



# Member Benefits Guide 2024

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## Welcome

Your benefits are an important part of your overall UTD membership. We are pleased to offer a broad range of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits.

## Eligibility

In order to enroll in these benefits you must be an active member of United Teacher of Dade (UTD).

## How to Enroll

For information on how to enroll in your benefits please visit our benefits website.

## Benefits Website

Our member benefits website is your one-stop resource for all benefits offered to you by United Teachers of Dade (UTD).

Simply scan the QR code to visit today!







# Healthy Living

*Core benefit options to keep you  
and your family healthy.*



## Dental



Because maintaining your smile is important, UTD offers dental coverage through Solstice. UTD member, you have the option of enrolling in one of the following plans: Standard DHMO, High DHMO, Standard PPO & High PPO.

Dental Plan Features: DHMO		
	Standard	High
<b>Deductibles</b>		
Calendar Year Deductible	Individual: None	Individual: None
	Family: None	Family: None
Calendar Year Annual Maximum	None	None
Lifetime Orthodontia Maximum	N/A	N/A
<b>Services</b>		
Routine Exam(s)	No charge (1 per consecutive 6 months)	No charge (1 per consecutive 6 months)
Cleaning(s)	No charge (1 per consecutive 6 months)	No charge (1 per consecutive 6 months)
Flouride Treatment	\$15	\$5
Orthodontic Treatment (Adult)	\$2,350	\$1,950
Orthodontic Treatment (Child)	\$2,250	\$1,850
Periodontics	\$175	\$175
Endodontics, Root Canal	\$245	\$210
Crowns & Bridges	\$245	\$195
Denture (Complete Upper)	\$325	\$210

*The Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract.*

Dental Plan Features: Standard PPO		
Calendar Year Deductible	Individual: \$50	Individual: \$50
	Family: \$150	Family: \$150
Deductible applies to Class II & III.		
Calendar Year Annual Maximum	\$1500	\$1500
Lifetime Orthodontia Maximum	\$1,000 per person	\$1,000 per person
In-Network (Plan Pays)		Non-Network (Plan Pays)
Class I (Diagnostic & Preventive A)		
<ul style="list-style-type: none"> <li>Examination</li> <li>Flouride Treatment for Children</li> <li>X-rays (Full &amp; Panorex 1 per 36 months)</li> <li>Bitewing (1 per year)</li> <li>Routine cleaning (3 x 12 months)</li> <li>Sealants (1 per 36 months to age 16)</li> </ul>	100% MAC	100% MAC
Class II (Basic/Restorative B)		
<ul style="list-style-type: none"> <li>Simple Restorations (fillings)</li> <li>Routine/Simple Extractions</li> <li>Non-Surgical Periodontics</li> <li>General Anesthesia</li> </ul>	90% of MAC	80% of MAC
Class III (Major C)		
<ul style="list-style-type: none"> <li>Endodontics</li> <li>Surgical Periodontics</li> <li>Oral Surgery</li> <li>Extraction - erupted tooth</li> <li>Inlays/onlays</li> <li>Dentures</li> <li>Crown &amp; Bridge</li> <li>Anesthesia</li> </ul>	60% of MAC	50% of MAC
Class IV (Orthodontia D)	50% of MAC	50% of MAC

Dental Plan Features: High PPO		
Calendar Year Deductible	Individual: \$50	Individual: \$50
	Family: \$150	Family: \$150
Deductible applies to Class II & III.		
Calendar Year Annual Maximum	Unlimited per person	Unlimited per person
Lifetime Orthodontia Maximum	\$1,500 per person	\$1,500 per person
In-Network (Plan Pays)		Non-Network (Plan Pays)
Class I (Diagnostic & Preventive A)		
<ul style="list-style-type: none"> <li>Examination</li> <li>Flouride Treatment for Children</li> <li>X-rays (Full &amp; Panorex 1 per 36 months)</li> <li>Bitewing (1 per year)</li> <li>Routine cleaning (3 x 12 months)</li> <li>Sealants (1 per 36 months to age 16)</li> </ul>	100% MAC	100% MAC
Class II (Basic/Restorative B)		
<ul style="list-style-type: none"> <li>Simple Restorations (fillings)</li> <li>Routine/Simple Extractions</li> <li>Non-Surgical Periodontics</li> <li>General Anesthesia</li> </ul>	90% of MAC	90% of MAC
Class III (Major C)		
<ul style="list-style-type: none"> <li>Endodontics</li> <li>Surgical Periodontics</li> <li>Oral Surgery</li> <li>Extraction - erupted tooth</li> <li>Inlays/onlays</li> <li>Dentures</li> <li>Crown &amp; Bridge</li> <li>Anesthesia</li> </ul>	60% of MAC	60% of MAC
Class IV (Orthodontia D)	50%   Adult & Children to age 26	



