

Retirement 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.

Co-payment (family Benefit) <i>(Doctor visits, medical tests, quest diagnostics and hospital deductible)</i> Member & Eligible Dependent	\$1,200
Dental (administered by ASO 516-396-5500) Member Eligible Dependent	\$4,000 \$4,000
Emergency Room Member Eligible Dependent	\$200.00 \$200.00
Lasik Eye (member only benefit) <i>(will no longer be eligible for Optical Benefit)</i> Member	\$1,500
Non-Drug Health & Fitness (family benefit) <i>(Health club is a member only benefit)</i> Member & Eligible Dependent	\$400.00
Optical Benefit 2023/2024- every 2-year period Member Eligible Dependent	\$700.00 \$500.00
Podiatry (family benefit) Member & Eligible Dependent	\$300.00
Prescription (family benefit) Member & Eligible Dependent	\$3,500
Rehab (family benefit) Member	\$300.00
Hearing Aid (once every two years) Member Eligible Dependent	\$1,000 \$1,000