



UUP Member Services Trust Fund Voluntary Dental & Vision Programs*

Who Can Enroll?

Active employees of the Professional Services Negotiating Unit (PSNU) who are *not* eligible for enrollment in the New York State Health Insurance Program (NYSHIP) are eligible to purchase dental and/or vision coverage through the UUP Member Services Trust (MST).

The MST Voluntary Dental and Vision Programs include coverage for all the categories listed below:

- UUP Retirees
- Part time UUP Members
- Surviving Spouse of UUP Members
- Surviving Domestic Partner of UUP Members
- Aged-out Dependent up to the age of 29

**You must be a UUP Member (and not an agency fee payer) or be directly related to a UUP member to purchase these programs.*

The quarterly and annual rates as follows:

Delta Dental PPO – Option 1	Quarterly Premium	Annual Premium
Individual	\$124.44	\$ 497.76
Two-person (Individual + 1)	\$307.41	\$1229.64
Family (3 or more)	\$450.60	\$1802.40

DeltaCare® USA DHMO – Option 2	Quarterly Premium	Annual Premium
Individual	\$58.26	\$233.04
Family (Individual +1 or more)	\$128.22	\$512.88

Davis Vision Coverage Option	Quarterly Premium	Annual Premium
Individual	\$43.42	\$173.68
Family (Individual +1 or more)	\$78.15	\$312.60

How Do I Enroll?

Go to www.uupinfo.org select *Benefits*, then select *Voluntary Programs* to view the MST Voluntary Dental & Vision Programs highlights and enrollment form.

Submit a completed enrollment form along with the premium payment for the program(s). If you enroll in both programs, please send two separate checks; one for your dental premium and one for your vision premium.

Make checks payable and mail to:
UUP Member Services Trust Fund
P.O. Box 15143
Albany, NY 12212-5143
800-887-3863