

# Benefit Trust Fund

Dental | Vision | Life Insurance | Scholarship



Our Union,  
Our Benefits

## Benefits Guide



*From the President*

Dear Colleague:

Welcome to the UUP Benefit Trust Fund!

UUP has negotiated one of the best benefit packages in the United States, providing you with generous dental, vision, scholarship and life insurance benefits. Here are some of the highlights of our plans:

- **Dental PPO Program** covers preventive and diagnostic services at 100% of the dental network allowance with a total annual maximum benefit of \$3,000 per eligible UUP-represented employee and per eligible dependent. Orthodontic services are available for adults and children.
- **Dental DHMO Program** is a dental HMO-type plan with no claim forms or maximums. The plan covers most preventive and diagnostic services at 100%. Basic restorative services are offered at a reduced rate. Orthodontic services are available for adults and children.
- **UUP Benefit Trust Fund Undergraduate Scholarship Program** offers eligible dependent children of UUP-represented employees \$500 per semester at state-operated SUNY schools (specific criteria apply).
- **Vision Care Program** offers a comprehensive eye exam and one pair of glasses (or the benefit may be applied to contact lenses) once every 12 months for eligible UUP-represented employees and eligible dependents. Additional enhancements are also offered on a copay basis.
- **Group Term Life Insurance Program** coverage is provided for all active UUP-represented employees in the Professional Services Negotiating Unit. The maximum benefit is \$6,000.

The UUP Benefit Trust Fund prides itself on the superior customer service we offer to all UUP-represented employees. Please call a Benefit Trust Fund Representative at 800-887-3863 if you have any questions. A full description of the Benefit Trust Fund's programs and eligibility criteria is available at [www.uupinfo.org](http://www.uupinfo.org).

In Solidarity,

A handwritten signature in black ink, appearing to read "F. Kowal", is positioned above the name of the President.

Frederick E. Kowal, Ph.D.  
President

**UUP Benefit Trust Fund Trustees**

Frederick E. Kowal, Chair  
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## **UUP BENEFIT TRUST FUND**

In addition to medical insurance, the collective bargaining agreement between United University Professions and the State of New York provides for dental and vision coverage and a scholarship program. These programs are funded by the State and are administered by the UUP Benefit Trust Fund. The Benefit Trust Fund also administers a group term life insurance program.

### **BENEFIT TRUST FUND ENROLLMENT**

Coverage under the Benefit Trust Fund is not automatic. If eligible, you must enroll yourself and your eligible dependents in the Benefit Trust Fund. You need to file an Enrollment card with the Benefit Trust Fund directly or through your campus Health Benefits Administrator. Enrollment cards can be obtained by contacting the Benefit Trust Fund office or on the UUP website.

*When you enroll, you must decide whether you want to participate in the Dental PPO Plan or the Dental DHMO Plan (see the dental sections).*

The Benefit Trust Fund should be notified immediately of any corrections or changes in your address, phone number, name, marital and/or dependent status. Change of Address forms and Change of Marital or Dependent Status forms can be obtained by contacting the Benefit Trust Fund office or on the UUP website. Benefit Trust Fund contact information is listed below:

**UUP Benefit Trust Fund**  
**PO Box 15143**  
**Albany, NY 12212-5143**  
**[www.uupinfo.org](http://www.uupinfo.org)**  
**800-887-3863 (Phone)**  
**866-559-0516 (Fax)**

### **When Coverage Begins**

- New employees (if they meet applicable criteria) become eligible for dental and vision coverage as soon as they complete 42 days of continuous employment. This requirement is the same as the waiting period for NYSHIP. The 42-day waiting period for otherwise eligible newly hired academic employees will begin on the actual day of professional obligation, but not earlier than August 15.
- Newly eligible employees have the same 42-day waiting period as new employees. Newly eligible employees are employees who are not eligible for Benefit Trust Fund coverage when they are hired, but become eligible later (for example, they meet the eligibility requirements as a result of an increase in teaching schedule or salary). Coverage for newly eligible employees will begin on the 43rd day of eligible employment.

- If you are a new employee in the UUP Professional Services Negotiating Unit and you are transferred directly from other State employment, you will become eligible for dental and vision benefits the day after your benefit coverage with your previous plan terminates. In no instance will you incur a break in coverage.

### **When Coverage Ends**

If you have been actively employed and your eligibility ends, your coverage will terminate the last day of the month following the month in which you were last employed.

Part-time employees are eligible to receive 13 payroll periods of coverage for each semester worked, according to Article 39 of the collective bargaining agreement between UUP and the State of New York.

If you have family coverage and you lose eligibility, your dependents' coverage ends on the same date your coverage ends.

If you have family coverage and only your dependent loses eligibility, their coverage will end as follows:

- Spouse: On the last day of the month of the effective date of the divorce.
- Domestic partner: On the effective date of the dissolution of the domestic partnership (per the New York State Department of Civil Service).
- Dependent children: On the last day of the month in which they turn 26.

## **BENEFIT TRUST FUND ELIGIBILITY**

### **Employee**

To be eligible for coverage, you must be an employee in the Professional Services Negotiating Unit and be eligible for enrollment in NYSHIP as a result of the collective bargaining agreement between UUP and the State of New York. You will be eligible for Benefit Trust Fund benefits for the duration that you are eligible for NYSHIP benefits.

***In the event both you and your spouse or domestic partner are employees eligible for enrollment in NYSHIP as a result of the collective bargaining agreement between UUP and the State of New York, one of you must be enrolled as an eligible dependent for purposes of receiving benefits under the vision care program provided by the Benefit Trust Fund.***

The eligibility rules for group term life insurance differ from those for dental and vision coverage (*see the Unum section*).

### **Dependents**

The following dependents are eligible for dental and vision benefits under the Benefit Trust Fund:

#### ***Spouse***

Your spouse, including a legally separated spouse, is eligible. If you are divorced or your marriage has been annulled, your former spouse is not eligible even if a court orders you to maintain coverage.

### ***Domestic partner***

You may cover your domestic partner as a dependent. For eligibility with the Benefit Trust Fund, a domestic partnership is one in which you and your partner can certify that you:

- Are both 18 years of age or older
- Have been in the partnership for at least six months
- Are both unmarried
- Are not related in a way that would bar marriage
- Have shared the same residence and have been financially interdependent for at least six months

Enrollment of a domestic partner must be processed by your campus HBA. The Benefit Trust Fund will be notified of this enrollment by the New York State Department of Civil Service.

