

Welfare Fund Benefits FY2024

All benefits are calendar year except Optical benefit which is every 2-year period (2023/2024) and Hearing Aid is every two years. Please visit www.upoa.com to see a full list of benefits and claim forms.

Medical Co-pay (family Benefit)

(Doctor visits, medical tests, quest diagnostics and hospital deductible)

Member & Eligible Dependent \$1,000

Dental (administered by ASO 516-396-5500)

Member \$4,000

Eligible Dependent \$4,000

Emergency Room

Member \$200.00

Eligible Dependent \$200.00

Lasik Eye (member only benefit)

(no longer eligible for Optical Benefit if used)

Member \$1,500

Non-Drug Health & Fitness (family benefit)

*(Health club is a **member only** benefit)*

Active Member & Eligible Dependent \$400.00

Optical Benefit 2023/2024- every 2-year period

Member \$700.00

Eligible Dependent \$500.00

Podiatry (family benefit)

Member & Eligible Dependent \$200.00

Prescription (family benefit)

Member & Eligible Dependent \$3,000

Rehab (physical therapy) (family benefit)

Member & Eligible dependent \$300.00

Hearing Aid (once every two years)

Member \$1,000

Eligible Dependent \$1,000