MEMBER BENEFITS

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Working to Benefit You

NYSUT MEMBER BENEFITS

GROUP PLANS & SERVICES PORTFOLIO

A guide to help today's local leaders and benefit funds with:

- Insurance Programs
- Health-Related Programs
- Legal & Financial Services

For more information on our group plans, visit **mb-nysut.org/groupplans** or scan the QR code.

Greetings NYSUT Members:

As the Secretary-Treasurer of NYSUT and Chairperson of the NYSUT Member Benefits Trust, I am proud to present the **NYSUT Member Benefits Group Plans & Services Portfolio**. Member Benefits offers a wide range of group plans that provide valuable insurance coverage or services to a significant number of NYSUT members. The buying power of a membership that is more than 700,000 strong allows plan participants to enjoy quality programs, competitive rates, and crucial member advocacy.

It is important to me that all members have access to these valuable benefits. Our group insurance plans include Dental, Disability, Term Life, and Vision. We also have Disability and Vision group plans that allow less than 100% participation (with a 20% minimum).

Many of our group service plans are quite cost-effective compared to the value they bring to members' lives. For example, our Group Access Legal Service Plan costs $35 per person annually and provides each member with a will, health care proxy, and power of attorney preparation; free document review; unlimited telephone consultation; and a 24-hour emergency hotline. Our Financial Counseling Program costs $35 per person annually and provides each member with unbiased guidance about personal financial situations in a wide variety of areas.

Our Health Advocate program helps members with identifying doctors and medical facilities for serious illnesses or injuries, provides guidance about treatment options for various medical conditions, and assists with resolving billing discrepancies. Health Advocate is available for $1.25 per participant monthly.

Member Benefits also offers endorsed Flexible Benefit Plans and Health Reimbursement Arrangements that can help members with managing health care costs.

These group insurance and service plans are often added through contract negotiations and provided through your employer. If not employer-paid, some locals provide these plans through local dues or a benefit trust (which may be either fully or partially employer-funded).

Member Benefits has a number of regional Benefits Coordinators that are available to meet with your team virtually or in person to provide more information about our group offerings. You are encouraged to either contact us directly or the providers of our endorsed group plans for additional information or a customized quote.

Find out why so many NYSUT locals count on us for quality benefits that offer members a value above and beyond what they can find on their own.

In solidarity,

J. Philippe Abraham
Chairperson, NYSUT Member Benefits Trust

"Quality programs, competitive rates, and crucial member advocacy."

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Dental Plans

The NYSUT Member Benefits Trust endorses group dental plans from Delta Dental of New York, Inc.,[1] which is part of the largest dental benefits system in the U.S.[2] The relationship between the Member Benefits Trust and Delta Dental gives you the freedom to choose from PPO and fixed co-payment products.

Delta Dental PPO™

With a PPO plan, costs are shared for covered dental services. Delta Dental pays a percentage of the bill, and enrollees pay the rest. While enrollees will usually save the most with a PPO dentist, they can visit any dentist they choose across the U.S. With nearly 80% of practicing dentists in Delta Dental's networks, there's a good chance enrollees are already visiting a network provider.[3] As long as enrollees visit a network dentist, there are no claim forms to complete. Plus, there's no pre-authorization needed for specialty care.

DeltaCare® USA

DeltaCare USA is a co-pay plan that works similar to a dental HMO. Enrollees must visit their selected DeltaCare USA dentist to receive care. No claim forms are required for care from selected dentists; co-payment costs for covered services are predefined.

When enrollees visit the dentist, they simply pay their co-payment. If enrollees need specialty care, their assigned dentist will coordinate services. If dental emergencies occur when enrollees are outside their service area, they are covered with an emergency services provision.

Visit **deltadentalins.com/business** to learn more about Delta Dental's plans.

Your Plan

With more than 60 years of expertise in designing and implementing labor union plans, Delta Dental can help select the plan design, funding options, and features to meet your dental benefits objectives. You can customize a plan that matches your existing group dental plan or design something new.

Delta Dental can help you choose:

- The product and plan features that NYSUT members will value most
- Fully-insured or self-insured funding (ASO/ASC)
- Voluntary or employer-paid contribution options
- Different fee basis options for non-participating dentists (PPO only)

Plan Enhancements:

Fully-insured groups covered under NYSUT Member Benefits Trust-endorsed Delta Dental Group Dental Plans receive additional plan enhancements at no additional cost. These enhancements are paid for by the plan's reserves held by the NYSUT Member Benefits Trust. The enhancements include:

1. D&P Maximum Waiver®: Diagnostic and preventive services such as preventive exams, cleanings, and related x-rays do not count toward the annual maximum, leaving more dollars for other services.
2. Dependent age: The age for dependent coverage is 26 regardless of student status.

Benefits administrators are supported by:

- A union-specialized account team
- Open enrollment specialists to help educate enrollees about plans
- Comprehensive financial and utilization reports to track plan performance
- Online tools to manage and track payments and update eligibility in real-time
- A wealth of shareable wellness resources to keep enrollees healthy

1 Delta Dental of New York, Inc. is the underwriter and administrator of NYSUT Member Benefits Trust-endorsed PPO group dental plans. DeltaCare USA is underwritten in New York by Delta Dental of New York, Inc. Delta Dental Insurance Company acts as the DeltaCare USA administrator. These companies are financially responsible for their own products. Delta Dental of New York, Inc. is part of a Delta Dental enterprise that includes Delta Dental of California, Delta Dental of Pennsylvania, Delta Dental of New York, Inc., Delta Dental Insurance Company, and its enterprise affiliates. These companies are members, or affiliates of members, of the Delta Dental Plans Association (DDPA), a network of 39 Delta Dental companies.