***Please call the Benefit Trust Fund if your domestic partner wants only dental and vision coverage and does not need medical coverage.***

### ***Children***

Your children are eligible until the end of the month in which they reach 26 years of age. An eligible child may be any of the following:

- 1) Natural child
- 2) Stepchild
- 3) Child of your domestic partner
- 4) Legally adopted child – including a child in a waiting period prior to finalization of adoption
- 5) Disabled child – your disabled child may be eligible for coverage after turning age 26. A special form is required for disabled children and is available from the Benefit Trust Fund. To be eligible, the child must meet all requirements listed below.
  - Be unmarried
  - Be incapable of self-support by reason of mental or physical disability
  - Be incapacitated before the age at which dependent coverage would otherwise be terminated

6) “Other” child – a child that does not meet any of the criteria listed above may also be eligible for Benefit Trust Fund coverage. The above requirements must be reached before the age of 26. You must verify eligibility and provide documentation. However, to be eligible, the child must meet all the requirements listed below:

- Financially dependent on you
- Reside with you
- Be a child for whom you have assumed legal responsibility in place of parent

### **After Eligibility Ends**

If you and/or dependent(s) are no longer eligible for Benefit Trust Fund coverage, coverage may be continued under COBRA in certain cases (*see COBRA section*).



## **DELTA DENTAL PPO PROGRAM (Group #165)**

### **Delta Dental PPO Program**

The Delta Dental PPO (Preferred Provider Organization) plan allows eligible UUP-represented employees and eligible dependents to utilize dental providers both in and out of the PPO network. Additionally, eligible UUP-represented employees will have access to the larger Delta Dental Premier network.

### **In-Network Dentists**

You can locate an in-network dentist by calling Delta Dental Customer Service at 800-471-7093 or by visiting [www.deltadentalins.com/uup](http://www.deltadentalins.com/uup).

### **Coordination of Benefits**

When two eligible UUP-represented employees are married, or in a domestic partnership, Delta Dental will utilize coordination of benefits to process claims. Dental claims for eligible dependent children are processed according to the “birthday” rule (claims are paid first under the UUP-represented employee with the birthday earliest in the year). Delta Dental will also coordinate benefits with other dental carriers.

### **Predetermination of Benefits**

If the estimated total charge for a treatment plan exceeds \$500, you are encouraged to submit a predetermination to Delta Dental.

### **Annual Maximums**

The per-person calendar-year maximum allowance for covered in-network and out-of-network services is \$3,000 (including orthodontia).

### **Delta Dental Mailing Address**

Delta Dental, PO Box 2105, Mechanicsburg, PA 17055-2105

### **Delta Dental Website**

Delta Dental’s website, [www.deltadentalins.com/uup](http://www.deltadentalins.com/uup), gives you the ability to review all aspects of your dental plan.

### **Freedom of choice of dentists**

You can select any dentist you want for service and receive applicable benefits.

<i>Delta Dental PPO Plan Summary of Benefits</i>	<b>Paid by Delta</b>	<b>Paid by Employee</b>
<b>Diagnostic &amp; Preventive Benefits</b> <ul style="list-style-type: none"> <li>• Oral exams (benefit twice per calendar year)</li> <li>• Routine cleanings (benefit twice per calendar year)</li> <li>• Additional cleaning for pregnant women</li> <li>• Full mouth <b>or</b> panoramic x-rays (benefit once in any three-year period)</li> <li>• Periodontal cleanings (benefit four times per calendar year. This number will be reduced by routine cleanings, maximum of two, for a given year not to exceed four)</li> <li>• Bitewing x-rays (benefit twice per calendar year)</li> <li>• Fluoride applications (benefit twice per calendar year limited to dependents under age 19)</li> <li>• Sealants (one treatment per tooth in any 36-month period; limited to posterior teeth for dependents under age 14)</li> <li>• Space maintainers (limited to non-orthodontic treatment for dependents under age 16)</li> <li>• Emergency care to relieve pain</li> <li>• Histopathologic exams</li> </ul>	<b>100%</b>	<b>0%</b>
<b>Basic Benefits</b> <ul style="list-style-type: none"> <li>• Fillings - amalgam (silver)</li> <li>• Fillings - composite (white, limited to non-molars only)</li> </ul>	<b>80%</b>	<b>20%</b>
<b>Major Benefits</b> <ul style="list-style-type: none"> <li>• Crowns, inlays, onlays and cast restorations</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Endodontics</b> <ul style="list-style-type: none"> <li>• Root canals</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Periodontics</b> <ul style="list-style-type: none"> <li>• Gum treatment</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Oral Surgery</b> <ul style="list-style-type: none"> <li>• Incisions, excisions, extractions</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Prostodontics</b> <ul style="list-style-type: none"> <li>• Bridges, dentures, implants</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Benefits</b> <ul style="list-style-type: none"> <li>• Adults and children</li> </ul>	<b>50%</b>	<b>50%</b>
<b>Temporomandibular Joint Dysfunction</b> <ul style="list-style-type: none"> <li>• TMJ</li> </ul>	<b>50%</b>	<b>50%</b>

*\*Orthodontia benefits may be pro-rated for treatment started before the UUP-represented employee and/or dependent(s) were eligible.*

**No gatekeeper required**

You do not have to select a primary care dentist for services. You can change dentists whenever you want without contacting Delta Dental.

**Referrals not necessary**

You do not need a referral from your primary care dentist to receive specialty services. You are free to visit the specialist of your choice.

**Out of area coverage**

You can visit any licensed dentist, anywhere in the world.

**Large dentist network**

Delta Dental's PPO network is among the largest of its type in the USA.

**Network safety net**

The PPO network gives you access to two Delta Dental dentist networks of different sizes that offer different levels of savings. You can choose a dentist from the larger Delta Dental Premier® network, or you can take advantage of the lower fees, and lower out-of-pocket costs, associated with dentists who participate in the smaller PPO network. This dual network approach means 3 out of 4 dentists in the country can save you money. This "safety net" protects you from the higher out-of-pocket costs that are likely if you visit non-participating dentists.

**No pre-existing conditions exclusion**

No exclusions for pre-existing conditions.

**No claim forms**

Delta Dental dentists take care of all the paperwork and Delta Dental pays dentists directly.

**Delta Dental Premier Program**

- Premier dentists may not balance bill above Delta Dental's approved amount.
- Premier dentists charge you on the patient's share at the time of treatment.
- Premier dentists will complete claim forms and submit them for you at no charge.

