



INDUSTRIAL CARPENTERS' BENEFIT PLAN

160 – 4400 Dominion Street, Burnaby, BC V5G 4G3
 phone (604) 299-7482 fax (604) 299-8136 toll free 1-800-663-1356 www.cwbp.ca

DENTAL / OPTICAL / HEARING AIDS CLAIM FORM

PLEASE NOTE: All Dental claims received must be accompanied by a STANDARD DENTAL CLAIM FORM, which shows the dental procedure codes which are a universal 5-digit coding system recognized by all plan carriers, allowing for more expedient claims processing. This will also benefit members covered by two plans in making claim submissions to the secondary carrier.

Member name _____ Member Number _____
 Address _____
 City / Province _____ Postal Code _____
 Area Code _____ Phone _____

IMPORTANT: Please read "MEMBER INFORMATION" on the reverse side before submitting this form.

PLEASE NOTE: ORIGINAL RECEIPTS WILL NOT BE RETURNED.
 Please take photocopies of ALL receipts before submitting to our Plan. If you will later be submitting this claim to another insurance carrier, they will require the Explanation of Benefits statement returned with your cheque. Please be sure to retain it for income tax purposes.

| Name of Person Receiving Treatment | Dependent Number | Age | Date Service Performed | Procedure Code | Total Fee | Co-insurance reimbursed | Recognized Amount (OFFICE USE ONLY) |
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| | | | | TOTAL | | | |

1. Is the treatment a result of an accident involving a third party (ie. ICBC claim)? Y ____ N ____
2. Are you and/or your dependents claiming reimbursement for any dental or optical expenses through another Plan? Y ____ N ____

Name of person covered by other Plan _____
 Name of other insurance carrier _____
 Group Number _____ ID Number _____

I hereby certify that the above listed expenses were incurred by me or my dependents, on the dates shown and that the information and amounts are correct. I understand that the Industrial Carpenters' Benefit Plan is a reimbursement program and I am not submitting for any amounts I have not paid for in full.

- DOCUMENTS REQUIRED TO MAKE A CLAIM:**
- STANDARD DENTAL CLAIM FORM
 - ORIGINAL PAID RECEIPT (faxed or photocopies **not** accepted)
 - EXPLANATION OF BENEFITS statement from primary insurance carrier when CWBP is secondary payer
 - If claiming for optical or hearing aid expenses, use the following claim codes:
- M – Frames & Lenses P – Optical repairs
 MM – Lenses only OE – Optical exam
 MO – Frames only Q – Hearing aid
 N – Contact Lenses

MEMBER'S SIGNATURE _____ DATE _____

PLEASE NOTE

Dental, Optical, & Hearing Aid reimbursement is based on the **date of service – not the date of payment**.

A member must have this coverage on the date the services were performed and have a remaining balance in his/her Dental/Optical account.

- **ORIGINAL PAID RECEIPTS MUST BE SUBMITTED WITH YOUR CLAIM.**
- **TOTAL FEES MUST BE PAID IN FULL – PARTIAL PAYMENTS WILL NOT BE REIMBURSED.**

DENTAL BENEFIT:

1. All normal services are covered at 90% up to the member's maximum allowable - **it is the member's responsibility to know how much he/she is eligible to claim.**
2. Effective May 1, 2014 the yearly dental / optical balance of \$5,500.00 is pro-rated from January throughout the remainder of the year for new members. If a member's coverage is effective:

| Coverage date | | Pro-rated maximum | Coverage date | | Pro-rated maximum |
|--------------------------|---|-------------------|---------------------------|---|-------------------|
| January 1 st | = | \$5,500.00 | July 1 st | = | \$2,750.02 |
| February 1 st | = | \$5,041.67 | August 1 st | = | \$2,291.69 |
| March 1 st | = | \$4,583.34 | September 1 st | = | \$1,833.36 |
| April 1 st | = | \$4,125.01 | October 1 st | = | \$1,375.02 |
| May 1 st | = | \$3,666.68 | November 1 st | = | \$ 916.68 |
| June 1 st | = | \$3,208.35 | December 1 st | = | \$ 458.34 |

3. If a member has **two insurance carriers**, then the maximum reimbursable amount for that member is 90% of the above listed amounts, not 100%. Note: If the other insurance plan is reimbursing a portion of a procedure code, the member will receive 100% of the difference. However, if the other insurance plan is not reimbursing a portion of a procedure code, the member will receive 90% reimbursement, not 100%.
4. Dentures are limited to one complete set of upper and/or lower in a three- year rolling period. The rolling period starts from the last date of purchase.

Exclusions: facility fees (usually charged by an oral surgeon for the use of their surgery room)

ORTHODONTICS:

- A copy of the orthodontic contract is required with the first orthodontic claim.
- **NOTE:** Industrial Carpenters' Benefit Plan pays as per the orthodontic contract.

OPTICAL BENEFIT:

1. Effective February 1st, 2013, the claimable amount for optical is \$650.00 per dependent per two-year rolling period. The rolling period starts from the last date of purchase (ie.If the date of purchase is March 5th, 2013, the dependent would not be eligible for another \$650.00 until March 6th, 2015. The maximum reimbursement amount for optical is \$585.00 - 90% of \$650.00).
2. Optical Exams are reimbursed at 90% (deducted from the \$650.00 optical limit)
3. Includes prescription lenses, frames, contact lenses, and repairs.
4. Dependents under 17 years of age are eligible for \$650.00 per one-year (365 day) rolling period.

Exclusions: fitting fees, laser surgery, optical lens insurance / warranty, non-prescription lenses (i.e. magnifiers purchased over the counter), sunglass clip-ons, cleansing products, safety cords, and any taxable items.

HEARING AID BENEFIT:

1. Includes repairs and batteries. Effective January 1 2013, the allowable maximum lifetime amount is \$3,000.00 per eligible family member, reimbursed at 90%. This amount is not combined with the dental / optical balance.

Exclusions: ear plugs, hearing tests and any products covered through Workers' Compensation Board.

PLEASE NOTE : ALL DENTAL / OPTICAL / HEARING AID CLAIMS FOR THE PREVIOUS YEAR MUST BE RECEIVED IN THIS OFFICE BY JUNE 30TH. THERE WILL BE NO EXCEPTIONS AFTER THE DEADLINE.

In the event of a major disagreement regarding claim adjudication, or the interpretation of rules, the Board of Trustees reserves the right to finalize any disputed claims.

Coverage under this program for an active member will continue to retirement or age 70, whichever first occurs, as long as there are employer reported hours providing continuous coverage.