2 IBIS Associates 2016 Group Dental Market Report.

3 Delta Dental Unique Dentists Network Penetration Report, Dec. 2017

Enrollees are supported by:

- Easy-to-use online features to check benefits and eligibility, estimate costs, and find a dentist
- *Grin!*, an engaging oral health e-magazine
- Product-specific customer service representatives — 99% of inquiries resolved on the first call[1]
- Quick and accurate claims turnaround — more than 99% accuracy rate

Get a Group Quote

For a quote on a customized plan or more information about group dental options, please contact Sarah Linde, Delta Dental Sales Account Executive, at **slinde@delta.org** or **617-823-4974**.

In order to obtain the best pricing, please provide:

- A group census with the number of individual and family enrollees in the group
- A copy of the plan booklet (for groups with existing coverage) that details the benefits, limitations, frequencies, and covered services
- Current premiums and/or administrative fees
- One to two years of prior dental claims experience, including provider utilization (two years preferred)

A copy of your last month's dental bill will capture census information, premiums, and administrative fees. Please include the source of the plan funding – District/Employer or Benefit Trust Fund.

Delta Dental PPO Group Dental Plans are provided and administered by Delta Dental of New York, Inc. DeltaCare USA plans are underwritten by Delta Dental of New York, Inc. and administered by Delta Dental Insurance Company.

Delta Dental Group Plans are NYSUT Member Benefits Trust (Member Benefits)-endorsed programs. Member Benefits has an endorsement arrangement of 2% of all premiums paid to Delta Dental by NYSUT member groups; 0.5% of all claims paid by those groups with an Administrative Services Only (ASO) dental program; or 2% of all premiums paid to Delta Dental by NYSUT member groups with a prepaid dental program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them.

The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of these plans may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plans as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

1 Delta Dental Annual Report, 2017, for enterprise companies.

Disability Insurance

Unum's group disability insurance provides a solid base of income protection coverage combined with valuable resources for any employee population. Group disability insurance can be purchased as a short-term plan, long-term plan, or combination of both.

Why short- or long-term disability?

- 1 in 4 U.S. adults develop some type of disability during their lifetime.[1]
- 49% of consumers would feel financial stress within six months and 61% within one year without their primary income.[2]
- 66% of U.S. adults have a disability or health condition that keeps them from participating fully in work, school, housework or other activities.[3]

Unum long-term disability advantages

- Choice of employer paid, shared contributions, or participant paid
- Own-occupation, partial, and residual definitions of disability
- Own-occupation period of 12 months to 60 months, or the benefit duration
- Benefit duration to age 65, age 67, or the Social Security normal retirement age
- Income replacement options include 50%, 60%, or 66 2/3%
- Maximum benefit up to $5,000 per month (higher monthly benefit limits available)
- No minimum earnings loss required during elimination period for most contracts; 20% of indexed monthly earnings thereafter
- Up to 100% (indexed) earnings replacement for 12 months while disabled and working (does not offset an employer's salary continuation program, either formal or informal)
- Elimination period – 90 days, 120 days, 180 days, or 360 calendar days
- Disability Plus® (severe impairment supplemental benefit rider) provides up to 100% income replacement for severe, catastrophic disabilities to assist with the extraordinary expenses often associated with these conditions.

Unum short-term disability advantages

- Choice of employer paid, shared contributions, or participant-paid
- Total, partial, and residual definitions of disability
- Benefit duration choices of 13, 26, or 52 weeks
- Income replacement options include 50%, 60%, or 66 2/3%
- Maximum benefit choices up to $2,500 per week
- Elimination period choices for Injury are 0 days, 7 days, 13 days, or 30 days; choices for Accident are 7 days, 13 days, or 30 days

Elimination period is the length of time of continuous disability that must be satisfied before a participant is eligible to receive benefits from the policy. The definition of disability must be satisfied in order to qualify for benefits. Groups often select elimination periods that follow the end of their sick leave or accumulated sick bank.

Rehabilitation and Return to Work Assistance
Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist claimants in returning to work. The insurance company will make the final determination of the claimant's eligibility for participation in the program and will provide them with a written Rehabilitation and Return to Work Assistance plan developed specifically for them. If the claimant participates in a Rehabilitation and Return to Work Assistance program, Unum will also pay an additional disability benefit of 10% of their gross disability payment up to a maximum of $250 per week.

A solid base of income protection with valuable resources.

1 Center of Disability, Disability Impacts All of Us, 2023.
2 LIMRA, 2023 Insurance Barometer Studies, 2023.
3 Pew Research Center, 8 facts about Americans with disabilities, 2023.

Optional Features

First Day Hospital Option – If a disability occurs due to an accident, benefits would begin immediately.

Outpatient Surgery Option – If a disability occurs as a result of outpatient surgery, benefits would begin immediately.

Work/Life Balance Employee Assistance Program (EAP Service)*
Work-life balance is a comprehensive resource providing access to professional assistance for a wide range of personal and work-related issues. The service is available to participants and their family members 24/7/365 and provides resources to help members find solutions to everyday issues (i.e., financing a vehicle, selecting child care, alcohol or drug addiction, divorce or relationship problems, etc.).

Services include toll-free phone access to master's level consultants; up to three face-to-face sessions to help with more serious issues; and online resources.