We are proud to offer vision coverage through VSP and Solstice.

The VSP Advantage Plan is a basic full-service plan that offers choice, flexibility, and value through a VSP Advantage Network Provider.

VSP Vision Plan Features			
Benefit	In-Network Benefits	Out-of-Network Reimbursements	Frequency
<b>Vision Exams</b>			
Copay	\$15	N/A	12 Months
Exam Allowance (once per frequency period)	Covered 100% after copay	Up to \$40	12 Months
<b>Vision Materials</b>			
Materials Copay	\$15	N/A	12 Months
Single Vision Lenses Lined Bifocal Lined Trifocal	Covered 100% after copay	Up to \$30 Up to \$50 Up to \$60	12 Months
Contacts covered in lieu of frames	Up to \$180	Up to \$100	12 Months
Frame Retail Allowance	Up to \$180	Up to \$50	12 Months

Solstice Vision Plan Features		
In-Network Benefits	Member Co-Payment	Frequency
Eye Exam	\$4	One exam every 12 months
Single Lenses	\$10	One standard pair (plastic or clear glass) every 12 months 12 Months
Bifocal Lenses	\$10	
Trifocal Lenses	\$10	
Lens Options (tint, UV, anti-scratch coat, anti-reflective, progressive, polycarbonate, hi-index, photogray transitions, polaroid)	20% Discount	None
Frames*	\$79.00 Retail allowance after \$10 co-payment	Frames every 12 months
Contact Lenses**	\$85 allowance	Contact lenses every 12 months
Medically Necessary Contact Lenses	Paid in Full	

\*Once a year benefit for either frames or contacts

\*\*Allowance is for exam, fitting, evaluation, follow-up care and materials.

Please refer to your plan summaries for full benefit details.

A man and a woman are sitting at a desk, looking at a laptop screen. The woman is on the left, smiling, and the man is on the right, wearing glasses and also smiling. They appear to be in a collaborative work or study environment. The image has a light blue overlay.

# Stay Well

*Voluntary Benefit options that  
enhance you and your family's  
well-being.*

We'd like to think science can stop contagious diseases in their tracks, but outbreaks such as the flu, SARS, and COVID-19 have shown that's not always the case. Fortunately, Aflac has learned to expect the unexpected. Aflac has developed a plan that's among the first of its kind: BenExtend. In addition to paying benefits for diagnosis and treatment of a covered disease, illness, or trauma, it also provides coverage when recovery gets more difficult. For example, heart, lung, and kidney damage have emerged as COVID-19 complications.

BenExtend Plan Features			
Benefit	Platinum	Gold	Silver
<b>Hospital Indemnity</b>			
Hospital Admission (per confinement)	\$1,500	\$1,000	\$500
Hospital Confinement up to day 31	\$200/day	\$200/day	\$125/day
<b>Critical Illness with Cancer</b>			
	Up to \$5,000	Up to \$3,000	Up to \$3,000
<b>Accident</b>			
Initial Treatment	\$125	\$100	\$75
Major Diagnostic Testing	\$400	\$300	\$300
<b>Telecounseling</b>			
	Unlimited Calls Included	Unlimited Calls Included	Unlimited Calls Included
<b>Health Screening Benefit</b>			
	\$100 per calendar year, per insured	\$50 per calendar year, per insured	\$50 per calendar year, per insured

*The Summary of Benefits is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. Exclusions and limitations apply.*



## Accident Insurance

Accident Insurance through Aflac can help cover the out-of-pocket costs associated with an accident (on and off-the-job) by paying you a benefit depending on the injuries you suffer and the treatment you receive. Below is an example of how the plan might work under if you or a loved one suffered a fractured leg.\*

You can use the money to pay for expenses associated with your accident, like an emergency room copay, or to pay for childcare so you can get to the doctor for a follow up visit. Plus, the plans include a wellness benefit per year per insured when a defined health assessment is completed. You can enroll in Accident Insurance without answering medical questions.

