



Service Station Dealers &
Automotive Services of Greater NY

Inter-City Insurance Fund

July 2024 UBF/Aetna-Meritain Medical Election Form



Full Name	Station Name	Effective Date	
Home Address	City	State	Zip
Email Address	Home Phone Number	Fax Number	

Plan Features	UBF/Aetna-Meritain - Sterling plan	
	In-Network	Out-of-Network
Benefit Period	CALENDAR YEAR (1/1-12/31) – Renewal 7/1	
Coverage Maximum	None, however, *Copays are associated to the 1 st \$30,000 in paid claims annually, then member will be responsible for 40% of each claim*	You will pay the most. Plan pays 100% of Medicare fee. Provider may also balance bill – difference between the provider’s charge and what the plan pays
Part D Creditable	Non-Creditable	
Referral Needed	No	
Network	Aetna Choice POS II Open Access	N/A
Primary Care Visit, including Preventive Care	\$5 Copay *	See Above
Specialist Visit	\$45 Copay *	See Above
Hospital Outpatient Surgery	\$500 Copay *	See Above
Hospital Inpatient Services	\$500 Copay *	See Above
Emergency Room / Urgent Care	ER: \$250 Copay* ER Transportation: covered up to \$1,500 Urgent care: \$55 Copay *	See Above
Outpatient Lab, X-ray, Advanced Radiology	\$5 Copay *	See Above
Specialty Rx	Not covered	Not Covered
Retail & Mail Order Pharmacy	Retail: \$5 Generic ** \$30 Brand Name ** Mail Order: \$20 Generic** \$70 Brand Name** **Max of \$6,000, then Copay plus 40%	

Monthly Premium and Plan Selection	
Single	\$845.00
Double: EE plus 1	\$1,679.00
Family	\$2389.00

- The POS (Point of Service) medical plan, through United Benefit Fund / Aetna-Meritain Networks, deliver in-network only benefits with limited out of network coverage.
- Please visit Aetna-Meritain at <https://www.aetna.com/docfind/custom/mymeritain> to find a network provider or call (800) 343-3140.
- Birth Certificates must be submitted for all dependents, marriage licenses must be submitted for all spouses.
- **UBF enrollment form must be completed in addition to this medical election form.**

“By Signing below, in order to avoid cancellation, I agree to pay all insurance premiums by the end of the billing month.”

Signature	Date
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**Please return completed form via Secure Fax to: (914) 962-0108.
If you have any questions, please call (866) 573-4768 ext. 2481**