Definition of Disability

There are three definitions of disability to choose from. The most commonly chosen definition is the Residual definition outlined as follows:

A participant is disabled when it is determined that:

- The participant is limited from performing the material and substantial duties of their regular occupation due to their sickness or injury.
- The participant has a 20% or more loss in weekly earnings due to the same sickness or injury.
- The participant must be under the regular care of a physician in order to be considered disabled.

How to Obtain a Quote

The following information is needed to quote LTD for the local association, benefit fund, or employer:

- Demographics of the participant membership, including gender, date of birth, salary, and job titles;
- Plan design you would like to see quoted;
- If there is an existing plan in place, include a copy of the plan booklet and any premium and claims experience available.

Please send this material to:
Josh Taylor, Sales Consultant, Unum
Email: **jtaylor7@unum.com**

Please include the organization's representative's name, address, phone number, and email contact information so that we may return a proposal and supporting materials to the representative.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services. Policies or their provisions may vary or be unavailable in some states. Policies have exclusions and limitations that may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Underwritten by: First Unum Life Insurance Company, 666 Third Avenue, 3rd Floor, New York, NY 10011. **unum.com**

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The First Unum Life Insurance Company Group Long-Term Disability Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 5% of gross premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Disability Insurance — Group Voluntary

Unum's group voluntary disability insurance provides a solid base of income protection coverage combined with valuable resources for any employee population. Short- and long-term plans are available.

Working without a net:

When hit with a $1,000 or more emergency expense, 57% of U.S. adults said they'd use credit cards, borrow from family and friends, or take out personal loans to pay for it.[1]

Long-term disability advantages:

- Own-occupation & two-year own-occupation definitions of disability
- Benefit duration to the Social Security normal retirement age
- Income replacement options include 40%, 50%, or 60%
- Maximum benefit up to $5,000 per month (higher monthly benefit limits available)
- No minimum earnings loss required during elimination period for most contracts; 20% of indexed monthly earnings thereafter
- Up to 100% (indexed) earnings replacement for 12 months while disabled and working
- Does not offset an employer's salary continuation program (formal or informal)
- Elimination period – 90 days, 120 days, 180 days, or 360 calendar days

Short-term disability advantages:

- Residual definition of disability
- Benefit duration choices of 13 or 26 weeks
- Income replacement options include 50% or 60%
- Maximum benefit up to $1,500 per week
- 14-day elimination period for accident and illness

Elimination period is the length of time of continuous disability that must be satisfied before a participant is eligible to receive benefits from the policy. The definition of disability must be satisfied in order to qualify for benefits. Groups often select elimination periods that follow the end of their sick leave or accumulated sick bank. Additional choices are available upon request.

Rehabilitation and Return to Work Assistance

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist claimants in returning to work. The insurance company will make the final determination of the claimant's eligibility for participation in the program and will provide them with a written Rehabilitation and Return to Work Assistance plan developed specifically for them. If the claimant participates in a Rehabilitation and Return to Work Assistance program, Unum will also pay an additional disability benefit of 10% of their gross disability payment up to a maximum of $250 per week.

Definition of Disability

The residual definition is outlined as follows:

A participant is disabled when it is determined that:

- The participant is limited from performing the material and substantial duties of their regular occupation due to their sickness or injury.
- The participant has a 20% or more loss in weekly earnings due to the same sickness or injury.
- The participant must be under the regular care of a physician in order to be considered disabled.

Requirements to participate

- 20% of a local association's membership must enroll in the disability plan in order for coverage to become effective.
- Local association decides on elimination period and benefit offerings prior to obtaining a quote.
- All members of a local association will receive a customized enrollment kit and elect to choose or refuse coverage.
- Local association will need to provide census information, including all members' date of hire, date of birth, gender, salary, and Social Security number if possible.
- Local association will distribute the kits and be responsible for retrieving and returning to Unum for review.
- District must administer the plan.
- Once Unum determines the 20% threshold has been satisfied, coverage will go into effect.

To get started, local associations should contact their NYSUT Member Benefits representative, who will discuss the process and refer them to the appropriate Unum representative.

This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services. Policies or their provisions may vary or be unavailable in some states. Policies have exclusions and limitations that may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

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The First Unum Life Insurance Company Group Voluntary Disability Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 8% of gross premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

1 Bankrate, 2023 Annual Emergency Saving Report, 2023.

Financial Counseling Program

The Group Financial Counseling Program provides group plan participants and their spouse/ certified domestic partner the opportunity to obtain unbiased, objective advice on personal financial situations and goals.

The program is offered to participants by Stacey Braun Associates, Inc., an investment advisory firm that provides fee-based financial counseling services on a group basis as well as to individuals. Consultations are performed by a Certified Financial Planner or a Certified Financial Planner candidate (obligated to act as your fiduciary) from Stacey Braun Associates, Inc. only.

The Financial Counseling Program is a "fee-based" program, and Stacey Braun's planners are prohibited from selling investment or insurance products, resulting in confidential, unbiased, and objective advice tailored specifically for the participant's financial situation.

Group Financial Counseling Program benefits:

In-person consultation – Upon request, a Stacey Braun planner will be available at a predetermined location for in-person consultations.

Virtual or toll-free phone consultations – Access to Stacey Braun's Financial Planners to discuss the participant's specific financial situation. The toll-free line is available weekdays from 8 a.m. to 5 p.m. (EST).

Participants can call for answers to financial planning concerns and information on the program. All calls are answered by a live receptionist, and if a planner is not available at that time, a time can be scheduled for the planner and participant to connect. This time can be scheduled before or after the normal toll-free hours.