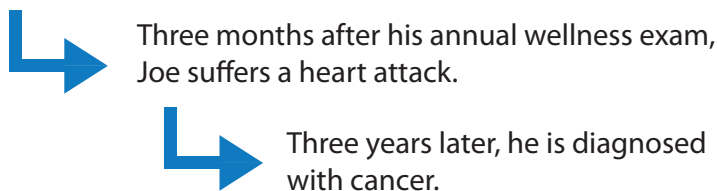
Accident Plan Features		
Benefit	High Plan	Mid Plan
Ambulance (ground)	\$400	\$300
Open Leg Fracture	\$3,600	\$3,000
Initial ER/Urgent Care with X-Ray Treatment	\$225	\$175
Hospital Admission per confinement, once per accident, within six months of the accident. Maximum number of admissions per covered accident: 1	\$1,000	\$750
Wellness Benefits, once per calendar year	\$75	\$50
<b>Total Benefit Payout</b>	<b>\$5,300</b>	<b>\$4,275</b>

## Critical Illness Insurance

Critical Illness Insurance through Aflac provides you with a lump sum cash benefit in the event that you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important—getting better. You pick the level of coverage that provides the right protection for your family. Plus, the plan includes a \$100 wellness benefit per year when a defined health assessment is completed. **Enroll up to \$50,000 without answering medical questions!**

### How the Coverage Works\*

Joe elects \$30,000 of coverage.



### Joe's Critical Illness policy provided the following benefits:

Wellness Benefit:	\$100
Heart Attack Benefit:	\$30,000
Cancer Benefit:	\$30,000
<b>Total Benefits:</b>	<b>\$60,100</b>

\*This is not a comprehensive list of covered injuries and treatments. Limitations may apply.

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# Hospital Indemnity Insurance



Even with health insurance, a stay in the hospital can become costly quickly as out-of-pocket charges begin to add up. Hospital Indemnity Insurance through Aflac can reduce the financial and emotional stress of a hospital stay by providing a lump sum cash benefit directly to you that can be used however you need, whether that’s for coinsurance or childcare.

The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides.

Hospital Indemnity Plan Features		
Benefit	High Plan	Low Plan
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1,500	\$500
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$150	\$100
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$150	\$100
Total Benefit Payout	\$1,800	\$700

## Elective & Cosmetic Benefits



Beyond Med is a membership program that elevates your health and well-being by providing access to a proprietary network of board certified doctors and licensed providers at reduced rates of up to 20% on elective and cosmetic services.

As the first licensed membership program of its kind, Beyond Med boasts no age out provisions, no limits to benefit usage and no claim approval necessary. Plus, if you don’t see a provider you’ve been eyeing on our list, we welcome you to submit provider nominations.

### How it Works

The program pays for itself. For a monthly fee, you’ll get reduced rates on elective services that are traditionally excluded or limited under current health plans, such as:

- Acupuncture
  - Bariatric
  - Chiropractic
  - Dermatology
  - Fertility
  - Hair Restoration
  - Hearing
  - IV Therapies
  - Medical Marijuana Consultations
  - Med Spa
  - Mental Wellness
- Physical Therapy
  - Plastic Surgery
  - Surgical Vision
  - Veterinary
  - Vitamin Infusions
  - Weight Loss
  - And More!

Please refer to your plan summaries for full benefit details.

