

---

# 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. Maximum 24 months for non-medically necessary pediatric orthodontia and adult orthodontia; limited to eligible dependent children and medically necessary for adults

Self-Insured Dental Services, Dept. 33, P.O. Box 9005, Lynbrook, NY 11563  
Toll Free 1-800-537-1238 [www.asonet.com](http://www.asonet.com)

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

**(As of January 1, 2025, the program will be administered by AEBRx powered by Prime Therapeutics. Please call (855) 371-9780 with any inquiries regarding the prescription drug plan or log on to AEBRx.com.)**

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 has a \$100 per Individual calendar year deductible.

The Plan covers for Brand Oral Contraceptives, contraceptive patches, Nuvaring and oral emergency contraceptives at the generic copay. Please note that generic preventative birth control is covered by your health insurance at \$0 copay.

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

Please note that for certain prescription drug claims, prior authorization or precertification may be required by AEBRx powered by Primer Therapeutics before a prescription is filled. To find out if a prescription drug requires such prior authorization or precertification by AEBRx, please contact AEBRx Member Services at (855) 371-9780.

Additional, please know that for most self-injectable and chemotherapy medication, you should reach out to Express Scripts who administers the PICA Program at 1-800-467-2006 or <https://www.nyc.gov/site/olr/health/summaryofplans/health-pica.page>

---

# Your Plan At A Glance (Contd.)

---

## **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

## **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.