Discussion Topics

- Retirement Planning
- Pension Analysis
- Risk Tolerance
- Savings
- IRA Rollovers
- Tax Planning
- Refinancing/Mortgages
- Estate/Inheritance Planning
- Life and Disability Insurance
- Education Funding
- Advice on 403(b)/ 457(b) Plans
- Mutual Fund Questions
- Asset Allocation
- Debt Management
- Budgeting
- Financial Advice Relating to Divorce
- Cash Flow
- Elder Care Analysis
- Survivorship Planning
- Social Security
- Long-Term Care Insurance
- General Financial Education

Customized written reports – Participants can request a written summary and/or recommendation on a variety of financial issues. These summaries provide a detailed review for the participant's current situation following completion of a consultation with a Stacey Braun Planner.

Password-protected website – Group program participants will have access to Stacey Braun's proprietary website via a common User ID and Password assigned to the group.

The website features financial planning tips specifically geared for NYSUT members, a Financial Wellness Information section covering a vast range of financial topics, videos, charts, financial calculators, historical market data, and much more.

Email helpdesk – Group plan participants will have access to Stacey Braun's email helpdesk. The email helpdesk is a popular vehicle for participants to ask basic financial questions and receive answers within 24 hours.

Workshops & Webinars – Financial workshops and webinars are available to be conducted with your group's participants. Your group will be responsible for scheduling the workshop directly with Stacey Braun along with choosing the financial topic to be covered. Topic choices include Retirement Planning, Debt Management/Budgeting, Investments, 403(b) Advice, Estate Planning, Elder Care, Education Funding, Insurances, and Current Issues.

Taxable benefit: Group Financial Counseling Program contributions made by an employer or a benefit fund may be a taxable benefit. Participants should check with their personal tax advisor to determine whether they should report the value of the contribution on their own personal income tax return.

Cost of the Group Financial Counseling Program

The Group Financial Counseling Program costs $35 per participant per year.

The Group Financial Counseling Program is provided and administered by Stacey Braun Associates, Inc.

The Stacey Braun Associates, Inc. Group Financial Counseling Program is a NYSUT Member Benefits Corporation (Member Benefits)-endorsed program. Under an agreement with Stacey Braun, Member Benefits has an endorsement arrangement of $5 per participant. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Flexible Benefit Plans

Flexible Benefit Plans are also called Section 125 Plans, Cafeteria Plans or Flexible Spending Account Plans. Regardless of the name used, these plans permit employees to pay for certain health-related and dependent care expenses on a pre-tax, rather than an after-tax, basis. The federal government permits this under Section 125 of the Internal Revenue Service Tax Code, which allows an employer to sponsor this plan.

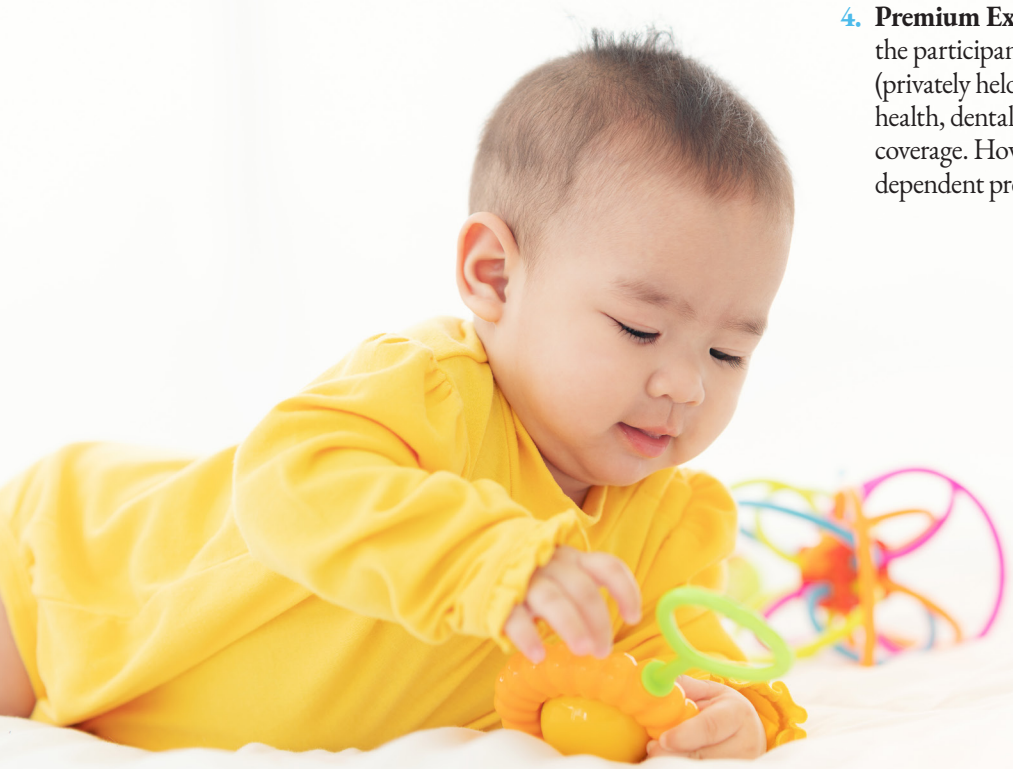
Flexible Benefit Plans

Flexible benefit plans present a classic win-win situation for both employees and employers. A flex plan allows employees to reduce their taxable income by setting aside pre-tax funds to pay for specific expenses.

Reducing taxable income results in reducing income tax liability. Further, participation in a flex plan has no impact on how much one can contribute toward a 403(b) tax-deferred annuity. In addition, funds reimbursed to an employee from their flexible benefit account are tax-exempt.

