



## 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. The yearly dental / optical balance of \$3,000.00 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 <sup>st</sup>	=	\$3,000.00	July 1 <sup>st</sup>	=	\$1,500.00
February 1 <sup>st</sup>	=	\$2,750.00	August 1 <sup>st</sup>	=	\$1,250.00
March 1 <sup>st</sup>	=	\$2,500.00	September 1 <sup>st</sup>	=	\$1,000.00
April 1 <sup>st</sup>	=	\$2,250.00	October 1 <sup>st</sup>	=	\$ 750.00
May 1 <sup>st</sup>	=	\$2,000.00	November 1 <sup>st</sup>	=	\$ 500.00
June 1 <sup>st</sup>	=	\$1,750.00	December 1 <sup>st</sup>	=	\$ 250.00

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 January 1<sup>st</sup>, 2007, the claimable amount for optical is \$450.00 per dependent per two-year rolling period. The rolling period starts from the last date of purchase (i.e. If the date of purchase is January 5<sup>th</sup>, 2007, the dependent would not be eligible for another \$450.00 until January 6<sup>th</sup>, 2009. The maximum reimbursement amount for optical is \$405.00 - 90% of \$450.00).
2. Optical Exams are reimbursed at 90% (deducted from the \$450.00 optical limit)
3. Includes prescription lenses, frames, contact lenses, and repairs.
4. Dependents under 17 years of age are eligible for \$450.00 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 clipons, cleansing products, safety cords, and any taxable items.**

## HEARING AID BENEFIT:

1. Includes repairs and batteries. The maximum allowable is \$800.00, reimbursed at 90%, in a five-year rolling period. The rolling period starts from the last date of service, and is not combined with the dental / optical balance.

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

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

NOTE: 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 age 65, or as long there are employer reported hours providing continuous coverage.