**Delta Dental Plan Exclusions and Limitations*****Exclusions***

Covered expenses will not include, and no payment will be made, for expenses incurred for:

- Services performed solely for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge, crown or denture within five years after the date it was originally installed unless: (a) such replacement is made necessary by the placement of an original opposing full denture or the necessary extraction of natural teeth; or (b) the bridge, crown or denture, while in the mouth, has been damaged beyond repair as a result of an injury received while a person is insured for these benefits
- Any replacement of a bridge, crown or denture which is or can be made useable according to common dental standards
- Procedures, appliances or restorations (except full dentures) whose main

purpose is to (a) change vertical dimension; (b) stabilize periodontally involved teeth; or (c) restore occlusion

- Porcelain or acrylic veneers of crowns/pontics on or replacing the upper and lower 1, 2, 3 molars
- Bite registrations; precision or semi-precision attachments; or splinting
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Services for which benefits are not payable according to the “General Limitations” section

In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by the Benefit Trust Fund.

### ***General Limitations***

- No payment will be made for expenses incurred for you or any one of your dependents
- Anesthesia covered only in relation to oral surgery
- For or in connection with an injury arising out of any employment for wage or profit
- For or in connections with a sickness which is covered under any workers compensation or similar law
- For charges made by a hospital owned or operated by or which provides care or performs services for the U.S. government, if such charges are directly related to a military service-connected condition
- To the extent that payment is unlawful where the person resides when the expenses are incurred
- For charges which the person is not legally required to pay
- To the extent that they are more than either the applicable Contracted Fee, applicable Reasonable or Customary Charges or applicable Scheduled Amount
- For charges for unnecessary care, treatment or surgery
- To the extent that you or any of your dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid
- For or in connection with experimental procedures or treatment methods not approved by the American Dental Association or the appropriate dental specialty society
- Episodes of surgical periodontal treatment must be separated by a period of no less than 5 years to qualify the patient for additional periodontal benefits

No payment will be made for expenses incurred by you or any of your dependents to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a “no-fault” insurance law or an uninsured motorist insurance law. Delta Dental will consider any adjustment option chosen under such part by you or any one of your dependents.

## **DELTA DENTAL DHMO (Group #76895)\***

### **Delta Dental DHMO Program (DeltaCare® USA)**

The DeltaCare® USA DHMO plan is being offered to eligible UUP-represented employees as an alternative dental option. In addition to the original Delta Dental PPO plan, DeltaCare® USA is an HMO-type dental program that is designed to encourage regular visits to the dentist by having no copayments on most diagnostic and preventive benefits.

### **DeltaCare® USA Dentists**

You must select a dentist that has contracted specifically with DeltaCare® USA. This dentist will serve as your primary care dentist. You can locate a DeltaCare® USA dentist by calling Delta Dental Customer Service at 800-471-7093 or by visiting [www.deltadentalins.com/uup](http://www.deltadentalins.com/uup).

### **New Employees**

If you are a new employee or have never enrolled in the UUP Benefit Trust Fund, you can select DeltaCare® USA as your dental plan. If you do not select the DeltaCare® USA plan you will automatically be enrolled in the Delta Dental PPO plan.

### **Open Enrollment**

Eligible UUP-represented employees who wish to switch to the DeltaCare® USA plan for the next calendar year may do so during the annual open enrollment period, November 1-30. Enrollment forms can be accessed at [www.uupinfo.org](http://www.uupinfo.org).

### **Dependent Coverage**

You and your eligible dependents may receive care from the same contract dentist. However, if you prefer, you may collectively select up to a maximum of three different dental facilities.

### **Dental Specialists**

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics, orthodontics or pediatric dentistry with an approved contract specialist. There is no additional charge to you for receiving care from a specialist.

### **Teeth Whitening**

Teeth whitening is a benefit under the DeltaCare® USA plan.

*\*Please note that the Delta Care® USA Program has provider deficiencies in the following areas: Alfred, Canton, Cobleskill, Delhi, Oneonta and Potsdam. Delta Dental is making every effort to contract providers in these regions.*

<b><i>DeltaCare® USA DHMO Plan Abridged Listing of Benefits</i></b>	<b>Paid by Employee</b>
<p><b>Diagnostic &amp; Preventive Benefits</b> (the benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program)</p> <ul style="list-style-type: none"> <li>• Periodic oral evaluation – established patient</li> <li>• Routine cleanings – adult or child - 1 per 6-month period</li> <li>• Panoramic radiographic image</li> <li>• Bitewing x-rays – four radiographic images – limited to 1 series every 6 months</li> <li>• Fluoride applications - child to age 26; 1 per 6-month period</li> <li>• Sealants – per tooth – limited to permanent molars through age 15</li> <li>• Space maintainers – fixed – unilateral</li> </ul>	<p><b>No cost</b>  <b>No cost</b>  <b>No cost</b>  <b>No cost</b>  <b>No cost</b>  <b>\$10.00</b>  <b>\$40.00</b></p>
<p><b>Basic Restorative</b></p> <ul style="list-style-type: none"> <li>• Fillings - amalgam (silver) – one surface, primary or permanent</li> <li>• Fillings - composite (white) – one surface, anterior</li> </ul>	<p><b>No cost</b>  <b>No cost</b></p>
<p><b>Major Restorative</b></p> <ul style="list-style-type: none"> <li>• Crowns – resin with high noble metal</li> <li>• Crowns – full cast noble metal</li> </ul>	<p><b>\$295</b>  <b>\$355</b></p>
<p><b>Endodontics</b></p> <ul style="list-style-type: none"> <li>• Root canals – endodontic therapy, anterior tooth (excluding final restoration)</li> </ul>	<p><b>\$95</b></p>
<p><b>Periodontics</b></p> <ul style="list-style-type: none"> <li>• Periodontal maintenance – limited to 1 treatment each 6-month period</li> </ul>	<p><b>\$35</b></p>
<p><b>Oral Surgery</b></p> <ul style="list-style-type: none"> <li>• Extraction, coronal remnants – deciduous tooth</li> <li>• Removal of impacted tooth – soft tissue</li> </ul>	<p><b>No cost</b>  <b>\$55</b></p>
<p><b>Prosthodontics</b></p> <ul style="list-style-type: none"> <li>• Pontic – cast high noble metal</li> <li>• Recement fixed partial denture</li> </ul>	<p><b>\$355</b>  <b>\$25</b></p>
<p><b>Orthodontic Benefits</b> (adults and children)</p> <ul style="list-style-type: none"> <li>• Limited orthodontic treatment of the transitional dentition – child or adolescent to age 26</li> </ul>	<p><b>\$1,900</b></p>

## **DeltaCare® USA DHMO Program**

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists
- No claim forms to complete
- Access to specialty care
- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to \$100 per emergency
- No annual or lifetime dollar maximums

## **DeltaCare® USA DHMO Limitations and Exclusions of Benefits**

### **Limitations**

- The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.
- If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
- General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
- Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Delta Dental, less applicable Copayments. The Plan will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist.
- The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
- Orthodontic treatment in progress is limited to new DeltaCare® USA enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, if they continue to be eligible under the DeltaCare® USA DHMO Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan or qualifying orthodontic cases.