Employers benefit from realizing FICA savings (and possibly savings from other employer taxes) because of the reduction in employees' taxable income.

The resulting FICA savings typically permit the employer to pay a third-party administrator and still net a substantial savings. Third-party administrators do the work related to flexible benefit plans, such as enrolling employees, processing payments, and record keeping.



With such a program in place, the employee can re-direct dollars already earmarked for family needs and pay these expenses on a "before-tax" basis. Eligible expenses for this program include:

1. **Premium Only Plan –** Employee share of any group premiums paid for health, dental, and vision benefits. Also, any employee share of group term life insurance premiums for the first $50,000 of group term life coverage.
2. **Unreimbursed Medical Expenses –** Eligible expenses also include over-the-counter medicines and feminine hygiene products. In addition, any expenses incurred for over-the-counter medicines and drugs purchased to alleviate or treat personal injuries or sickness with a doctor's prescription.
3. **Child and Dependent Care –** Dependent care service for an employee's dependent under age 13, or for an employee's spouse or dependent if they are incapable of self-support. This account can also reimburse dependent elder care.
4. **Premium Expense Account –** This account reimburses the participant for individual health insurance premiums (privately held/non-payroll deducted premiums), including health, dental, vision, Medicare Part B, and COBRA coverage. However, no employment-related spousal or dependent premiums may be reimbursed.

When a participant incurs an eligible expense, they simply "voucher" that expense from the appropriate account. Following receipt or proof of expense for the amount claimed, a check will be issued to the participant. This reimbursement to the participant is not subject to federal, state, or FICA taxes.

Instituting this program does not in any way change the benefits provided by participants' underlying health, dental, prescription drug, or vision care plans. After all underlying health plans have paid all eligible expenses, this program permits expenses normally paid out-of-pocket (after-tax) to be paid pre-tax.

NYSUT Member Benefits has negotiated special discounted prices and services with our endorsed third-party administrator, P&A Administrative Services, Inc. Some COBRA administrative services are available at an additional cost through the plan administrators.

How to obtain a proposal and employer savings estimate

Provide the number of eligible participants and the amount of the employee premium contribution for health insurance.

For more information or a more complete explanation and presentation on how this plan can work for your group, please contact Member Benefits at **800-626-8101**.

The example below shows how the flex plan reduces taxable income and tax liabilities for both the employee and employer (FICA). Example is based on family income — Participant, spouse/certified domestic partner, and two children.

	No Flex Plan	With Flex Plan
Gross Compensation	$50,000	$50,000
Items Subject to Pre-tax Treatment:		
Premiums	0	1,000
Dependent Care	0	4,800
Unreimbursed Medical	0	2,000
Taxable Income	$50,000	$42,200
Estimated Taxes:		
Federal	$5,096	$3,952
FICA	3,825	3,228
State	2,808	2,184
Local	498	456
Total Taxes	**$12,227**	**$9,820**
Estimated Tax Savings		**$2,407**

The P&A Group Section 125 Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of $.10 per participant per month. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

A classic win-win situation for employees and employers.

Health Advocate™

Health Advocate™ helps group plan participants more easily navigate the complexities of the health care and insurance systems. Health Advocate's personalized service provides assistance across a broad range of health care and insurance-related issues, helping participants deal with clinical and administrative matters involving medical, hospital, dental, pharmacy, and other health care needs. The service covers the participant, their spouse/certified domestic partner, dependents, parents, and parents-in-law.

Health Advocate's services are organized around a Personal Health Advocate, typically a registered nurse, who helps individuals get the most value from their health care benefits. By helping participants use the medical care system more efficiently, Health Advocate can help improve clinical outcomes and reduce medical costs.

Participants can call a toll-free phone number and talk to their own Personal Health Advocate who will work with them to resolve the health care issues they face and the problems they encounter.

Group Health Advocate benefits:

- Navigate the health care and insurance systems
- Identify qualified doctors, hospitals, and other providers
- Resolve insurance claims and billing issues
- Save time and money on health care bills
- Locate and research treatment options for medical conditions
- Obtain unbiased health information to help participants make informed medical decisions
- Schedule appointments with hard-to-reach specialists
- Secure second opinions to provide peace of mind
- Identify "best-in-class" medical institutions for a serious illness or injury
- Access community resources for supportive services not covered by traditional health insurance

Cost of Group Health Advocate

The cost of the Group Health Advocate program is $1.25 per participant per month, based on 100 percent participation from the group.

A separate feature called Medical Bill Saver (MBS) is also available for an additional fee beyond the cost of the core Health Advocate program. MBS negotiates with providers to lower out-of-pocket medical and dental bills not covered by insurance. For information about MBS, please contact Health Advocate.

For further information, please contact Kelly Schraven, Director, Account Management – Strategic Partnerships at **412-737-0680**.

The Health Advocate Group Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of $.125 per participant per month for the core Health Advocate program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Health Reimbursement Arrangements

Health Reimbursement Arrangements are also known as Health Reimbursement Accounts or HRAs. HRA plans are tax-advantaged, employer-funded medical reimbursement plans that help manage increasing health care costs.

Like Flexible Spending Accounts or FSAs, HRAs are used to pay for qualified medical expenses for employees and their families. Unlike FSA plans, HRA plans are entirely employer-funded, and unused amounts in an HRA can be carried forward for reimbursements in future years.

The employer contributes funds to the employee's account. The contributions that the employer makes are excluded from the employee's gross income. The employee may be reimbursed for qualified medical expenses. Employees can retain HRAs into retirement, if provision is defined in the Plan Document.

