



# **OUTLINE OF BENEFITS FOR RETIREES**

Provided by the CWA Local 1180 Benefit Funds

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### **Benefit for Retiree, Spouse and Eligible Dependents:**

- **General Medical Reimbursement** - \$1,200 per family, per calendar year.
- **Prescription Drug Benefit** – \$1,500 per family, per calendar year, for non-Medicare eligible.  
-- **\$25,000 (effective 1/1/2024)**, for Medicare Eligible 1180 Rx plan utilizers only.
- **Dental Coverage** - Choice of one of the following:

**Scheduled Dental Plan** - Up to **\$2,400 per individual (effective 1/1/2024)**, per calendar year based on a Schedule of Fees. Orthodontics; \$2,290 lifetime maximum benefit per individual. Expanded provider access, BCBS XPO network.

**Dentcare(Healthplex) or Solstice S700B Plans** – In-network only, necessary services fully covered. Co-payments for dentures, crowns, orthodontic, bridges and periodontal treatment. These are HMO plans.

**Anthem BlueCross-BlueShield XPO** – Anthem BC/BS nationwide plan allows members to visit any licensed dentist of your choice, but with costs that are normally lower, when you choose one within their large nationwide network. Anthem BCBS has a \$2,000 annual maximum per person.

**Emblem Health Preferred Dental Plan** – Emblem provides members with quality coverage with access to their nationwide network of dentists/specialists. Emblem has a **\$2,500 (eff. 1/1/2024)** annual max per person. **Two options: Standard (no cost, some deductibles) or Premium (\$29.76 monthly per household)**. Visit [www.cwa1180.org/resources](http://www.cwa1180.org/resources) for details.

- **Optical Benefit** - Up to \$200 annually (effective 1/1/2024) for prescription glasses per covered individual. Nationwide network access available with CPS vendor option.
- **Mental Health Reimbursement** - Up to \$300 a year per person for out-of-hospital Psychiatric care.
- **Hearing Aid Reimbursement** - Up to \$600 per person in a two-year period.

### **Benefit for Retiree and Spouse Only:**

- **Podiatry Benefit** - Up to \$10 a visit for a maximum of four visits per calendar year.
- **Legal Services** - Comprehensive Legal Services by **Plan Attorney** in area, and by a schedule reimbursement out-of-area. (\$1,000 maximum for the calendar year). Spouse covered for **Will** only. See Summary Plan Description for more details.

## **CWA LOCAL 1180 RETIREES BENEFITS FUND**

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