

**UFA/UFOA WELFARE / SURGICAL ASSISTANCE PLAN**  
**SUMMARY OF BENEFITS**  
**9 Metro Tech Center - Room 5E-40K**  
**Brooklyn, NY 11201-5431**  
**Headquarters (718) 999-1252 / Mobile (646) 733-7052**  
**SurgicalAssistancePlan@gmail.com**

The Surgical Assistance Program (“the Plan”) is a voluntary employees’ beneficial association dedicated to provide active and retired members of the UFA and UFOA with financial assistance for surgical procedures. The Plan provides for the payment of benefits ranging from \$15.00 to \$300.00 per procedure. **The financial assistance is payable to the member regardless of any other existing health coverage as well as LOD injuries.**

The Plan has neither a deductible nor an offset for similar benefits provided by any other health insurance. The total cumulative benefit in any one calendar year for a member in either the Family or Single group membership shall be limited to \$3,000.00. The Fund annual dues are \$10.00 per individual membership and \$15.00 per family membership.

**UFA MEMBERS**

**The UFA will assume the payment of post-retirement annual dues for its members and will provide continuing post-retirement coverage, provided that the retiree was a member of the Plan in good standing for at least the last two years before the retirement date.**

**UFOA MEMBERS**

**UFOA** members are also entitled to continuing post-retirement membership, but are responsible for direct payment of annual dues to the Plan. **UFOA members must contact the Surgical Assistance Desk** at the time of retirement, if they wish to continue receiving post-retirement benefits.

**Admission in the Plan is not offered after retirement.** Only the member, spouse, and unmarried children under 19 years of age are entitled to receive surgical assistance benefits from the Plan. UFA and UFOA Widows are entitled to continue their membership by contributing the \$10.00 annual dues.

**To claim assistance submit a complete *Application for Benefit* form (MD-35).**

**Also available online at the UFA Website.**

**Included** in the coverage are **ALL SURGICAL PROCEDURES including but not limited to:**

- Reduction, immobilization and/or casting of fractures and/or dislocations
- Stitches and lacerations, skin lesions removal, biopsies, ear tubes, tonsils and sinus polyps removal
- Natural childbirth, C-section, vasectomy, D&C, mastectomy, lumpectomy, prostate procedures
- Diagnostic colonoscopy, endoscopy, hysteroscopy, cystoscopy, angiogram, catheterizations
- Appendectomy, cholecystectomy, knee, hip, shoulder replacement and arthroscopy procedures
- Hernia repair, thyroidectomy, cataracts, Lasik, bunionectomy, lumbar/disk procedures

**Excluded** from the Plan’s coverage are claims for the following procedures:

**Any kind of dental work or oral surgery**, radiology (x-ray, CT scan, MRI, ultrasound, radiation, mammography), electrocardiograph, regular medical examinations, acupuncture, treatment of allergies, cosmetic surgery, immunization or other prophylaxes, drugs, physiotherapy, blood work and blood analysis, injections, and non-invasive procedures.

Applications submitted one year or later from the date of the procedure performed **will NOT** be considered under any circumstances. Members joining the Plan for the first time, or rejoining after lapsing membership are entitled to receive benefits for procedures performed one month after joining the Fund.