LOCAL 136
2020 VISION/DENTAL OPEN ENROLLMENT

- This insurance is voluntary
- You must pay the quarterly premiums before your dues will be accepted. Be sure to review the rates. Do not accept coverage if you cannot pay the premiums!
- You cannot cancel the coverage unless you have a qualifying event (coverage gained elsewhere)
- You must re-enroll to keep your current coverage
- Be sure to return the respective enrollment forms AND the signed contract
- We cannot accept late forms. Be sure to submit your forms AND contract NO LATER than November 30, 2019
- Print the forms AND contract from the website (www.ualocal136.org – Resources Tab): complete, sign and return them to the union hall by mail, fax or email

2300 St. Joseph Industrial Park Dr, Evansville, IN 47720
Fax: 812-423-5517
E-Mail: kathy@ualocal136.org

Employee Benefits Team

Anthem BCBS Vision	www.anthem.com 866-723-0515
Delta Dental	www.deltadental.com 800-524-0149
Jacque Pentell	Benefits Consultant Jacque.pentell@usi.com 812.514.5050

Employee Benefits Department
812.232.0441
Toll-free Phone: 1.877.232.0441
Fax (HIPAA Compliant): 812.232.0926

USI®

PLUMBERS & STEAMFITTERS LOCAL 136
VOLUNTARY DENTAL & INSURANCE BENEFIT PLAN
EFFECTIVE JANUARY 1, 2020

DENTAL PLAN COVERAGE
www.deltadental.com

- ✓ 100% Preventive Care U&C
- ✓ 80% Basic Services
- ✓ 50% Major Services
- ✓ No Deductibles
- ✓ $1,000 Annual Maximum per Covered Person
- ✓ $1,000 Orthodontia Lifetime Maximum (children only; to age 19)

VISION PLAN COVERAGE
www.anthem.com

- ✓ $10 Routine Exam Co-Pay
- ✓ $25 Materials Co-Pay (Lenses, Frames, etc.)
- ✓ Routine Exams Every 12 months
- ✓ Lenses Every 12 Months
- ✓ Frames Every 24 Months

NO SAFETY GLASSES COVERAGE AVAILABLE
Safety Glasses will be available under a discount plan
Contact Local 136 for details

VOLUNTARY PLAN PARTICIPANTS	VOLUNTARY DENTAL MONTHLY RATES	VOLUNTARY VISION MONTHLY RATES
Member Only	$33.92	$8.09
Member + Spouse	$72.52	$16.18
Member + Children	$80.58	$17.32
Member + Family	$121.56	$27.65

If you have any questions, please contact Local 136 or the Terre Haute Employee Benefits Department of USI Insurance Services at (812) 232-0441.

Delta Dental of Indiana
Dental Benefit Highlights for
Plumbers and Steamfitters Local 136

DELTA DENTAL®

Delta Dental PPO℠ (Point-of-Service) *Coverage effective January 1, 2019*	Delta Dental PPO Dentist	Delta Dental Premier® Dentist	Non-participating Dentist
	Plan Pays	**Plan Pays**	**Plan Pays***
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Surgical Periodontic Services - surgical services to treat gum disease	80%	80%	80%
Extractions - removal of teeth	80%	80%	80%
Major Restorative Services - crowns	80%	80%	80%
Major Services			
Emergency Palliative Treatment - to temporarily relieve pain	50%	50%	50%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	50%	50%	50%
Other Oral Surgery - dental surgery other than extractions	50%	50%	50%
Major Restorative Services - inlays and veneers	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -		Up to age 26	

** When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.*

Maximum Payment – $1,000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. $1,000 per person total per lifetime on Orthodontics.

Deductible – None.

Note – *This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.*

Welcome to Indiana's largest dental benefits family!

As a member of Delta Dental of Indiana, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

Online Access

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at (800) 524-0149 or look online at www.DeltaDentalin.com.