Health Reimbursement Arrangements are authorized under Treasury and IRS Notice 2002-45 and Revenue Ruling 2002-41. Since unused funds may carry over from one plan year to the next, participants have incentive to use their funds wisely so they can save for future expenses. HRAs are commonly used with high-deductible health plans (HDHP) and other consumer-driven health plans.

As deductibles and co-payments increase to control the cost of health insurance premiums, HRAs can maintain employee benefits and help prevent increased out-of-pocket expense.

Employers may have both a Flexible Spending Plan and Health Reimbursement Arrangement in place. Unreimbursed medical expenses that may qualify for reimbursement under HRAs include medical, dental, prescription drug, vision care, co-payments, and costs incurred by the employee, spouse, or dependent that are not paid by insurance programs.

Like FSAs, when a participant incurs an eligible expense, they simply "voucher" that expense from the account. Following receipt or proof of expense for the amount claimed, a check will be issued to the participant.

How to obtain a proposal

Provide the number of eligible participants and amount of the employer contribution.

For a more complete explanation, assistance with plan design, and information on how this plan can work for your group, please contact Member Benefits at **800-626-8101**.

The P&A Group Health Reimbursement Arrangement is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of $.10 per participant per month. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Legal Service Plan

Your group can participate in the Group Access Legal Service Plan, which provides a variety of legal services at no additional cost to the participant.

Group Access Plan

The Group Access Legal Service Plan provides plan participants with access to attorneys who will answer legal questions, write letters, and review documents relating to personal legal matters.

In addition to the plan participants, the plan covers their spouse/certified domestic partner who is living with the plan participant; unmarried, dependent children under the age of 19 (or under the age of 25 if the child is wholly dependent upon the plan participant for support and maintenance, and is enrolled as a full-time student); and dependent parents.

The initial point of contact for every participant is the toll-free number to the National Legal Office of Feldman, Kramer & Monaco, P.C. If necessary, the office will make referrals to local participating attorneys.

Benefits of the Plan

Free telephone advice and consultation – Each participant receives toll-free numbers to call for unlimited telephone advice and consultation.

Free office consultations – Each year, participants are entitled to two, free, hour-long consultations with a National Legal Office attorney or referral attorney.

Toll-free 24-hour hotline for emergencies

Free letter writing – Plan attorneys will write as many legal letters or place as many telephone calls as needed. In matters such as consumer protection and credit resolution, a telephone call from a plan attorney is often the ideal solution.

Free document review – Plan attorneys will review documents such as rental and/or vehicle leases, promissory notes, retail sales agreements, and other contracts. Up to six pages per document.

Legal Security Package – Participants and/or covered individuals are entitled to the preparation of a simple will, living will, health care proxy, and power of attorney annually without any additional charge.

Elder law services – Access to a national panel of elder law attorneys who specialize in elder and health law, estate planning, wills, trusts, pre-nursing home planning, probate, and conservatorship. Participants who use the services of elder law attorneys will receive a 20 percent discount on their usual fees. Covered Individuals include the Plan participant's spouse (or certified domestic partner), parents, parents-in-law, grandparents, and grandparents-in-law.

Estate Planning Seminars or "Will Days" – Plan attorneys are available to conduct Estate Planning Seminars or sponsor "Will Days" upon request.

Referral attorneys – These attorneys have contracted to provide legal representation for $285 an hour or a 25 percent discount on their usual hourly fee, whichever is lower. Attorneys are located throughout the continental United States.

Plan attorneys can be a tremendous resource in helping to both avoid becoming an identity theft victim and reclaiming one's identity. This may include advising on the laws governing this crime, the appropriate course of action, the proper entities to contact to place a fraud alert, and assistance with formulation of the appropriate dispute letters to the agencies and creditors involved.

Plan attorneys can offer advice on alternatives such as creditor "workout" in situations of overwhelming debt, including suspension of interest, budget review, and, in extreme circumstances, Chapter 7 and Chapter 13 bankruptcy alternatives. Where appropriate, the Plan attorney may contact the creditor involved to discuss favorable alternatives to ever-mounting debt or collection litigation.

Plan attorneys can assist with steps that can be taken to avoid mortgage foreclosure by analyzing the financial situation, reviewing loan documents and discussing options such as lender payment workouts, short sale options, and, in some cases, Chapter 13 bankruptcy payment plan alternatives. The Legal Service Plan has qualified foreclosure law experts on hand to assist participants with this stressful legal matter.

Guaranteed Maximum Fees – The following legal matters are subject not only to reduced hourly rates but also to a maximum fee, regardless of time spent on the matter.

Legal Matter	Maximum Fee
Divorce (uncontested, without marital agreement)*	$1,000
Divorce (uncontested, with marital agreement)*	$1,850
Separation (uncontested)*	$900
Real Estate (sale or purchase of primary residence only)	
Up to $250,000	$850
$250,000 - $500,000	$1,025
More than $500,000	$1,325
Mortgage Refinancing (primary residence only)	$425
Traffic Violation (first offense, 3 points or less, up to 2 court appearances)	$600
Misdemeanor (first offense, up to 2 court appearances)	$1,200
Personal Bankruptcy (Chapter 7)	$1,525
Name Change (uncontested)	$600
Driving While Intoxicated (first offense, up to 2 court appearances)	$1,200
Commencement of Proceedings for Modification of Child Support (preparation of pleadings only)*	$550
Simple Trust	$50
Legal Security Package	$100

* **These benefits only cover representation of the Covered Participant. Covered Dependents are not covered under these benefits.**

Coverage beyond stated benefit allowances

If any "benefit allowance" is exhausted, Plan attorneys will bill at the reduced hourly rate of $285 an hour or a 25 percent discount on their usual hourly fee (whichever is lower), for all time needed to conclude the matter.

