

**Deer Park Teachers Association
147 Lake Avenue
Deer Park, NY 11729**

Summary of Benefits as of July 2017

COMPANY	POLICY NO.	Renewal	COVERAGE	MONTHLY RATES
Ameritas	26-201662	7/1/2017	Dental	
			In Network Deductible:	\$25/75
			Out of Network Deductible:	\$25/75
			In Network Reimbursement	Out of Network Reimbursement
Preventive	100% *deductible waived		100% *deductible waived	
Basic	70% of Fitzharris PPO contract		70% of fixed fee schedule	
Major	60% of Fitzharris PPO contract		60% of fixed fee schedule	
Orthodontic	50% of Fitzharris PPO contract		50% of fixed fee schedule	
Annual Max	\$3,000 Per Individual combined in and out of network			
Orthodontic Max	\$1,500 Lifetime Maximum combined in and our of network			
Solstice Benefits Inc,	75034	10/1/2017	Vision	Reimbursement Schedule
The following benefits are available once every 12 months, Frames/Lenses or Contacts not both				
			Eye Exams:	\$40
			Frames:	\$30
			Single Vision Lenses	\$30
			Bifocal Lenses	\$50
			Trifocal Lenses	\$115
			Lenticular Lenses	\$115
			Elective Contact Lenses	\$30
			Medically Necessary Contact Lenses	\$225
Mutual of Omaha	GMTD-ALXN	7/1/2017	Long Term Disability	\$0.23 Per \$100
			Elimination Period:	180 calendar days
			Minimum Monthly Benefit	\$100
			Monthly benefit	Lesser of 66 2/3% of your Basic Monthly earnings - less other benefits or:
			Maximum Monthly Benefit	\$7,000
			Minimum Work Hours Required	35 hours per week
			Eligibility Waiting Period	30 days
			Benefit Duration	SSNRA (Social Security Normal Retirement Age)
			Mental Disorders/Alcohol, Substance/Drug Ab	24 months Lifetime maximum
			Own Occupation	24 months Lifetime maximum
			Pre-existing condition limitations	3/12
Prudential Life Insurance Company of America	25369	7/1/2017	Group Life Insurance/AD&D	
			Life/AD&D	
			Waiting Period	30 days of continuous active work
			Minimum hours	20 hours per week
			Amount of Personal Life Insurance	\$50,000
			Life insurance will be reduced:	At age 70 benefits reduce by 50% of \$50,000
Shelterpoint Life Insurance Company	XGNY 1046	3/1/2017	Excess Major Medical	
			In Hospital Private Duty Nursing	Your approved Medical plan typically pays 80% of allowed expenses for out of network procedures after meeting your deductible. You are responsible for 20% coinsurance. You must reach or exceed \$1,625 in covered expenses to begin receiving reimbursement for your 20% coinsurance. you will be reimbursed a maximum of \$1,325 under this plan.
			Out of Network Outpatient Rehabilitation	
			Out of Network Surgical Procedures	
			Routine Vision Reimbursements	Allowance once every 2 years.

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