# Legal Protection



Legal Protection with Family Defender® through U.S. Legal Services will save you from expensive attorney fees. Covered services include, but are not limited to:

## Civil Litigation

- Plaintiff or Defendant
- Small Claims
- Name Change
- Civil Injunctions

## Family Law

- Contested and Uncontested Divorce
- Child Support/Custody
- Spousal Support
- Annulments

## Criminal Law

- Misdemeanor Defense
- Juvenile Defense

## Traffic Violations

- Moving Traffic Violations
- First Offense DUI

## Contingency Matters

- Personal Injury
- Auto Accidents
- Auto Accidents

## Estate Planning

- Living Will and Codicils
- Powers of Attorney
- Wills and Testamentary Trusts for Minors
- Estate Administration/Probate
- Uncontested Guardianship or Conservatorship

## Other Legal Matters

- Insurance Law
- Standard Business Incorporation

# Identity Theft Protection



Identity Theft Protection with Identify Defender® through U.S. Legal Services protects your money and your reputation. Covered services include, but are not limited to:

## Monitoring (Darkweb)

- Compromised Credentials
- Account Takeover
- Address
- Bank Account Number
- Debit Card Account
- Credit Card Account
- Driver's License
- eMail
- Medical Insurance ID
- Passport Number
- Phone Number
- Social Security Number

## Social Media

- Inappropriate Activity
- Hacked Account
- Impersonation Accounts
- Scams, Malware and Phishing

## Credit

- Instant Credit Inquiry Alerts
- 1 Bureau Quarterly Credit Report and Score
- Credit Score Simulator
- Monthly Credit Score Tracker
- Manage Credit Freeze

## Recover

- Lost Wallet Protection
- Fully Managed Identity Restoration
- Restoration for Pre-Existing Identity Thefts
- Ransomware Resolution Monitoring
- \$25k Ransomware Reimbursement
- \$1 Million Identity Theft Insurer

## Fraud

- Fraud Alert Reminders
- Identity Threat Alerts
- Medical ID Fraud Protection
- Change of Address Monitoring
- Court Records Monitoring
- Smart SSN Tracker

## Support

- 24/7 U.S. Customer Support
- Online Resources, Forms, Calculators, and Other Tools
- Junk Mail Opt Out
- Solicitation Call Opt Out

## Mobile App

- Two-Factor Authentication
- Apple and Android
- Mobile Attack Control
- Mobile VPN



# The Cost of Your Benefits

Dental - 20 Pay Rates				
Coverage Tier	Standard DHMO	High DHMO	Standard PPO	High PPO
Member	\$5.12	\$7.25	\$16.70	\$21.21
Member + 1	\$8.95	\$13.15	\$29.81	\$37.87
Member + 2	\$13.30	\$18.71	\$49.19	\$62.46

Vision - 20 Pay Rates		
Coverage Tier	VSP	Solstice
Member	\$3.30	\$1.86
Member + 1	\$6.60	\$3.36
Member + Family	\$10.63	\$5.80

BenExtend - 20 Pay Rates			
Coverage Tier	Silver	Gold	Platinum
Member	\$11.29	\$15.61	\$21.92
Member & Spouse	\$22.13	\$30.70	\$43.32
Member & Dependent Children	\$17.70	\$25.14	\$34.09
Family	\$28.54	\$40.23	\$55.49

Accident - 20 Pay Rates		
Coverage Tier	High Plan	Mid Plan
Member	\$10.30	\$7.22
Member & Spouse	\$17.66	\$12.14
Member & Dependent Children	\$23.70	\$15.98
Family	\$31.06	\$20.90

Critical Illness - 20 Pay Rates		
Coverage Tier		\$30,000
Member	Age 36 - 40 Non-Tobacco Use	\$16.28
Member	Age 36 - 40 Tobacco Use	\$24.61

Hospital Indemnity - 20 Pay Rates		
Coverage Tier	High Plan	Low Plan
Member	\$26.90	\$15.94
Member & Spouse	\$53.26	\$31.28
Member & Dependent Children	\$43.50	\$26.81
Family	\$69.86	\$42.15

Beyond Med - Monthly	
Coverage Tier	
Member	\$10.53
Family	\$20.99

Identity Theft & Legal Protection - 20 Pay Rates			
Coverage Tier	Family Defender	Identity Defender	Family & Identity
Member	\$8.85	\$3.57	\$11.40
Family	\$9.30	\$5.37	\$13.80