Each element of coverage is subject to the specific benefit allowance; however, the maximum annual benefit allowance for all services rendered to a participant or qualified dependent shall not exceed 100 hours.

Please Note: There will be no coverage for any legal action or proceeding in any court or administrative board or real estate closing outside of New York, New Jersey, or Connecticut. However, special arrangements have been made for the availability of a referral service in some non-covered states. These attorneys will charge reduced rates. See the "Guaranteed Maximum Fees" appearing in the Access Plan description for guaranteed maximum fees per service outside of New York, New Jersey, or Connecticut.

Taxable benefit

Group Access Legal Service Plan contributions made by an employer or benefit fund are taxable and should be included in the participant's earnings as shown on their W-2 Form. This will subject the amount included on the W-2 Form to withholding of income and Social Security taxes.

If the Group Plan is purchased and paid for by the Local Association, the previous does not apply as the money used to purchase the Plan has already been taxed.

We offer either a one or two-year contract commitment. Group Access purchasers who select a two-year participation commitment will be entitled to three Legal Security Packages to be utilized at any time during the two-year Plan period.

The Group Access Plan is provided by Feldman, Kramer & Monaco, P.C. and administered by Member Benefits.

Cost of Group Legal Service Plan

The cost of the Group Access Legal Service Plan is $35 per participant per year.

For further information, please contact Member Benefits at **800-626-8101**.

The Group Access Legal Service Plan provided through Feldman, Kramer & Monaco, P.C. is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 13% of annual participation fees received for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Term Life Insurance

The group term life insurance plans allow local associations, benefit funds, and employers to offer a popular coverage that offers valuable benefits for participants with additional options and services that provide more than a typical death benefit.

Participant need

68 million Americans have no life insurance, and those with coverage have far less than most experts recommend to ensure a secure financial future for their families.[1] This group life insurance benefit is payable to a beneficiary or estate when a participant of the policyholder dies while insured. For a policy fully funded by the policyholder with 100% of the eligible group insured, exclusions do not apply.

Waiver of premium – If the participant is under age 60 and becomes totally disabled and remains so for nine months, life insurance will be continued and premiums waived until age 65, or no longer disabled.

Accelerated benefit payment – Gives covered individuals access to part or all of their life benefit early if they become terminally ill with less than 12 months to live. The standard benefit for NYSUT Member Benefits-covered insureds is up to 100% of the life insurance in force to a maximum of $250,000. The balance will be paid to the beneficiary upon the death of the insured.

Portability – Enables the insured participant to retain the group life insurance without any further medical underwriting if the participant retires or is no longer eligible for this plan. In that case, the participant may be able to convert the term life policy to an individual life insurance policy.

Accidental Death and Dismemberment Insurance (AD&D)

This optional coverage provides additional protection for the participant in the event of an accidental death or dismemberment. A loss must occur within 365 days of the accident. The death benefits are paid to the beneficiary designated by the insured for this coverage. Any dismemberment benefits are paid to the insured claimant.

There are additional benefits for repatriation of a body when the loss is due to an accident more than 100 miles from home, a seatbelt benefit when a loss is due to an accident in a private automobile and the insured is wearing a seatbelt, and an airbag benefit when a loss is due to an accident in a private automobile and the insured has airbags deployed due to the accident. The insured participant may port any AD&D coverage they had while part of the group plan.

The AD&D benefit schedule is:

Covered Losses	Benefit Amounts
Life	Full Amount
Both Hands or Both Feet or Sight of Both Eyes	Full Amount
One Hand and One Foot	Full Amount
One Hand and Sight of One Eye	Full Amount
One Foot and Sight of One Eye	Full Amount
One Hand or One Foot	One-Half the Full Amount
Sight of One Eye	One-Half the Full Amount

How to Obtain a Quote

The following information is needed to quote life and AD&D for the local association, benefit fund, or employer:

1. Demographics of the participant membership, including gender, date of birth, salary, and job titles.
2. Plan design you would like to see quoted.
3. If there is an existing plan in place, include a copy of the plan booklet and any premium and claims experience that is available.

Please include the organization's representative's name, address, phone number, and email contact information so that a proposal and supporting materials can be returned to the representative.

Policies or their provisions may vary or be unavailable in some states. Policies have exclusions and limitations that may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Please send this material to:
Josh Taylor, Sales Consultant, Unum
Email: jtaylor7@unum.com

The First Unum Life Insurance Company Group Term Life Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits has an endorsement arrangement of 5% of earned premiums for this program. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The Insurer pools the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program. *CU-4491 (6-13)*

Underwritten by: First Unum Life Insurance Company, 666 Third Avenue, 3rd Floor, New York, NY 10011. unum.com

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1 Life and Health Insurance Foundation for Education (Life), "Why Devote a Month to Life Insurance Awareness?" September 2007.

Vision Care Plans

Healthy eyes and clear vision are an important part of your overall health and quality of life. Research shows that an annual eye exam plays a critical role in the early diagnosis of a myriad of health conditions, ranging from cognitive function and inflammation to heart health and diabetes. The NYSUT Member Benefits Trust endorses group vision plans from Davis Vision for all your vision needs.

Group Vision Care benefits
All Group Vision Care Plans include:

- Access to a large network of independent eye care professionals and national eyewear retailers.
- A complete eye examination, including glaucoma testing and dilation when professionally indicated.
- An allowance toward one pair of eyeglasses or contact lenses.