November 13, 2018

DELTA DENTAL

www.deltadentalin.com/findadentist

Find a Delta Dental Participating Dentist

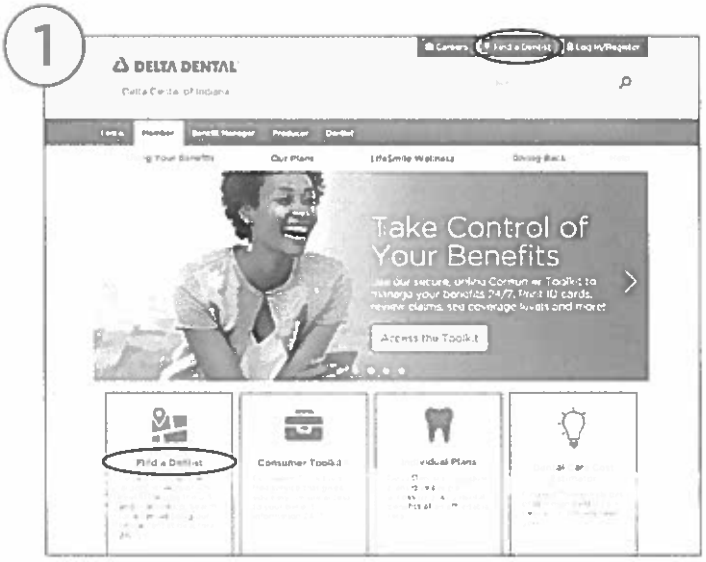
Your Delta Dental plan allows you to visit any dentist you like. However, there are advantages to choosing a dentist who belongs to one of Delta Dental's two dentist networks—Delta Dental PPO℠ and Delta Dental Premier®. You can save the most money and receive the highest levels of coverage when you visit a Delta Dental PPO dentist. If you visit a dentist who does not participate in Delta Dental PPO, you can still save money if that dentist participates in Delta Dental Premier.

To find a participating dentist in your area, follow the simple steps below.

» Step 1

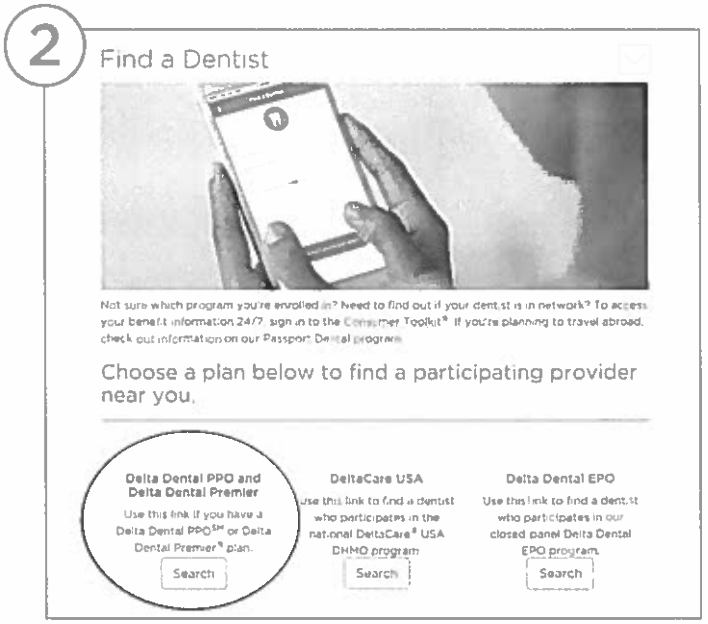
Visit **www.deltadentalin.com**.
Click one of the **Find a Dentist** links.

You may also go directly to
www.deltadentalin.com/findadentist.



» Step 2

Select **Delta Dental PPO and Delta Dental Premier**.

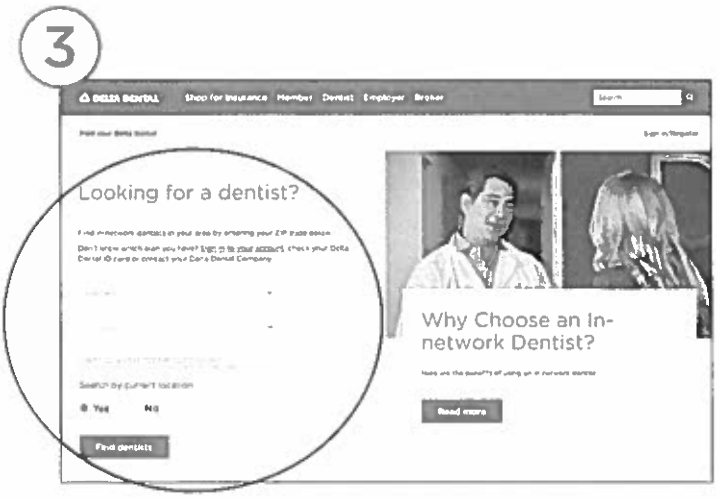


OVER

» Step 3

The **Specialty** menu defaults to any dentist. If you want to search for a specific specialty, select the specialty from the drop-down menu. Then, select the **Your plan** menu and choose the appropriate network option for you.

- **Delta Dental PPO**—all providers who participate in Delta Dental PPO.
- **Delta Dental Premier**—all providers who participate in Delta Dental Premier.
- **Delta Dental PPO plus Premier**—all providers who participate in both Delta Dental PPO and Delta Dental Premier.



The search will display results that fit your criteria, and whether or not those providers also participate in other networks.