### **Exclusions**

- Exclusions do not apply to procedures listed on Schedule A, Description of Benefits and Copayments, if dental care of treatment is necessary due to congenital disease or anomaly. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

- Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures or is inconsistent with generally accepted standards for dentistry.
- Services not due to medical or dental necessity, but done solely for cosmetic purposes, except for (1) procedure D9975 (external bleaching for home application, per arch), (2) treatment that is due to accident or injury, and directly attributable thereto, or (3) reconstructive surgery necessary because of a congenital disease or anomaly which has resulted in a functional defect. This exclusion will not apply if the treatment is approved by an external appeal agent pursuant to Section 4910 of the New York Insurance Law. Refer to ENROLLEE COMPLAINT PROCEDURES and Appendix A, DELTA DENTAL OF NEW YORK'S INTERNAL GRIEVANCE PROCEDURE Ride for additional information.
- Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
- Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
- Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to treat abnormal conditions of the temporomandibular joint (TMJ) which are medical in nature with exception for procedures D0051 and D9952 as shown on Schedule A.
- Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
- Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
- Consultations or other diagnostic services for non-covered benefits.
- Dental services received from any dental facility other than the assigned contracted dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric dentist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.
- All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
- Prescription and over-the-counter drugs.
- Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare® USA DHMO Program. Examples—teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
- Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.



# DavisVision™

## **DAVIS VISION CARE PROGRAM**

The Davis Vision Care Plan offers eligible UUP-represented employees and eligible dependents quality eye care services through a nationwide network of highly qualified optometrists. Davis Vision is a unionized company; employees are represented by United Optical Workers, Local #408 IUE/CWA, and AFL-CIO.

### **Davis Vision Enhancements**

The UUP Benefit Trust Fund has negotiated significant enhancements to the Davis Vision Eyeglass Plan and Contact Lens Plan:

- Eyeglass Plan—eligible UUP-represented employees and eligible dependents can purchase upgraded eyeglass lenses at discounted rates (*see Enhanced Eyeglass Plan*).
- Contact Lens Plan—eligible UUP-represented employees and eligible dependents can purchase contact lenses from Davis Vision's Enhanced Contact Lens Collection at a reduced copayment of \$25. When you select from the enhanced collection your contact lens evaluation, fitting and follow-up care is covered as part of the \$25 copay (*see Davis Vision Enhanced Contact Lenses Collection*).

### **Davis Vision Providers**

Eligible UUP-represented employees and eligible dependents will receive the maximum benefit from the Vision Care Plan when utilizing an in-network provider. A list of in-network providers is available by calling Davis Vision Customer Service 1-800-999-5431 or at [www.davisvision.com](http://www.davisvision.com).

### **How to Use the Benefit**

Visit the network provider of your choice and identify yourself as an eligible UUP-represented employee or an eligible dependent. Provide the provider with the eligible UUP-represented employee ID number. The provider's office will contact Davis Vision and verify eligibility for services. No claim forms are required.

### **What the Plan Provides**

Every 12 months (based on the last date of service), eligible UUP-represented employees and eligible dependents are entitled to: (1) a comprehensive eye examination that includes glaucoma testing and dilation when professionally indicated, and (2) one pair of eye-glasses (prescription lenses and frames) **or** the benefit may be applied toward contact lenses (*see Davis Vision Care Plan Summary of In-Network Benefits*).

***Each eligible UUP-represented employee and each eligible dependent can only receive one pair of eyeglasses and one eye examination per every 12-month period.***

<i>Davis Vision Enhanced Eyeglass Plan</i>	<b>Copay</b>
<p><b>Premium AR Coating</b></p> <ul style="list-style-type: none"> <li>Offers reduced internal and external reflections. Lenses are easy to clean, safer and more impact resistant than standard AR lenses.</li> </ul>	<b>\$15</b>
<p><b>Ultra AR Coating</b></p> <ul style="list-style-type: none"> <li>Offers the best in anti-reflective lenses, including visual clarity and the virtual elimination of reflections and glare. Easy to clean, they repel water, dirt and fingerprints, and they provide improved scratch resistance and enhanced UV protection.</li> </ul>	<b>\$27</b>
<p><b>Ultra/Digital Progressive</b></p> <ul style="list-style-type: none"> <li>Offers exceptional comfort with highly accurate lenses, custom designed to the wearer’s prescription. They provide enhanced visual clarity with high definition material and premium anti-reflective properties.</li> </ul>	<b>\$50</b>
<p><b>High-Index Lenses</b></p> <ul style="list-style-type: none"> <li>Are comprised of a dense material, resulting in thinner and lighter lenses than those produced from plastic. High-index lenses are especially useful to those with strong prescriptions, creating eyeglasses that are comfortable to wear without the awkward look of thick lenses.</li> </ul>	<b>\$55</b>
<p><b>Polarized Lenses</b></p> <ul style="list-style-type: none"> <li>Are used in sunglasses and provide wearers with a filter to eliminate the horizontal glare experienced from reflective surfaces, such as water or the road’s surface. Polarized lenses can also be worn indoors to protect light-sensitive individuals from light exposure. These lenses are recommended for patients with eye conditions such as cataracts and age-related macular degeneration.</li> </ul>	<b>\$60</b>
<p><b>Plastic Photochromic Lenses</b></p> <ul style="list-style-type: none"> <li>Are light-sensitive and darken when they are exposed to ultraviolet rays. The most common brand is called transitions adaptive lenses. Generic versions are called “photochromic” or “photosensitive” lenses. These lenses provide the wearer protection from harmful effects of the sun.</li> </ul>	<b>\$70</b>

***Davis Vision Enhanced Contact Lens Collection\****

<b>TYPE</b>	<b>FREQUENCY</b>	<b>BRAND</b>	<b>MANUFACTURER</b>
<b>Planned Replacement</b>  Includes 2 boxes	Planned Replacement	Biofinity®	CooperVision®
	Planned Replacement	Frequency® Aspheric	CooperVision®
<b>Disposable</b>  Includes 4 boxes	2 Week	ACUVUE® 2	Vistakon®
	2 Week	ACUVUE OASYS®	Vistakon®
	Daily	Clear Sight™ 1-Day	CooperVision®
	Daily	1-Day ACUVUE MOIST®	Vistakon®
	Toric (2 Week)	ACUVUE® OASYS® for ASTIGMATISM	Vistakon®
	Toric (2 Week)	Biomedics® Toric	CooperVision®
	Medical (2 Week)	ACUVUE® OASYS® for PRESBYOPIA	Vistakon®

