

## MOUNT PLEASANT TEACHERS ASSOCIATION BENEFIT FUND

### SCHEDULE OF BENEFITS

Effective July 1, 2018

You and your dependents are eligible for coverage in accordance with the rules and regulations of the Mt. Pleasant Teachers Association Benefit Fund.

Your coverage becomes effective the first day of the month following the first full month of employment.

Proof of full-time student status must be supplied in writing for all dependents who are over 19 years of age but have not yet turned 25. This information is required per semester.

Your plan year is from July 1<sup>st</sup> through June 30<sup>th</sup>. **All claims must be submitted within 90 days of the close of your plan year (by Sept. 30<sup>th</sup>). Claims must be received at Zenith American Solutions, PO Box 5817, Wallingford, CT 06492 1-800-446-8646 ext 3222 for Shauna or ext 3230 for Laurie by September 30<sup>th</sup>.**

### DENTAL PLAN

Time restrictions apply to certain procedures. Please consult the Covered Dental Services section of your plan booklet for details.

**New members do not have coverage for the following during the first year of eligibility:**

- (1) Bridges and Crowns
- (2) Orthodontia
- (3) Periodontal (Osseous) Surgery
- (4) Dentures

You must submit a pre-treatment estimate for any claim which is expected to exceed \$500.00 in cost.

### Coordination of Benefits

If you and your spouse each have coverage, your dependent children will be considered primary by the plan of the person whose month and day of birth occur earlier in the calendar year.

When you submit claims for members of the family who are primary through another carrier, a copy of the primary plan's payment must accompany the claim.

Amount of Benefits

The amount of benefits available to you for specific procedures will be in accordance with the schedule of fees adopted by the trustees.

Benefits payable to an eligible participant and dependents are limited to **\$2,000.00 per individual** in any one fiscal year. Dependents are allowed 80 percent of the scheduled amount.

The maximum life-time benefit for orthodontic treatment is **\$2,000.00** The plan will pay 50% of the charged amount up to the following maximums:

Placement:	\$750.00
Monthly Maintenance	\$100.00

Adults are covered for orthodontics in certain situations. Please refer to you plan booklet for details.

**VISION PLAN**

Benefits for vision are available to you and your eligible dependents. You, the employee, may have one vision exam annually and one pair of glasses/contact lenses. **As of July 1, 2013, members and dependents may have one vision exam annually and one pair of glasses/contacts.** If a member uses disposable contact lenses you will be allowed a supply equal to \$200.00. If you use your own provider you will be reimbursed as follows:

Exam	\$83.00
Single Vision Lenses	\$101.00
Bifocals	\$160.00
Trifocals	\$183.00
Frames	\$117.00
Contacts	\$106.00
Disposable Contacts	\$200.00

You may also use a provider who is a participating provider with your plan. Lists of these Davis Vision Providers can be obtained from your Trustees. When making an appointment you must identify yourself as a member of Mt. Pleasant Teachers Benefit Fund.

You may also use Raymond Opticians as a participating provider. Again, when making your appointment, identify yourself as a member of Mt. Pleasant Teachers Benefit Fund.

As of January 1, 2017 -

**GROUP LEGAL SERVICES PLAN COVERAGE:**

The plan covers the plan member, spouse, children to the age of 19, living at home, or dependent children in school and not gainfully employed to age 25. The plan is limited to the practice of law in the States of New York, Connecticut and New Jersey and within a 50-mile radius of Mount Pleasant, New York. (see Reduced Fee # 10 & 11 below for member parents benefit)

**INCLUDED SERVICES:**

1. Consultation and Advice (in office or by phone)
  - a. Any personal matter
  - b. Any business matter
2. Simple Document Preparation or Review (personal, non-business matters):
  - a. Loan Agreements
  - b. Contracts to buy or sell personal property, e.g.: automobiles
  - c. Installment sale contract, e.g.: to purchase household furnishings
  - d. Leases
3. Correspondence and Telephone Communication to Third Parties (personal, non-business matters), e.g.:
  - a. Property damages claims, e.g.: automobile accidents
  - b. Consumer problems, e.g.: defective products or services
  - c. Negotiation of debt repayment obligations
  - d. Protection against improper debt collection practices
  - e. Landlord/Tenant problems
4. Purchase and sale of house, condominium or cooperative apartment (Member's primary residence)
5. Simple Will for member and spouse
6. Living Will, Medical Care Proxy
7. General Power of Attorney
8. Initial appearance at Criminal and Family Court (Emergency night telephone number is provided below)

**MATTERS NOT COVERED**

1. Anything not specifically included in plan
2. Claims between members of the plan
3. Claims between the member, spouse, or dependent and the Trust Fund, the Association or the School District or arising under the Collective Bargaining Agreement

4. **Matters currently with another attorney**
5. **Unmeritorious or spite claims**
6. **Litigation before any Court or Administrative Tribunal**

**REDUCED FIXED FEE SCHEDULE FOR NON-INCLUDED SERVICES:**

1. **Purchase or sale of house, condominium or cooperative apartment (non-primary residence): \$1000**
2. **Traffic Court matters: \$150 per pre-trial Court appearance: trial by agreement**
3. **Administration or Probate of Estate: 2.5% of gross estate (minimum \$1,500)**
4. **Name change: \$750**
5. **Uncontested Adoption: \$750**
6. **Uncontested Divorce or Uncontested Separation Agreement (excludes negotiation): \$750**
7. **Uncontested Personal Bankruptcy: \$2,500**
8. **Personal injury actions: 25% contingency fee**
9. **Business and personal matters not set forth in the Fixed Fee Schedule: Fees shall be mutually agreed to by the attorney and client**
10. **Simple will, living will, medical care proxy and general power of attorney to any parents or parents-in-law of members: \$500 per couple or individual (NY and CT residents only for documents prepared and signed at our White Plains, NY office).**
11. **Referral to Elder Law attorney with 20% discount on attorney's fees. Applies to member, spouse, parents and parents-in law.**

**NOTE: Court and filing fees or other disbursements are payable by the client.**

**Christopher Harold, Esq.  
Elizabeth Harold, Esq.  
HAROLD, SALANT, STRASSFIELD & SPIELBERG  
81 Main Street, Suite 205  
White Plains, New York 10601  
T: (914) 683-2500 Ext. 310, 322; F: (914) 683-1279  
Email: charold@haroldsalant.com; eharold@haroldsalant.com  
(Christopher Harold's Cellphone Number,  
Emergency Use Only: Cell (914) 420-8636)**