Critical Illness - 20 Pay Rates										
Member, Non-Tobacco										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 25	1.47	\$2.95	\$4.42	\$5.89	\$7.37	\$8.84	\$10.31	\$11.78	\$13.26	\$14.73
26 - 30	\$1.85	\$3.69	\$5.54	\$7.38	\$9.23	\$11.07	\$12.92	\$14.76	\$16.61	\$18.45
31 - 35	\$2.20	\$4.41	\$6.61	\$8.82	\$11.02	\$13.22	\$15.43	\$17.63	\$19.84	\$22.04
36 - 40	\$2.71	\$5.43	\$8.14	\$10.85	\$13.57	\$16.28	\$18.99	\$21.71	\$24.42	\$27.13
41 - 45	\$3.51	\$7.02	\$10.53	\$14.04	\$17.56	\$21.07	\$24.58	\$28.09	\$31.60	\$35.11
46 - 50	\$4.48	\$8.95	\$13.43	\$17.91	\$22.38	\$26.86	\$31.33	\$35.81	\$40.29	\$44.76
51 - 55	\$6.78	\$13.56	\$20.33	\$27.11	\$33.89	\$40.67	\$47.45	\$54.22	\$61.00	\$67.78
56 - 60	\$7.95	\$15.89	\$23.84	\$31.78	\$39.73	\$47.67	\$55.62	\$63.56	\$71.51	\$79.45
61 - 65	\$12.62	\$25.23	\$37.85	\$50.47	\$63.08	\$75.70	\$88.32	\$100.93	\$113.55	\$126.17
66+	\$20.25	\$40.51	\$60.76	\$81.01	\$101.27	\$121.52	\$141.77	\$162.02	\$182.28	\$202.53

Critical Illness - 20 Pay Rates										
Member, Tobacco										
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 25	\$1.83	\$3.65	\$5.48	\$7.31	\$9.14	\$10.96	\$12.79	\$14.62	\$16.45	\$18.27
26 - 30	\$2.36	\$4.73	\$7.09	\$9.46	\$11.82	\$14.19	\$16.55	\$18.91	\$21.28	\$23.64
31 - 35	\$3.08	\$6.16	\$9.24	\$12.32	\$15.40	\$18.48	\$21.56	\$24.64	\$27.72	\$30.80
36 - 40	\$4.10	\$8.20	\$12.30	\$16.41	\$20.51	\$24.61	\$28.71	\$32.81	\$36.91	\$41.02
41 - 45	\$5.32	\$10.64	\$15.96	\$21.28	\$26.60	\$31.91	\$37.23	\$42.55	\$47.87	\$53.19
46 - 50	\$6.78	\$13.56	\$20.33	\$27.11	\$33.89	\$40.67	\$47.45	\$54.22	\$61.00	\$67.78
51 - 55	\$10.53	\$21.05	\$31.58	\$42.11	\$52.63	\$63.16	\$73.69	\$84.21	\$94.74	\$105.27
56 - 60	\$13.08	\$26.15	\$39.23	\$52.30	\$65.38	\$78.46	\$91.53	\$104.61	\$117.68	\$130.76
61 - 65	\$20.35	\$40.70	\$61.05	\$81.40	\$101.75	\$122.10	\$142.45	\$162.80	\$183.15	\$203.50
66+	\$31.83	\$63.66	\$95.49	\$127.31	\$159.14	\$190.97	\$222.80	\$254.63	\$286.46	\$318.29



Critical Illness - 20 Pay Rates									
Spouse, Non-Tobacco									
	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 25	\$1.47	\$2.21	\$2.95	\$3.68	\$4.42	\$5.16	\$5.89	\$6.63	\$7.37
26 - 30	\$1.85	\$2.77	\$3.69	\$4.61	\$5.54	\$6.46	\$7.38	\$8.30	\$9.23
31 - 35	\$2.20	\$3.31	\$4.41	\$5.51	\$6.61	\$7.71	\$8.82	\$9.92	\$11.02
36 - 40	\$2.71	\$4.07	\$5.43	\$6.78	\$8.14	\$9.50	\$10.85	\$12.21	\$13.57
41 - 45	\$3.51	\$5.27	\$7.02	\$8.78	\$10.53	\$12.29	\$14.04	\$15.80	\$17.56
46 - 50	\$4.48	\$6.71	\$8.95	\$11.19	\$13.43	\$15.67	\$17.91	\$20.14	\$22.38
51 - 55	\$6.78	\$10.17	\$13.56	\$16.94	\$20.33	\$23.72	\$27.11	\$30.50	\$33.89
56 - 60	\$7.95	\$11.92	\$15.89	\$19.86	\$23.84	\$27.81	\$31.78	\$35.75	\$39.73
61 - 65	\$12.62	\$18.92	\$25.23	\$31.54	\$37.85	\$44.16	\$50.47	\$56.77	\$63.08
66+	\$20.25	\$30.38	\$40.51	\$50.63	\$60.76	\$70.89	\$81.01	\$91.14	\$101.27