*\*\$25 copayment for all contact lenses from the Davis Vision Enhanced Contact Lens Collection. Contact lens evaluation, fitting and follow-up are all covered by the \$25 copayment.*

<p style="text-align: center;"><i>Davis Vision Care Plan</i> <i>Summary of In-Network Benefits</i></p>	<p style="text-align: center;"><b>Cost to Employee</b></p>
<p><b>Eye examination (once every 12 months)</b></p> <ul style="list-style-type: none"> <li>• Inclusive of dilation when professionally indicated</li> </ul>	<p style="text-align: center;"><b>None</b></p>
<p><b>Spectacle lenses (once every 12 months)</b></p> <ul style="list-style-type: none"> <li>• All ranges of prescriptions and sizes</li> <li>• Choice of glass or plastic lenses</li> <li>• Oversize lenses</li> <li>• Fashion and gradient tinting</li> <li>• Glass-Grey #3 prescription sunglass lenses</li> <li>• Polycarbonate lenses</li> <li>• Scratch protection</li> <li>• Ultraviolet coating</li> <li>• Standard anti-reflective AR coating</li> <li>• Standard progressive lenses</li> <li>• Premium progressive lenses</li> <li>• Blended segment lenses</li> </ul>	<p style="text-align: center;"><b>None</b></p>
<p><b>Davis Vision frame collection (once every 12 months)</b></p> <ul style="list-style-type: none"> <li>• Fashion, Designer and Premier levels</li> </ul>	<p style="text-align: center;"><b>None</b></p>
<p><b>Davis Vision Premium Contact Lenses Collection – in lieu of eyeglasses</b></p> <ul style="list-style-type: none"> <li>• Once every 12 months</li> <li>• Includes evaluation, fitting and follow-up</li> </ul>	<p style="text-align: center;"><b>None</b></p>
<p><b>Photochromic lenses</b></p> <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Multi-focal</li> </ul>	<p style="text-align: center;"><b>\$13</b> <b>\$22</b></p>
<p><b>Non-Collection</b></p> <ul style="list-style-type: none"> <li>• Toric contact lenses (covered up to \$150), in lieu of eyeglasses (does not include evaluation, fitting and follow-up)</li> <li>• Standard contact lenses (covered up to \$25), in lieu of eyeglasses (does not include evaluation, fitting and follow-up).</li> </ul>	<p style="text-align: center;"><b>&lt; \$150</b> <b>&lt;\$25</b></p>
<p><b>Visually required contact lenses</b></p> <ul style="list-style-type: none"> <li>• Needs prior approval</li> <li>• With prior approval, will be covered in full</li> </ul>	<p style="text-align: center;"><b>None</b></p>

## **Lenses and Frames**

For Vision Care Plan prescription lenses and frames there are no copayments or deductibles. Eligible UUP-represented employees and eligible dependents may select enhancements for a nominal copay.



## **Contact Lenses**

Disposable or planned replacement lenses may be selected from an in-network provider in lieu of prescription lenses and frames. The Vision Care Plan mandates specific requirements regarding contact lenses including complete patient training in insertion, removal, care, and wearing time of contact lenses by the doctor or professional staff. Once the contact lens option is selected and the lenses are fitted, the contacts may not be exchanged for eyeglasses.

## **Splitting the Vision Benefit**

Eligible UUP-represented employees and eligible dependents may split the benefit by receiving an eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations. However, complete eyeglasses must be obtained at one time from one provider. To maximize the benefits, it is recommended that all services be obtained from a network provider.

## **Warranty**

Davis Vision provides a one-year eyeglass breakage warranty at no additional cost. All plan eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The warranty applies to all plan covered eyeglasses.

## **Out-of-Network Providers**

If an out-of-network provider is selected, the eligible UUP-represented employee must pay the provider directly for all charges and submit a claim for reimbursement to Vision Care Processing Unit, PO Box 1525, Latham, NY 12110. The out-of-network reimbursement is \$10 per exam and \$35 for material (frames and lenses) or contacts.

## **Davis Vision Website**

The Davis Vision website allows access to a wide scope of services. Go to [www.davisvision.com](http://www.davisvision.com) and enter the appropriate identifying information.

## **Laser Vision Program**

Davis Vision offers eligible UUP-represented employees and eligible dependents the opportunity to receive Laser Vision Correction Services at significant discounts through a network of credentialed surgeons. By using the laser vision program in-network providers, eligible UUP-represented employees and eligible dependents will save up to 25% on the provider's regular rate or 5% off any advertised rate. For more information, go to [www.davisvision.com](http://www.davisvision.com) or call 800-584-2866 and enter client code 7512.

**Important: The Benefit Trust Fund has negotiated a \$200 per eye reimbursement for eligible UUP-represented employees and eligible dependents whether a participating or a non-participating provider is utilized. The eligible UUP-represented employee must pay the provider directly for all charges and submit a claim within 180 days of the date of service to Davis Vision, Laser Correction Claims Processing, PO Box 1620, Latham, NY 12110. Claim forms can be accessed at [www.davisvision.com](http://www.davisvision.com) or by calling Davis Vision Customer Service at 1-800-999-5431.**

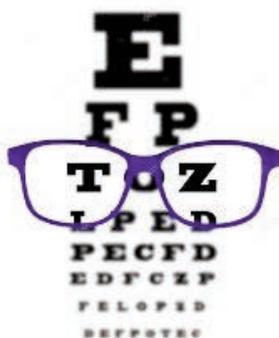
### **Mail Order Contact Lenses**

Replacement contacts (after initial benefit) can be purchased through [www.davisvisioncontacts.com](http://www.davisvisioncontacts.com).

### **Davis Vision Care Plan Exclusions**

Davis Vision coverage is typically limited to routine eye examinations and eyewear and there are no applicable pre-existing condition exclusions. Covered expenses will not include, and no payment will be made for, expenses incurred for:

- Medical treatment of eye disease or injury
- Visual therapy
- Special lenses or coatings other than those described in this summary (e.g., pinnacle lenses)
- Replacement of lost/stolen eyewear
- Non-prescription (Plano) lenses
- Two pairs of eyeglasses in lieu of bifocals
- Services not performed by licensed personnel
- Prosthetic devices and services
- Materials and services not specified
- Insurance of contact lenses



# **UUP BENEFIT TRUST FUND**

## **UNDERGRADUATE SCHOLARSHIP PROGRAM**

**Who is Eligible:** The UUP Benefit Trust Fund Undergraduate Scholarship Program is for dependent children of active SUNY employees represented by United University Professions. Dependent children who turn age 26 anytime during the semester for which the scholarship is being awarded are no longer eligible. Also, dependent children of UUP Retiree members or COBRA/Direct Pay participants are not eligible.