Value-added features include:

- A frame allowance that can be applied to any frame or choose a no-cost frame from the Davis Vision Exclusive Collection.
- The basic lens package includes plastic or glass (glass lens may be contingent on provider), oversize, single vision, bifocal, trifocal, lenticular, polycarbonate for children, or fashion tint.
- An enhanced paid-in-full lens package is also available and includes ultraviolet coating, standard progressive addition lenses, blended invisible bifocals, scratch resistant coating, glass photosensitive lenses, and intermediate vision lenses.
- Lens options not covered by your plan (e.g., blue light coating, high index lenses, ultraviolet coating, premium or ultra-progressive addition, etc.) are available at a fixed co-payment when purchased through a participating provider.
- Contact lens users may utilize the plan-specified allowance toward any contact lenses on the market. In lieu of the elective allowance, contact lens wearers utilizing services at participating independent provider offices and retail locations will have access to Davis Vision's Contact Lens Collection. The contact lenses available in this collection will all be covered in full and include the contact lenses evaluation and fitting.
- All plan-supplied frames and lenses from participating providers have a 100 percent satisfaction guarantee, as well as a one-year breakage warranty.
- 50% discount on a second pair of eyeglasses or Rx sunglasses at all Visionworks stores
- 20% discount at all other providers.
- Online purchasing options for glasses and contacts are available at **www.glasses.com** and **www.1800contacts.com**.
- Discount on laser vision correction.
- Indemnity (out-of-network) reimbursements are made directly to the participant for services purchased from a non-participating provider.

Group Vision Plan Options

Plans with various levels of benefits are available for a monthly rate or on a fee-for-service (self-insured) basis covering Employee Only, Employee + Family, or Employee + Voluntary Family. Family plans include a spouse/domestic partner and children under age 26 (coverage is extended beyond 26 if the child is disabled).

Groups can provide family coverage by: 1. Paying the "Employee + Family" rate or 2. Allowing employees to voluntarily contribute toward family coverage (i.e., the group pays the "Employee + Voluntary Family" rate but collects the difference between the "Employee Only" rate and the "Employee + Voluntary Family" rate from the employee). There are four different plan coverage options, Designer, Designer Gold, Premier, or Premier Platinum. Contact your Member Benefits Coordinator to discuss what plan coverage option is best for your group.

Group Voluntary Vision

If your local association is unable to enroll 100% of the entire group, there is an option to enroll part of your group under the Premier Platinum Plan for Employee Only and Employee + Family. This Group Voluntary Vision Care Plan requires a minimum of 20 percent of the group's members. The premiums may come from an employer, a benefit fund, or from NYSUT members themselves. The group must provide enrollment services, pre-tax deductions, and administer COBRA notification requirements. Dependents are covered to age 26 under the "Employee + Family" option.

How to obtain a group quote

To obtain pricing for your Group Vision Care Plan, you must first determine which group plan(s) you are considering: Designer, Designer Gold, Premier, or Premier Platinum. You will also need to provide the number of participants for individual coverage and the number of participants for the "Employee + Family" or "Employee + Voluntary Family" coverage. Please include the organization's representative's name, address, phone number, and email contact information so that a proposal and supporting materials can be provided.

For further information, please contact Member Benefits at **800-626-8101**.

The Group Vision Care Plan is provided and administered by Davis Vision. The Davis Vision Group Vision Plan is a NYSUT Member Benefits Trust (Member Benefits)-endorsed program. Member Benefits self-insures the risk for groups with guaranteed rate contracts, meaning total premiums collected and claims paid are pooled annually. At the end of the plan year, any surplus funds revert to Member Benefits; if a deficit exists, Member Benefits is responsible for covering the loss. For the last 10-year period, a surplus equaling approximately 13.12% of paid premiums has resulted. For self-insured group vision plans, Member Benefits has an endorsement arrangement of $.07 per enrolled participant per month. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. The insured group vision plans pool the premiums of Member Benefits participants who are insured for the purposes of determining premium rates and accounting. Coverage outside of this plan may have rates and terms that are not the same as those obtainable through Member Benefits. The Insurer or Member Benefits may hold premium reserves that may be used to offset rate increases and/or fund such other expenses related to the plan as determined appropriate by Member Benefits. Member Benefits acts as your advocate; please contact Member Benefits at 800-626-8101 if you experience a problem with any endorsed program.

Healthy eyes and clear vision.

NYSUT Member Benefits
800 Troy-Schenectady Road
Latham, NY 12110-2445

memberbenefits.nysut.org
Phone: 800-626-8101
Fax: 518-213-6413

GROUP PLANS & SERVICES PORTFOLIO

Take advantage of our group benefits! NYSUT Member Benefits endorses a variety of benefits designed to provide your group with protection and give your members peace of mind.

Each program endorsed by Member Benefits is researched, designed, and monitored to enhance your members' lives. With the group buying power represented by more than 700,000 members, we're able to negotiate for quality products and services that are competitively priced.

Group Benefit Plans:

- Dental Plans
- Disability Insurance
- Financial Counseling Program
- Flexible Benefit Plans
- Health Advocate™
- Health Reimbursement Arrangements
- Legal Service Plan
- Term Life Insurance
- Vision Care Plans

Services for Locals and Benefit Funds:

- Help for the Newsletter Editor Program
- Help for the Webmaster Program
- Workshops and Presentations

For more info:

To request information on any of these programs, please call **800-626-8101,** scan the QR code, or visit **mb-nysut.org/groupplans**.

Saving you money.
Protecting your family.
Helping you plan for the future.

(5/26)