Next, select **Yes** to search by current location or **No** to search by address or ZIP code. *Choosing "Yes" may require you to change a location setting or you may need to go back and select "No" and manually enter your physical address if you receive an error message.*

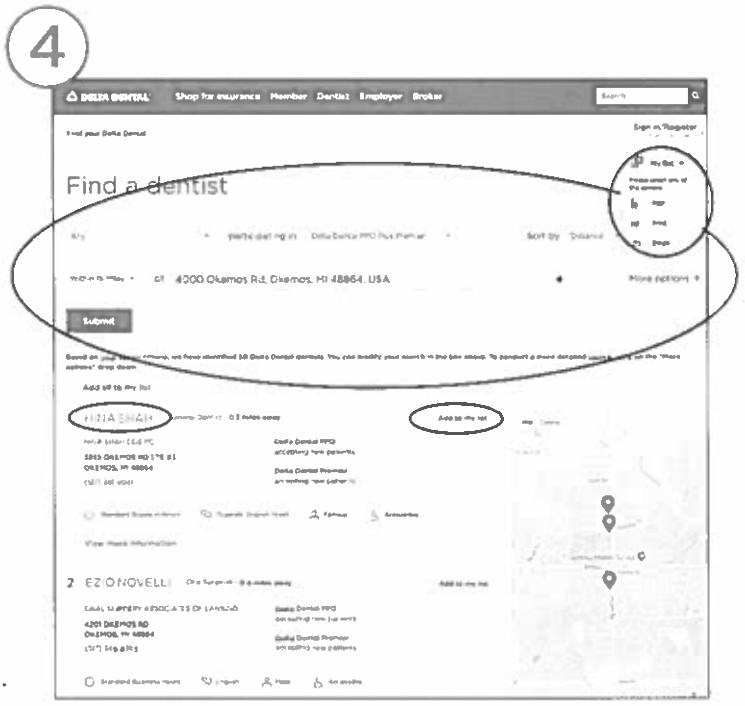
Select **Find dentists** to begin search.

» Step 4

Your results will be displayed. You can change your original search criteria for specialty, network, and address at the top of the page or sort your results by distance and number of results. By selecting **More options** you will see additional search criteria such as extended hours, accepting new patients, languages spoken and gender. You can also search for a specific dentist by name or office name. Once you have selected all of your search criteria, select the green **Submit** box to get your search results.

In addition to viewing your search results online, you can print or email your results, or view your results as a PDF under **My list**. To add dentists to your list, select the **Add to my list** or **Add all to my list** checkboxes.

Once you have added results to your list, select the down arrow to save as a PDF, print or email your list.



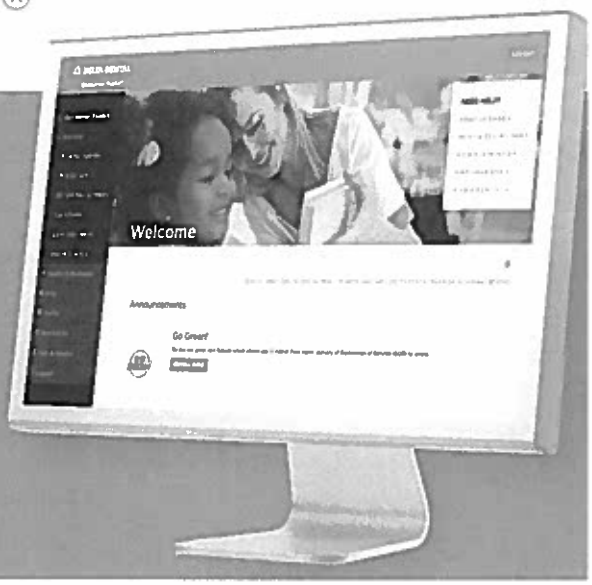
? Unsure of your plan type or looking for additional information?

Register or log in to the Consumer Toolkit*, Delta Dental's secure online tool for access to eligibility information, current benefits information, claims information and more.

Learn more at www.deltadentalin.com/consumertoolkit.

DELTA DENTAL®

Stay Informed About Your Dental Benefits With Consumer Toolkit®



Consumer Toolkit is designed to give you 24/7 access to important information regarding your dental benefits.

Use this secure online tool for access to eligibility information, current benefits information, claims information and more.

Once you have logged in to the Consumer Toolkit, remember to sign up for electronic delivery of Explanation of Benefits (EOB) statements. You will be able to view your EOBs online and print copies when necessary.