*The Scholarship Program will be available from Fall 2018–Spring 2022. However, please note that the UUP Benefit Trust Fund Board of Trustees reserves the right to suspend or modify the Scholarship Program at any time.*

### **Scholarship Award:**

- The scholarship award is \$500 per semester to be used for fees, books, supplies or room and board (this award cannot be used for tuition)
- a maximum of one (1) scholarship per dependent child will be awarded each semester even if both parents are UUP-represented employees
- a total maximum of eight (8) scholarships can be awarded per dependent child
- scholarship checks will be issued in the UUP-represented employee's name and address of record

### **Criteria: PLEASE READ CAREFULLY—To qualify for the scholarship, your dependent children must:**

- be a dependent child of a UUP-represented employee on payroll on the last day of the semester for which they are applying
- provide an official transcript listing a minimum of 12 matriculated undergraduate credit hours earned toward degree requirements in the semester for which they are applying. For example, if 14 credits have been completed and a student fails a 3-credit course, only 11 credits have been earned
- have taken these credits at a state-operated SUNY school. (This does not include, for example, community colleges, Cornell University, Fashion Institute of Technology, Alfred University and Alfred Ceramics)
- provide an official transcript showing a 2.75 grade-point average or higher
- incurred expenses of \$500 or more for fees, books, supplies or room and board per semester
- be under the age of 26.

**Deadline for Application:** The application must be postmarked by 60 days after the end of the semester for which the dependent is applying.

**To Apply:** Applications can be obtained by calling the Benefit Trust Fund at 800-887-3863 or on the UUP web site at [www.uupinfo.org](http://www.uupinfo.org). Applications and official transcripts can be mailed to the address below. The application can be faxed to 1-866-559-0516 or emailed to [benefits@uupmail.org](mailto:benefits@uupmail.org)

**UUP Benefit Trust Fund  
P.O. Box 15143  
Albany, NY 12212-5143  
Attention: Scholarship Program**



**STATE OPERATED SUNY SCHOOLS**

SUNY Albany	SUNY Geneseo
SUNY Alfred	SUNY Maritime
SUNY Binghamton	SUNY Morrisville
SUNY Brockport	SUNY New Paltz
SUNY Buffalo Center	SUNY Old Westbury
SUNY Buffalo HSC	SUNY Oneonta
SUNY Buffalo State	SUNY Optometry
SUNY Canton	SUNY Oswego
SUNY Cobleskill	SUNY Plattsburgh
SUNY Cortland	SUNY Polytechnic Institute
SUNY Delhi	SUNY Potsdam
SUNY Downstate Medical Center	SUNY Purchase
SUNY Empire State	SUNY Stony Brook
SUNY Environmental Science and Forestry	SUNY Stony Brook HSC
SUNY Farmingdale	SUNY Upstate Medical Center
SUNY Fredonia	



Better benefits at work.

## **GROUP TERM LIFE INSURANCE PROGRAM**

### **Who is Eligible?**

All active UUP-represented employees in the Professional Services Negotiating Unit are eligible. Eligibility for this program differs from that for dental and vision coverage. This benefit does **not** cover dependents or retirees.

If you go on an employer-approved leave without pay, you are not eligible for the life insurance program unless you are in paid membership status on the date of death.

To continue membership while on an approved leave, a direct-dues payment must be made within 60 days of commencing the leave. Contact the Benefit Trust Fund at 800-887-3863 for more information or use the application on the UUP website.

### **Individual Eligibility Date**

The date on which the UUP-represented employee is on payroll.

### **Termination of Eligibility**

The date on which the UUP-represented employee is no longer on payroll.

### **Maximum Benefit**

\$6,000

### **Beneficiary**

We strongly advise that you have a Group Term Life Insurance Beneficiary card on file with the Benefit Trust Fund. Beneficiary cards are available from the Benefit Trust Fund or on the UUP website.

### **Claims**

To file a claim under this policy, please call the Benefit Trust Fund at 800-887-3863.

## **DIRECT PAYMENT PROGRAM**

All employees in the UUP Professional Services Negotiating Unit (PSNU) may maintain UUP Benefit Trust Fund dental and vision benefits through the Direct Payment Program if one of the following scenarios applies:

- They are placed on an authorized leave without pay, regardless of the type of leave granted. Employees may maintain direct payment coverage for the full duration of their authorized leave.
- They are placed on a medical leave without pay whose authorized leave ends (and they are no longer employed) but who continue under SUNY's Long-Term Disability plan may continue the Direct Pay Program if the long-term disability coverage is verified annually through the Benefit Trust Fund.
- They are employed by the State but do not meet eligibility requirements for the New York State Health Insurance Program coverage. Benefit Trust Fund benefits can be purchased on a direct-payment, full-share basis if the employee remains employed by the state.

You must apply for the Direct Payment Program within 60 days from when your Benefit Trust Fund benefits terminate. Direct Payment Program applications may be obtained by calling the Benefit Trust Fund. Applications received after the 60-day deadline will not be accepted.

### **When Coverage Begins**

- Coverage will begin on the first day of the month following the month in which your active benefits terminate.
  - If you are on authorized sick or disability leave without pay, your eligibility for Benefit Trust Fund benefits will be extended for a total of four months following the month in which you were last actively employed. Your direct payment coverage will begin on the first day of the month following the additional four months.

### **When Coverage Ends**

- Direct payment coverage will terminate when your Direct Payment Program eligibility ends, you reach the age of 65, or for nonpayment.

*To continue membership while on an approved leave, a direct-dues payment must be made within 60 days of commencing the leave. Contact the Benefit Trust Fund at 800-887-3863 for more information or use the application on the UUP website.*

# **COBRA**

## ***Continuation of Dental and Vision Coverage***

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that allows employees and their families to continue their health coverage in certain circumstances when coverage would otherwise end.



Under the same guidelines, the UUP Benefit Trust Fund offers COBRA for dental and vision benefits. COBRA benefits are the same dental and vision benefits offered to eligible UUP-represented employees and eligible dependents enrolled in the Benefit Trust Fund. Documentation of the COBRA-qualifying event may be required.

## **Eligibility**

### ***Employees***

Eligible UUP-represented employees enrolled in the Benefit Trust Fund have the right to 18 months of COBRA coverage if their eligibility has ended due to termination of employment or a decrease in eligibility resulting in a loss of coverage.