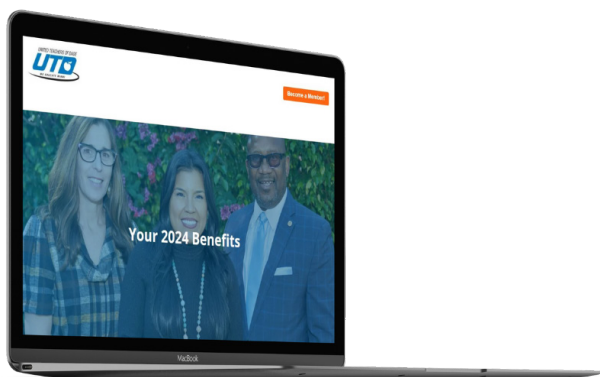
Critical Illness - 20 Pay Rates									
Spouse, Tobacco									
	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 25	\$1.83	\$2.74	\$3.65	\$4.57	\$5.48	\$6.40	\$7.31	\$8.22	\$9.14
26 - 30	\$2.36	\$3.55	\$4.73	\$5.91	\$7.09	\$8.28	\$9.46	\$10.64	\$11.82
31 - 35	\$3.08	\$4.62	\$6.16	\$7.70	\$9.24	\$10.78	\$12.32	\$13.86	\$15.40
36 - 40	\$4.10	\$6.15	\$8.20	\$10.25	\$12.30	\$14.36	\$16.41	\$18.46	\$20.51
41 - 45	\$5.32	\$7.98	\$10.64	\$13.30	\$15.96	\$18.62	\$21.28	\$23.94	\$26.60
46 - 50	\$6.78	\$10.17	\$13.56	\$16.95	\$20.33	\$23.72	\$27.11	\$30.50	\$33.89
51 - 55	\$10.53	\$15.79	\$21.05	\$26.32	\$31.58	\$36.84	\$42.11	\$47.37	\$52.63
56 - 60	\$13.08	\$19.61	\$26.15	\$32.69	\$39.23	\$45.77	\$52.30	\$58.84	\$65.38
61 - 65	\$20.35	\$30.53	\$40.70	\$50.88	\$61.05	\$71.23	\$81.40	\$91.58	\$101.75
66+	\$31.83	\$47.74	\$63.66	\$79.57	\$95.49	\$111.40	\$127.31	\$143.23	\$159.14

## Carrier Contacts

Benefit	Carrier	Phone #	Website
Dental & Vision	Solstice	1-877-760-2247	<a href="http://www.solsticebenefits.com">www.solsticebenefits.com</a>
Vision	VSP	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
BenExtend	Aflac	1-800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Accident	Aflac	1-800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Critical Illness	Aflac	1-800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Hospital Indemnity	Aflac	1-800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Elective & Cosmetic Benefits	Beyond Med	1-844-267-6192	<a href="http://www.beyondmedplans.com">www.beyondmedplans.com</a>
Identity Theft & Legal Protection	U.S. Legal Services	1-800-356-5297	<a href="http://www.uslegalservices.net/companies/UTD">www.uslegalservices.net/companies/UTD</a>

Our member benefits website is your one-stop resource for all benefits offered to you by UTD.

[www.UTD.MyBenefitsLibrary.com](http://www.UTD.MyBenefitsLibrary.com)



*This brochure provides a highlight of the plans offered by United Teachers of Dade and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents or UTD's Policy, the plan documents or policies shall govern. We reserve the right to modify any of these plans at anytime.*