

**CITYWIDE ASSOCIATION OF LAW ASSISTANTS OF THE CIVIL, CRIMINAL AND  
FAMILY COURTS IN THE CITY OF NEW YORK  
WELFARE TRUST FUND**

Administrative Services Only, Inc.  
303 Merrick Road, Suite 300  
Lynbrook, NY 11563  
516-396-5500 Tel  
516-396-5593 Fax  
WWW.ASONET.COM

Dear Member:

**Welcome to the CALA Welfare Trust Fund. Enclosed you will find important information regarding the benefits provided by the CALA Welfare Trust Fund. The Fund is administered by Administrative Services Only, Inc. (ASO). If you have any question regarding eligibility, benefits or claims, please contact ASO.** The following is a brief summary of the benefit provided by the Fund. Please refer to the Benefit Booklet for a complete description of the operation of the program, plan allowances, limitations and exclusions.

**ENROLLMENT FORM AND BENEFICIARY DESIGNATION FORM:** To ensure your enrollment in the program you must complete and return the enclosed enrollment form, which will enable us to update our records. A return envelope has been enclosed for your convenience. We also ask that you take the time to complete and return the Life Insurance Beneficiary Designation Form.

**ADULT DEPENDENT CERTIFICATION -2013-** Effective January 1, 2013, You may enroll your Adult dependents between the age of 19 up to age 26, even if the child is eligible to enroll in another employer sponsored plan. This means even if a child was offered coverage by his or her employer, or his or her spouse's employer, then the parent's plan would still be required to continue dependent coverage up to age 26.

**LIFE INSURANCE:** Effective May 1, 2013 the Basic Group Term Life Insurance benefit increased from \$25,000 to \$50,000. You also have the option of electing additional Voluntary Life Insurance for yourself and spouse. You may apply for the Voluntary Life Insurance within 30 days after your date of hire. During that initial 30 days period you may purchase the guaranteed amounts without filling out the evidence of insurability forms. The guaranteed amounts during the first 30 days of your hire are \$50,000 for the member and \$20,000 for the spouse.

You may also elect to purchase additional coverage at a later date. All subsequent purchases beyond the initial 30 day period will be subject to proof of evidence of insurability regardless of the amount applied for.

**CLAIM FORMS:** Enclosed you will find the Dental, Optical and Education Assistance claim forms. Feel free to make additional copies of these forms. Forms will also be available to you at [www.nyscala.com](http://www.nyscala.com) and/or [www.asonet.com](http://www.asonet.com).

**CLAIMS ADMINISTRATION:** Send all claims to ASO at the address below.

**BENEFITS:** Benefits are subject to the schedule of plan allowances, annual maximums, plan provisions, limitations and exclusions as stated in the Benefit Booklet.

**WEBSITE:** ASO maintains an interactive website providing access to the Benefit Booklet, Claim Forms, Listing of Participating Providers and claims history. Please log onto [www.asonet.com](http://www.asonet.com) to create a personalized password. Information will also be available at [www.nyscala.com](http://www.nyscala.com).

**MEMBER SERVICES:** If you have any questions regarding the benefits available to you, please contact Member Services Team at 516-396-5500.

**VISION EXPENSE BENEFIT:** If you incur charges for the purchase of eyeglasses or contact lenses while covered by the Fund, you will be reimbursed for an amount equal to the regular and customary charges incurred for such Vision Care Services but not more than \$200 per person per Calendar Year.

You may also obtain Vision Expense Benefits through **COMPREHENSIVE PROFESSIONAL SYSTEMS (CPS)**, our optical network provider. If you choose to use a CPS provider, there are no out-of-pocket expenses for you or your eligible dependents for the covered services outlined in the Benefit Booklet. Enclosed you will find a pamphlet with a summary of services that are provided at no cost and some popular upgrades that are available at a discounted rate.

PLEASE VISIT [www.cpsoptical.com](http://www.cpsoptical.com) for a current listing or participating providers

**OPTICAL BENEFIT IMPROVEMENT:** The Optical Benefit Program has been expanded to include coverage for Lasik Eye Surgery as follows:

- The Lasik Surgery must be performed on or after January 1, 2013
- This benefit is for participants and spouses only.
- You will be reimbursed a maximum of \$200 per Calendar Year **in lieu of any other optical benefit.**
- You will be responsible for submitting the expense each year.
- You may submit for reimbursement for up to five consecutive years.

**EXAMPLE:** If you incur Lasik Eye Surgery, you may submit for reimbursement once every Calendar Year period up to a maximum of five times in five consecutive years. Simply complete the Optical Claim Form, attach a copy of the provider invoice for the Lasik Eye Surgery and submit it to Administrative Services Only, Inc. for reimbursement. The patient will not be able to submit for any other optical benefits during this five year period.

**PARTICIPATING DENTAL NETWORK:** In addition to the current listing of participating providers, on October 1, 2009 you will have access to over 2,000 providers participating in the **Metrodent Premier Dental Network.**

1. **SELECTING A PROVIDER:** As always, you will have the **freedom** to use participating and/or non-participating dentists. To use a participating dentist, simply select a dentist from the Directory of Participating Metrodent Premier Dentists available at [www.asonet.com](http://www.asonet.com).
2. **SCHEDULING AN APPOINTMENT:** After selecting a dentist, call the dental office directly to schedule an appointment. Identify yourself as being covered by the **Citywide Association of Law Assistants of the Civil, Criminal and Family Courts in the City of New York Welfare Trust Fund METRODENT PREMIER DENTAL PLAN** when scheduling the appointment. **You should verify whether a dentist is participating when scheduling an appointment and at the time of your visit.**
3. **AT THE TIME OF YOUR APPOINTMENT:** At the time of your visit you should verify that the dentist is currently participating in the **METRODENT PREMIER DENTAL PLAN**. You will not incur any out-of-pocket expenses except in a few instances listed in the pamphlet. You will not have an ID Card for the dental plan.

Sincerely,

The Board of Trustees