

WASHINGTONVILLE TEACHERS ASSOCIATION
BENEFITS TRUST FUND

SCHEDULE OF BENEFITS

You and your dependents are eligible for coverage in accordance with the rules and regulations of the Washingtonville Teachers Association Benefits Trust Fund.

Your coverage and/or plan changes becomes effective on the first day of the month after the return of the application to the district office. The plan does not issue insurance cards.

Proof of full-time student status must be supplied in writing or verbally on our recorded line, **per semester**, for all dependents that are over 19 years of age but have not yet turned 25. Members are responsible for notifying the district benefit office when a dependent turns 19 and/or enrolls/graduates or is no longer attending school. Cobra is available upon notification of termination.

Your plan year is from July 1st – June 30th. **All claims must be submitted and received within 90 days of the close of your Plan year (by September 30th). The mailing address is:**

Washingtonville Teachers Association Benefits Trust Fund
P.O.Box 5817
Wallingford, CT 06492

DENTAL PLAN

Time restrictions apply to certain procedures. Please consult the Covered Dental Services section of your plan booklet for details.

New members have a (12) twelve month waiting period from the date coverage begins for the following:

- 1) Bridges and Crowns;
- 2) Orthodontia;
- 3) Periodontal (Osseous) Surgery;
- 4) Dentures

You are entitled to:

- 2 Cleanings or Periodontal Maintenance per Plan Year
- 2 Oral Exams with 4 X-rays per visit
- 1 Full Mouth X-Ray every 3 years.
- 2 Fluorides per Plan Year to age 19
- 2 Emergency Dental Treatments per Plan Year

You must submit a **pre-treatment estimate** for any claim which is expected to exceed \$300.00 in cost. (See page 3 of the Plan Booklet).

Coordination of Benefits

If you and your spouse each have coverage, your dependent children will be considered primary by the plan of the person whose **month and day of birth** occur earlier in the calendar year.

When you submit claims for members of the family who are primary through another carrier, a copy of the primary plan's payment must accompany the claim.

Amounts of Benefits

The amount of benefits available to you for specific procedures will be in accordance with the schedule of fees adopted by the Trustees.

Benefits payable to an eligible participant are limited to **\$2,750.00** in any one plan year.

The maximum lifetime benefit for orthodontic coverage is **\$2,000.00**. This amount will be paid as follows:

Placement	=	\$800.00
Monthly Maintenance	=	\$100.00
Retention	=	\$ 20.00

(See page 6 of the Plan Booklet.)

Dental PPO Network

The Providers have agreed to accept the fee schedule as payment in full; they will submit the bills directly to us and we will pay them directly. If you choose a non-participating dentist you will be responsible for any amount billed over the plan amount for the services provided. If a provider would like to join the network they can contact the plan to request and accept the fee schedule.

VISION BENEFIT PROGRAM

Benefits for vision are available to you and your eligible dependents once per plan year. If you use your own eye doctor you will be reimbursed as follows:

\$300.00 max for all vision combined; one lump sum to be used per Plan Year.

(April 2018)