
CIVIL SERVICE BAR ASSOCIATION

Your Plan At A Glance

Dental Program (For Full Time And Part Time Members And Their Covered Dependents)

\$50 per person, \$100 per family calendar year deductible, then covered per fee schedule which is accepted as payment in full by participating dentists to \$2,500 maximum payment per person per calendar year. Lifetime maximum of \$2,500 per person for orthodontics.

Self-Insured Dental Services, Dept. 33, P.O. Box 9005, Lynbrook, NY 11563
Toll Free 1-800-537-1238 www.asonet.com

Prescription Drug Plan (For Full Time Members And Their Covered Dependents)

(As of June 1, 2014, this program has been administered by Teamsters Local 237 Welfare Fund. Please call them at (212) 924-7220 with any inquiries regarding the prescription drug plan.)

Card program with a 5% co-payment for generic drugs, a 15% copayment for preferred brand name drugs, and 50% co-payment for non-preferred brand name drugs, Mail order available for a 90-day supply of maintenance drugs with a 5% co-payment for generic drugs, a 15% co-payment for preferred brand name drugs, and a 50% co-payment for non-preferred brand name drugs. In addition, member will be responsible to pay the difference between the cost of the brand name and the generic equivalent plus the generic co-pay when brand name medications have a direct generic equivalent available.

The Plan covers for all generic/Brand Oral Contraceptives, contraceptive patches, Nuvaring and oral emergency contraceptives at the generic copay.

The Plan requires Prior Authorization for the **Proton Pump Inhibitors (PPIs)** therapeutic drug class.

Quantity limitation on **Sleep Aids**. In compliance with the guidelines issued by the FDA, coverage of Sleep Aids are limited to 10 pills/month.

Mandatory Step Therapy or Prior Authorization on all new or refill prescriptions for brand name **Statin** class drug.¹

Two Incentives to using First Line Generic Drugs

- A) First Line generic drugs listed above will be available to you **Free of Charge**.
- B) The annual \$100 Deductible is waived on all First Line generic drugs filled.

Please note that for certain prescription drug claims, prior authorization or precertification may be required by Aetna before a prescription is filled. To find out if a prescription drug requires such prior authorization or precertification by Aetna, please contact Aetna Rx Member Services at (855) 352-1599

¹ Step therapy/prior authorization will not apply to prescriptions presented for Lipitor 80 mg.

Your Plan At A Glance (Contd.)

Life-Style Benefit (For Full Time Members and Their Covered Dependents)

Please note that because Aetna processes all Life-Style Benefit prescription drugs as of 2/1/2017, a 5% copay will be applied to all prescriptions at the time of purchase. To receive full coverage for the first \$200 of Life-Style Benefit drugs each calendar year, please submit itemized receipts showing your copay costs for Life-Style Benefit drugs, for up to a \$10.00 reimbursement per year from Amalgamated Employee Benefits Administrators. You may submit your receipts to Amalgamated Employee Benefits Administrators throughout the year as soon as you or your covered dependents incur \$10.00 in copay costs per calendar year for a Life-Style Benefit drug.

Newborn Benefit (For Full Time Members)

\$500 benefit for birth of a child or adoption of a child who is up to 18 years of age

24 Hour Nurse HelpLine (For Full Time and Part Time Members And Their Covered Dependents)

Contact registered nurses to assist with health questions and/or listen to over 1000 pre-recorded tapes dealing with medical topics.

Hearing Aid Benefit (For Full Time Members And Their Covered Dependents)

Up to \$3,000 per device per person once every three years and up to \$250 per mold once every three years.

Optical Benefit (For Full Time Members And Their Covered Dependents And For Part Time Employees)

Voucher Program - Eye exam and one pair of eyeglasses or contact lenses or a supply of disposable lenses per person once per calendar year through participating providers or

Reimbursement – Effective 1/1/2020, up to \$150 per person per calendar year reimbursement if using a non-participating provider.

Short Term Disability Coverage (For Full Time Members)

50% of gross weekly earning to \$300 maximum benefit for 13 weeks.

Long Term Disability Coverage (For Full Time Members)

50% of gross salary to \$3,000 maximum per month to age 65.

Life Insurance Coverage (For Full Time and Part Time Members)

\$25,000 up to age 65; \$5,000 ages 65-69; \$1,000 ages 70 and over.

One half of the benefit is paid from the first through the twelfth month of employment as a member, with full coverage thereafter.

¹ Step therapy/prior authorization will not apply to prescriptions presented for Lipitor 80 mg.