### ***Spouse/domestic partner***

The spouse or domestic partner of a Benefit Trust Fund enrollee has the right to 18 months of COBRA coverage if the spouse's or partner's coverage under the Benefit Trust Fund is lost for any of the following reasons:

- The death of the employee
- Termination of the employee's employment
- Decrease in eligibility of the employee
- Divorce or termination of domestic partnership

### ***Dependent children***

A dependent child of a Benefit Trust Fund enrollee has the right to 18 months COBRA coverage if coverage under the Benefit Trust Fund is lost for any of the following reasons:

- The dependent ceases to be an eligible dependent child under the Benefit Trust Fund
- The death of the parent
- Termination of the parent's employment
- Decrease in eligibility of the parent
- Parent's divorce or termination of domestic partnership

## **Notification of Changes**

It is your responsibility to notify the Benefit Trust Fund of any of the following changes:

- Death of your spouse
- Divorce
- Termination of a domestic partner relationship
- Change in dependent child's eligibility
- Birth or adoption of a child

## **Deadlines Apply**

A COBRA application will be sent to your address of record. Be sure to read the application carefully. To maintain eligibility, you must complete and return the election form by the response date noted on the COBRA application.

## **60-day Deadline to Elect COBRA**

You must elect continuation coverage within 60 days from the date you lose coverage or 60 days from the date you are notified of your eligibility for continuation of coverage, whichever is later.

## **Costs Under COBRA**

COBRA enrollees pay 100% of the premium for continuation coverage, plus a 2% administrative fee. Premium rates are subject to change without advance notice. In addition, if the dental and vision benefits change for active employees, your coverage will change as well.

Monthly premiums for COBRA will not be billed by the Benefit Trust Fund but are the responsibility of each enrollee. The Benefit Trust Fund must receive monthly payments no later than the last day of each month or coverage will be terminated. Reinstatements are not allowed.

## **Other Coverage**

You cannot be covered under the Benefit Trust Fund dental and vision COBRA program if you are covered, or are eligible for, coverage under another plan for dental and vision benefits either as an employee or as a dependent, unless the other plan contains limitations on the coverage of pre-existing conditions.

## **Survivors of COBRA Enrollees**

If you die while you are a Benefit Trust Fund COBRA enrollee, your enrolled dependents who are qualified beneficiaries will be eligible to continue COBRA coverage for up to 18 months from the original date of COBRA coverage.

## **When You No Longer Qualify for COBRA Coverage**

Continuation coverage will end if (1) the premium for your continuation coverage is not paid on time; or (2) the continuation period ends.

## **Notification of Dependent's Loss of Eligibility**

To be eligible for COBRA continuation coverage, the enrollee or covered dependent must notify the Benefit Trust Fund within 60 days from the date a covered dependent is no longer eligible for coverage (see examples below):

- A divorce
- Termination of a domestic partnership (the New York State Department of Civil Service must supply this information)
- A child's loss of eligibility as a dependent

If the Benefit Trust Fund does not receive notification within that 60-day period, the dependent will not be entitled to choose continuation of coverage.

## HIPAA

### *Protected Health Information*

A federal law, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), requires that health plans protect the confidentiality of your Protected Health Information (“PHI”) effective April 14, 2003. A summary of your rights under HIPAA can be found in the Plan’s privacy notice on the UUP website and is also available from the Plan’s Privacy Official, Doreen Bango, Plan Manager.

This Plan, and the Plan Sponsor (the Plan Sponsor for HIPAA purposes is UUP), will not use or disclose your PHI except as necessary for treatment, payment, health care operations and plan administration, or as permitted or required by law.

“Payment” includes activities undertaken by the Plan to determine or fulfill its responsibility for coverage and the provision of plan benefits that relate to an individual to whom health care is provided. The activities include, but are not limited to, the following:

- Determination of eligibility, coverage and cost sharing amounts (for example, cost of a benefit, plan maximums and copayments as determined for a participant’s claim)
- Coordination of benefits
- Adjudication of health benefit claims (including appeals and other payment disputes)
- Subrogation of health benefit claims
- Establishing contributions to the Plan, including, but not limited to, COBRA contributions
- Risk adjusting amounts due based on enrollee health status and demographic characteristics
- Billing, collection activities and related health care data processing
- Claims management and related health care data processing, including auditing payments, investigating and resolving payment disputes and responding to participant inquiries about payments
- Obtaining payment under a contract for reinsurance (including stop-loss and excess of loss insurance)
- Medical necessity reviews or reviews of appropriateness of care or justification of charges
- Utilization review, including pre-certification, preauthorization, concurrent review and retrospective review
- Disclosure to consumer reporting agencies related to reimbursement (the following PHI may be disclosed for payment purposes: name and address, date of birth, Social Security number, payment history, account number and name and address of the provider and/or health plan)
- Reimbursement to the plan

“Health Care Operations” include, but are not limited to, the following activities:

- Quality assessment
- Population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, disease management, contacting health care providers and patients with information about treatment alternatives and related functions
- Rating provider and plan performance, including accreditation, certification, licensing or credentialing activities
- Underwriting, premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims or health care (including stop-loss insurance and excess loss insurance)
- Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs
- Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the Plan, including formulary development and administration, development or improvement of payment methods or coverage policies
- Business management and general administrative activities of the Plan, including, but not limited to:
  - a) management activities relating to the implementation of and compliance with HIPAA’s administrative simplification requirements
  - b) customer service, including the provision of data analyses for policy holders, Plan sponsors, or other customers
- Resolution of internal grievances
- Due diligence regarding a merger with a potential successor in interest, if the potential successor in interest is a “covered entity” under HIPAA or, following completion of the merger, will become a covered entity

Only the employees of the Benefit Trust Fund who assist in the Plan’s administration and the Board of Trustees of the Benefit Trust Fund will have access to your PHI. These individuals may only have access to use and disclose your PHI for plan administration functions. This Plan provides a complaint mechanism for resolving noncompliance matters. If these individuals do not comply with the above rules, they will be subject to disciplinary sanctions.

By law, the Plan has required all its business associates to also observe HIPAA’s privacy rules. The Plan will not, without your authorization, use or disclose your PHI or employment related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor.

