to the employee.

Plan Features:

Benefits are paid directly to the insured

- Benefit amount \$5,000
- Dependent children are covered at 50% of the employee's amount at no additional charge
- Premiums are paid by Welfare Fund.
- There are no pre-existing condition limitations.
- The plan doesn't have a waiting period for benefits.
- Benefits do not reduce as insureds get older.
- Plan may be continued in retirement
- Rates are based on age at the time of application and do not individually increase due to a change in age, health, or individual claim.