



MIAMI BEACH FRATERNAL ORDER OF POLICE INSURANCE TRUST FUND

Chairperson

Gary Kluger

NOTICE TO PARTICIPANTS

Trustees:

Bobby Jenkins

March 2008

Kelly Reid

Louis Fata

David Hernandez

Tony LaMacchio

Millie Doyle

Jenny Velazquez

Robert Azicri

TO: ALL PARTICIPANTS IN THE MIAMI BEACH FRATERNAL ORDER OF POLICE INSURANCE TRUST FUND

RE: IMPORTANT INFORMATION REGARDING CHANGES TO YOUR BENEFITS

Benefit Improvements:

We are pleased to inform you of the following enhancements which have been made to the Vision and Prescription Plan.

Under your **Retail Prescription Program** the **Generic co pay** has been reduced to **\$5.00** from **\$10.00** and under you **Mail Order Program** the **Generic co pay** has been reduced to **\$10.00** from **\$20.00**. The effective date of the change is March 1, 2008.

For your Vision Plan, the Health Trust has increased your benefits' to the following annual limits:

Vision Exam, one per year		\$ 75.00
Single Vision Lenses	(with frames)	\$150.00
Bifocal Lenses	(with frames)	\$200.00
Trifocal/Progressive Lenses	(with frames)	\$250.00
Contact Lenses		\$250.00

The changes to the Vision Plan are effective January 1, 2008.

Please remember to submit your vision claims to ASI for reimbursement via the address listed below. Vision care (standard eye exams, glasses and contacts) are not administered through UHC.

C/O Administrative Services, Inc.
P.O. Box 839000 • Miami, FL 33283-9000
(305) 595-4040 • Fax (305) 596-6820
www.mbfop.com



Dependent Coverage Requirements:

As you are all aware your Plan only covers dependents from ages 19 through 25 if the dependent is a child of a participant who is either **(1) a full time or part time student or (2) is living in the household of the Participant and is primarily dependent on the Participant for financial support.** Every year our Administrator is required to confirm eligibility for dependent coverage. Without this confirmation, dependent coverage will be terminated.

In order to ensure accurate and prompt processing, you will be required to complete the Verification of Dependent Status form (sample attached) for those dependent Child (ren) who fall within the above definition.

In order to maintain your 19-25 year old child's health benefits, it will be necessary that this form is completed and returned to the Administrator within the time set by the Trust each year. Due to delay in sending you this information, this year the verification **due date is April 1, 2008.**

Thank You,

Board of Trustees