HIPAA provides that this Plan may disclose your PHI to the Plan Sponsor only upon receipt of a Certification by the Plan Sponsor that it agrees to the following: (a) not use or further disclose the information other than as permitted or required by the plan documents or as required by law; (b) ensure that any agents, including a subcontractor, to whom it provides PHI received from this Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such information; (c)

not use or disclose the information for employment related actions and decisions unless authorized by you; (d) not use or disclose the information in connection with any other benefit or employee benefit plan of the Plan Sponsor unless authorized by you; (e) report to this Plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware; (f) make PHI available to you in accordance with HIPAA's access requirements; (g) make PHI available for amendment and incorporate any amendments to PHI in accordance with HIPAA; (h) make available the information required to provide an accounting of disclosures; (i) make its internal practices, books, and records relating to the use and disclosure of PHI received from this Plan available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by this Plan with HIPAA; (j) if feasible, return or destroy all PHI received from this Plan that the Plan Sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which the disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and (k) maintain adequate separation between the Plan and the Plan Sponsor. The Plan Sponsor has made such Certification to the Plan.

Under HIPAA, you have certain rights with respect to your PHI, including certain rights to see and copy the information, receive an accounting of certain disclosures of the information and, under certain circumstances, amend the information. You also have the right to file a complaint with this Plan or with the Secretary of the U.S. Department of Health and Human Services if you believe your rights under HIPAA have been violated.

This Plan's privacy notice provides a summary of your rights under HIPAA's privacy rules. Please contact the Benefit Trust Fund's Privacy Official and Benefit Trust Fund Administrator at 800-887-3863 if: (a) you wish to obtain a copy of the notice; (b) you have questions about the privacy of your health information; or (c) you wish to file a complaint under HIPAA.

Effective April 20, 2005, the Plan Sponsor will:

- Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains or transmits on behalf of the Plan
- Ensure that the adequate separation between the Plan and the Plan Sponsor, as required by HIPAA, with respect to electronic protected health information, is supported by reasonable and appropriate security measures
- Ensure that any agent, including a subcontractor, to whom it provides electronic protected health information agrees to implement reasonable and appropriate security measures to protect the information
- Report to Plan any security incident of which it becomes aware concerning electronic protected health information

The Benefit Trust Fund cares about privacy. A HIPAA authorization form is located on the UUP website.

## **BENEFIT TRUST FUND APPEALS PROCESS**

An appeals process exists for the Benefit Trust Fund. You may submit, in writing, to the Benefit Trust Fund a request indicating why you believe the decision was incorrect. Include any data, questions or comments you deem appropriate. All appeals must be made within 90 days of the decision in question.

## **ABUSE OR MISUSE POLICY**

Abuse or misuse of any of the Benefit Trust Fund plans may result in withholding of benefits.



### **Contact Us**

Benefit Trust Fund  
United University Professions  
P.O. Box 15143  
Albany, NY 12212-5143  
800-887-3863  
benefits@uupmail.org  
www.uupinfo.org

### **Benefit Trust Fund**

Doreen Bango, Director of Member Benefits and Services/Fund Administrator  
Karen Dombrowski, Member Benefits Supervisor  
Khalil Nehme, Membership/Eligibility Specialist  
Lisa McNeil, Benefit Trust Fund Administrative Assistant  
Mia Bango, Benefit Trust Fund Representative  
Amber Barber, Benefit Trust Fund Representative  
Mary Jane Barber, Benefit Trust Fund Representative  
Regina Kane, Benefit Trust Fund Representative  
Gretchen Sarnowicz, Benefit Trust Fund Representative  
Kimberly Tiberio, Benefit Trust Fund Representative  
Dakota Billings, Benefit Trust Fund Clerk  
Haley Ennis, Benefit Trust Fund Clerk  
Walter Apple, Retiree Member Services Coordinator

# IMPORTANT CONTACT INFORMATION

<b>UUP Benefit Trust Fund</b> PO Box 15143 Albany, NY 12212-5143	<a href="http://www.uupinfo.org">www.uupinfo.org</a>	<b>800-887-3863</b> <b>Fax: 866-559-0516</b>
<b>UUP Member Services</b>	<a href="http://www.uupinfo.org">www.uupinfo.org</a>	<b>800-342-4206</b>
<b>UUP Retiree Services</b>	<a href="http://www.uupinfo.org">www.uupinfo.org</a>	<b>800-342-4206</b>
<b>Delta Dental</b> PO Box 2105 Mechanicsburg, PA 17055-2105	<a href="http://www.deltadentalins.com/uup">www.deltadentalins.com/uup</a>	<b>800-471-7093</b>
<b>Davis Vision</b> PO Box 1525 Latham, NY 12210	<a href="http://www.davisvision.com">www.davisvision.com</a>	<b>800-999-5431</b>
<b>Laser Vision Correction</b> (Client Control 7512)	<a href="http://www.davisvision.com">www.davisvision.com</a>	<b>800-584-2866</b>
<b>NYSUT Member Benefits</b>	<a href="http://www.memberbenefits.nysut.org">www.memberbenefits.nysut.org</a>	<b>800-626-8101</b>
<b>AFT+ Member Benefits</b>	<a href="http://www.aft.org">www.aft.org</a>	<b>800-238-1133</b>
<b>The Empire Plan</b> Medical Program Hospital Program Mental Health & Substance Abuse Programs Prescription Drug Program NurseLine	<a href="http://www.cs.ny.gov/employee-benefits">www.cs.ny.gov/employee-benefits</a>	<b>877-769-7447</b> Press 1 Press 2 Press 3 Press 4 Press 5
<b>HMOs</b>	Call the specific HMO for information	
<b>Retirement Systems (Pensions)</b> NYS & Local Retirement System NYS Teachers' Retirement System	<a href="http://www.osc.state.ny.us">www.osc.state.ny.us</a> <a href="http://www.nystrs.org">www.nystrs.org</a>	<b>866-805-0990</b> <b>800-348-7298</b>
<b>Optional Retirement Programs (ORP)</b> TIAA, Fidelity VALIC, VOYA	<a href="http://www.suny.edu/retirement/orp">www.suny.edu/retirement/orp</a>	<b>Contact campus Health Benefits Administrator</b>
<b>NYS Deferred Compensation Plan</b>	<a href="http://www.nysdcp.com">www.nysdcp.com</a>	<b>800-422-8463</b>
<b>NYS Dept. of Civil Service</b>	<a href="http://www.cs.ny.gov">www.cs.ny.gov</a>	<b>800-833-4344</b>
<b>Workers' Compensation</b>	<a href="http://www.foalaw.com">www.foalaw.com</a>	<b>866-362-4887</b>
<b>Flex Spending Account</b> Dependent Care Advantage Account (DCAA) Health Care Spending Account (HCSA) Adoption Advantage Account NYS-Ride	<a href="http://www.flexspend.ny.gov">www.flexspend.ny.gov</a>	<b>800-358-7202</b>