



INVESTORS' CORNER

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- **BRANCH FINANCIAL SERVICES, INC.** Serving the Smithtown community since 1974. 50 Route 111, Suite 206, Smithtown, NY 11787. Located in the heart of Smithtown. Please call or stop in for a visit. Contact: **Harlan J. Fischer, 631-979-6000** or **hfischer@branchfinancialsrvcs.com** Our website is **www.branchfinancialsrvcs.com** *Smithtown is our home, too.*
- **VOYA FINANCIAL / OPPORTUNITY PLUS 403 (b):** Investment Advisor Representatives:
Sherry Cesare sherry.cesare@voyafa.com **631-755-0837** and **Christopher Tortora**
- **UNION PARTNERS ADVISORS** of Smithtown applies a rigorous analysis of thousands of mutual funds to help match our clients' needs with their retirement goals. For a consultation please contact **Robert Draper** or **Mark Rathjen** @ **631-656-0418** or email **Info@UnionPartnersAdvisors.com**; 116 Terry Road, Smithtown, NY 11787. *Investing in the stock market involves the risk of gains and loss and may not be suitable for all investors. For additional information about us, including fees and services, send for our disclosure statement as set forth on Form ADV from Draper Asset Management, LLC using the contact information herein. Union Partners Advisors is a DBA of Draper Asset Management. Please read the disclosure statement carefully before you invest or send money.*

DO NOT DISCARD! KEEP for FUTURE REFERENCE

FAST FOCUS



A Publication for members of the

Smithtown Teachers' Association

Laura Spencer, President

MARCH 2017

NEW STABF VISION COVERAGE

by Brian Galgano, 2nd VP, STA

Smithtown Teachers' Association Benefit Fund is pleased to provide this information about your vision care plan that is administered by Davis Vision.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment
- Identify yourself as a Davis Vision member and Smithtown Teachers' Association Benefit Fund member or dependent
- Provide the office with the member ID number located on your Davis Vision ID card and the name and date of birth of any covered dependent needing services
- Please access Davis Vision's website at www.davisvision.com and utilize the "Find a Doctor" feature or call 1-800-999-5431

What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS

- Every 12 months, including dilation as professionally indicated
- In-Network Copayment \$0
- Out-of-Network Reimbursed up to \$40

EYEGLASSES

Every 12 months In-Network Copayment \$0

- You may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, covered in full. Or, if you select another frame in the network provider's office, a \$200 credit, plus a 20% discount off any overage will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$200 (less the applicable discount.)

Out-of-Network

- Reimbursed up to \$50 for frames, up to \$40 for single vision lenses, up to \$60 for bifocals, up to \$80 for trifocals, up to \$100 for lenticular (post-cataract) lenses

NON-REIMBURSED MEDICAL/DENTAL/VISION PLAN
Claims that were incurred between January 1, 2017 and December 31, 2017

\$100

The Non-Reimbursed Medical/Dental/Vision plan will allow members to be reimbursed for otherwise non-reimbursed qualified medical, dental and vision expenses. It provides reimbursement **per calendar year/per eligible member**. You have until **March 31** of the following year to submit claims for the prior **calendar** year. The amount of the Non-Reimbursed allowance may change from year to year.

What is covered?

- Prescription co-pays
- Medical visit co-pays
- Upgrades to Vision plan not covered by existing benefits
- Any out-of-pocket medical/dental/vision expenses incurred that are qualified by proper documentation

Who is covered?

- The eligible member, his/her spouse, his/her domestic partner* and his/her dependents
- You would complete a claim form, attach your documentation (qualified receipt or Explanation of Benefits) and send it to **NEWMAN COMPANY** for review and reimbursement. (Address listed below.)

In order to receive this reimbursement, you must fill out a claim form and attach the Explanation of Benefit form (EOB) that you received from your insurance company showing "Patient Responsibility." Copays do not require EOBs but do require a qualified receipt.

Call the STA office to get these claim forms or log onto www.smithtownta.com

Newman Company will review your claim and documentation. You will receive a reimbursement check up to the maximum amount per calendar year/per eligible member. If you use your spouse's health plan, you will also qualify for this coverage by submitting your EOB from that plan.

Send completed claims with qualifying **EOBs** or qualifying receipts to:

NEWMAN COMPANY
925 Hempstead Turnpike Suite 340
Franklin Square, NY 11010
Tel: 516-488-1100

*Domestic partner status must be on file in the STA office. Please call to complete the proper paperwork

NYSUT Group Legal Access Plan

Coverage through Feldman, Kramer and Monaco
(631) 231-1450
330 Motor Parkway
Hauppauge, NY 11788
Certifacte #SMITH

\$25,000 Term Life Insurance Policy (Covered through the Benefit Fund)

- Prudential Policy through Newman Company as our administrator

What lenses/coatings are included?

- Plastic single vision, bifocal or trifocal lenses, in any prescription range
- Oversize lenses
- Post-cataract lenses
- Tinting of plastic lenses
- Polycarbonate lenses
- Scratch-resistant coating
- Ultraviolet (UV) coating
- Polarized lenses
- Photochromic lenses (i.e. Transitions®, etc)
- Standard and premium progressive addition multifocal lenses

Are there any optional frames, lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated (in addition to your basic copayment) and receive these exciting optional items:

- \$20 for single vision scratch protection plan. Multifocal scratch protection plan is \$40
- \$35 for standard ARC (anti-reflective coating)
- Premium ARC is \$48 (anti-reflective coating)
- Ultra ARC is \$60 (anti-reflective coating)
- \$55 for high-index (thinner and lighter) lenses
- \$50 for ultra progressive addition multifocal lenses

CONTACT LENSES

- Every 12 month In-Network Copayment \$0
- Evaluation/fitting copayment \$20

In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting and follow-up care will also be covered. Davis Vision premium Contact Lens Collection (includes evaluation, fitting, follow-up):

- Disposable: Four boxes/multi-packs/2
- Planned Replacement: Two boxes/multi-packs/2

In lieu of the Davis Vision contact lenses, members may use their \$130 credit, plus a 15% discount off any overage toward the provider's own supply of contact lenses. A \$60 allowance plus a 15% discount will be applied to the evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations. Visually Required contact lenses will be covered in full with prior approval.

Out-of-Network

Reimbursed up to \$105 for elective contact lenses, up to \$225 for visually required contact lenses with prior approval. Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. The Davis Vision collection is available at most participating independent provider locations.