



Bronxville Employee Benefit Trust New Employee Newsletter

September 2009

Bronxville UFSD, 177 Pondfield Road, Bronxville, NY 10708
www.bronxvilleteachers.org

2009 - 2010 Trust Members:

Toby Gillen – **Co-Chair** (MS / HS)
Millie Guzman – **Co-Chair** (ES / MS)
David Ryan – **Treasurer** (HS)

Anne Abbatecola (HS Guidance)
Teri Craparo (Clerical Staff)
Mitch Hrynko (Custodial Staff)
Eileen Mahoney (ES)

Through The Preferred Group, the Benefit Trust provides Bronxville Employees with Dental, Vision, and Life Insurance coverage as well as a self-funded disability plan and a Legal plan. You can contact any of the above members if you have questions or concerns about these benefits.

- ❑ Fill out the “New Employee Enrollment Form” and give to **Dawn Mulvey** in the Business Office within **the first 30 days** of your employment.
- ❑ The Plan year is from July 1, 2009 – June 30, 2010. Eligibility begins the first day of employment.
- ❑ Send student verification forms for your children enrolled in college full-time to **Dawn Mulvey** in the Business Office. Reminder – you must do this **EVERY** semester.

More information as well as downloadable forms are available on the BTA's website:

www.bronxvilleteachers.org > Bronxville School Trust

General Coverage Information

ALL full-time Bronxville employees receive the following INDIVIDUAL coverage at no additional cost:

- ❑ \$50K Life Insurance/AD&D Policy (unless otherwise stated in your employment contract)
- ❑ Vision Coverage: Plan covers an annual eye exam, new glasses (free standard lenses and \$75 towards frames) or \$140 towards contacts every year
- ❑ Dental Coverage: Plan covers a percentage of the following per year: 3 exams, 2 emergency treatments, diagnostic services, anesthetics, extractions and oral surgery, fillings and crowns, periodontal services, root canal therapy, orthodontics, and prosthetic appliances. See the website for dental providers who take our plan in full.
- ❑ Long-Term Disability: \$1000 a month for 3 years – contingent on Social Security eligibility.
- ❑ Legal Plan: Includes real estate transactions, simple wills and more.
Contact Information:

Christopher P. Harold, Esq.
Harold, Salant, Strassfield & Spielberg
81 Main Street, Suite 205
White Plains, New York 10601
Tel. (914) 683-2500 ext. 310 Fax: (914) 683-1279
Email: charold@hsss.org

The following options can be added at **an additional cost**:

- ❑ ****Supplemental Life Insurance Policy for an additional \$50K**
Cost: \$16.50 / **month**
- ❑ Family Vision
Cost: \$50 / **year** per person covered (ex: 2 kids = \$100 a year)
- ❑ Family Dental
Cost: \$25.20 / **month**
- ❑ ****Dependent Life Insurance Policy (Spouse = \$5000, Child = \$1000)**
Cost: \$1.61 / **month**

**** NOTE:** If you add supplemental or dependent life insurance after the first 31 days of your employment at Bronxville, you **MUST** fill out an Evidence of Insurability form to determine eligibility.

If you make a change from Family to Individual and then back to Family coverage there will be a two year waiting period before you can make dependent claims. During that two year period you will be charged the family rate. Please speak with a Trust member if you have any questions.

How to file a claim

Vision:

1. Claim forms may be obtained from the Business Office, the High School, Middle School, or Elementary School Offices or downloaded from:
www.bronxvilleteachers.org
↳ Bronxville School Trust
2. Complete the "Patient" statement in full. (If all questions are not answered, it will be necessary to return the Claim form, thus delaying benefit payment.)
3. Have your eye doctor complete his/her portion of the claim form or attach the statement of services to your Claim form. (Note: Claim detail must appear in doctor's statement.)
4. Review the Claim form for completeness and send the form to The Preferred Group (address below).

Dental:

1. Claim forms may be obtained from the Business Office, the High School, Middle School, or Elementary School Offices or downloaded from:
www.bronxvilleteachers.org
↳ Bronxville School Trust
2. Complete the "Patient" statement in full. (If all questions are not answered, it will be necessary to return the Claim form, thus delaying benefit payment.)
3. Have your dentist complete his/her portion of the claim form or attach the statement of services to your Claim form. (Note: Claim detail must appear in doctor's statement.)
4. Review the Claim form for completeness and send the form to The Preferred Group (address below).

***** Benefits should be pre-determined before you begin treatment if the charges will be more than \$400.00.** Benefit determination will be made by the Claims Administrator. The standard dental claim form should be completed and submitted to the Claims Administrator (send to address below). The Claims Administrator will advise you and your dentist of the approved covered dental procedures.

PREFERRED GROUP PLANS, INC.

**P.O. Box 15136
Albany, NY 15136
(518) 641-0321
1-800-573-7474**

NOTE: SEND ALL CLAIM FORMS PROMPTLY. CLAIM FORMS MUST BE FULLY COMPLETED BY ALL PARTIES INVOLVED AND SUBMITTED WITHIN 90 DAYS FROM THE CLOSE OF THE FISCAL YEAR. IMPROPERLY COMPLETED FORMS WILL CAUSE DELAY IN THE PAYMENT OF A CLAIM. Proper consideration can only be given to a claim when the completed form is received.

All claim inquiries should be directed to The Preferred Group Plan Administrators.