



ACTIVE

EXCESS MEDICAL BENEFIT CLAIM FORM

MAIL CLAIM TO:

Great Neck Teachers Association Benefit Trust Fund

253 West 35th Street- 12th Floor, New York, New York 10001

(212) 505-5050

Form with fields for Patient's Name, Relationship to Member, Sex, Patient's Date of Birth, Patient's Social Security Number, Member's Last Name, First Name, Initial, Full Mailing Address, No. and Street, Apt. No., Home Phone, City, State, Zip, Is the above Address different from your last claim filed?, Is this the first claim filed by you, Member's Classification (check one), Member's Date of Birth, Is your spouse employed?, Are benefits available from any other group insurance carrier for this patient?, Spouse's Date of Birth, I certify that the information given is correct and authorize release of any information necessary to process this claim. Benefits are not available under any other group plan except as indicated above. MEMBER SIGN HERE DATE

Mark the benefit (s) for which you are applying: PLEASE ATTACH the explanation of benefits from the Empire Plan (United Health Care-Blue Cross), or any other group coverage along with applicable receipts and supporting documents.

HEARING AID BENEFIT
This benefit is provided for GNTA, OSA, and COBRA members only. Benefit is \$300 once every 48 months. Replacement hearing aids will be reimbursed at \$10.00 within the 48 month period.
Claim must be submitted within 12 months from the most recent date of service.

EXCESS MEDICAL BENEFITS START HERE.

NEW OPTICAL BENEFIT
This benefit combines the OLD Optical and Vision benefit for GNTA and OSA members ONLY. This New Benefit will provide \$225.00 per Covered Person every calendar year. Claim must be submitted within 12 months from the most recent date of service.

OPTICAL BENEFIT FOR SAGES ONLY
This benefit provides \$150.00 per Covered Person every other calendar year. Claim must be submitted within 12 months from the most recent date of service.

OUT-PATIENT PSYCHIATRIC BENEFIT*
This benefit will pay up to \$25.00 per visit for out-of-network providers /or will reimburse co-payment up to \$25.00 for in-network provider

OUT-PATIENT REHABILITATION BENEFIT*
This benefit is provided on a first dollar basis and coordinated with the Empire Plan (United Health Care-Blue Cross) to \$1,000.00 with an additional 1% of all out-patient rehabilitations costs

IN-HOSPITAL /IN PATIENT REHABILITATION CASH BENEFIT *
This benefit is provided for EMPLOYEE MEMBER AND SPOUSE ONLY - \$50/day for the member - \$10 /day for the spouse from the first day up to 26 weeks.

IN-HOSPITAL PRIVATE DUTY NURSING BENEFIT*
This benefit provides 50% of the Usual and Customary charge for the first 48 hours of private duty nursing/hospitalized.

OUT OF NETWORK - DEDUCTIBLE BENEFIT *
This benefit pays up to and including \$1,000.00 of your annual Out-of- Network Deductible for the participant and/or family with an additional 1% of all deductible costs incurred in that same year.

LASIK EYE SURGERY
This benefit is provided for GNTA and OSA members only. Up to \$400 per eye every 48 months, use of this benefit will waive the Optical & Vision benefits for 48 months from date of service.