All users must first register to gain access to the Consumer Toolkit. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

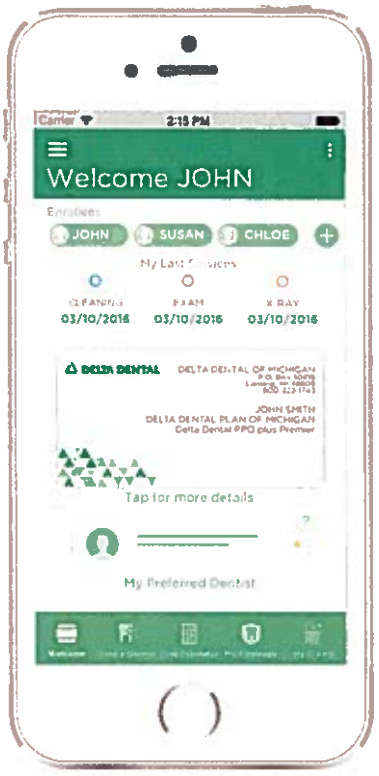
1. Visit www.consumertoolkit.com.
2. Click the **Sign up!** link.
3. Complete the required fields and follow the on-screen instructions to register as a new user.
   - NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.
4. Select your own user name and password to access the site.

Additional help topics can be accessed through the Help menu or by clicking the question mark icon at any time within the Toolkit. If you need further assistance, call Toolkit Support at 866-356-0301.

DELTA DENTAL®

Your benefits, at your fingertips!

The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the dentist search or toothbrush timer without logging in, or enter your username and password to securely access your personal benefit information or estimate your dental care costs.



» Coverage and claims information

See your plan type, benefit levels, deductibles, maximums and more. Check the status of recent dental claims. Add your dependents to your account to be able to access the whole family's coverage in one spot.

» Dental Care Cost Estimator

This easy-to-use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

» Dentist search

It's easy to find a participating dentist near you! Search and compare dental offices to find one that suits your needs. Narrow the list with criteria like 'language spoken' and 'specialty.' After you choose a dentist, you can save the contact information and get directions.

» Mobile ID card

There's no longer a need to carry a paper ID card. Simply show the dentist's office your mobile ID card right on your screen. Easily save it to your device for quick access using Apple Passbook or Google Wallet.

» Toothbrush timer

Keep up with your oral health routine by using this handy tool. Our timer counts down for two minutes while reminding you to brush each tooth.

Get started

Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right.

SCAN TO DOWNLOAD APP

Log in for secure access

Delta Dental subscribers can log in using the username and password used to log in to www.deltadental.com. If you haven't registered for an account yet, you can do so within the app. If you've forgotten your username or password, you can also retrieve these within the app. You must log in each time you access the secure portion of the app. No personal health information is ever stored on your device.

DELTA DENTAL

Eligibility Enrollment/Update

Check: ● Indiana ☐ Michigan ☐ North Carolina ☐ Ohio

Client Name: Plumbers & Steamfitters Local 136 Client#/Subclient#

Subscriber Information *(please complete for all enrollments/updates:)* Example: ABCDEF123456

Subscriber Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female Status* ☐ Active ☐ COBRA ☐ Retiree ☐ Surviving

Subscriber Social Security Number Birth Date Coverage Effective Date Hire Date

Street Address ☐ Check here if this is a new address Email

City State ZIP Code

Plan Enrollment/Update Information *(please indicate type of update and fill in appropriate information):*

Type of Update: ☐ New Enrollment ☐ Reinstatement ☐ Change/Correction to Information ☐ Termination of Benefits ☐ Waive Benefits

Group Transfer From: Client/Subclient# To: Client/Subclient# Rate Code Change* From: To: Effective Date of Change Change is for ☐ Subscriber ☐ Dependent

Enrollment/Corrections to Information *(please fill in for spouse/dependents for first-time enrollment or corrections):*

SPOUSE Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female

Social Security Number Birth Date Status* ☐ Legal ☐ Surviving

DEPENDENT #1 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female

Social Security Number Birth Date Status* ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #2 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female

Social Security Number Birth Date Status* ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #3 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female

Social Security Number Birth Date Status* ☐ IRS Dep ☐ Surviving ☐ Disabled ☐ Sponsored

DEPENDENT #4 Name (Last) (First) (M.I.) Sex ☐ Male ☐ Female

Social Security Number Birth Date Status* ☐ IRS Dep. ☐ Surviving ☐ Disabled ☐ Sponsored

*See reverse side for instructions and explanation of codes

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I authorize payroll deduction from my earning for any contribution I am required to make.

I Subscriber's Signature _____ Date _____

Please read the following information carefully before completing the other side of this form. You should fill out this form if you are enrolling for coverage or changing any information from an earlier enrollment. If you have any questions about filling out this form, your human resources or personnel department can help you.

Subscriber Information – This section must be completed for us to process your enrollment or update your records. All information should apply to you, the primary subscriber. Please print clearly or type.

Effective Date: The date that Delta Dental coverage takes effect for you and/or your dependents.

Status Definitions (Please select only one status):

Active	You are a current/active subscriber.
Retiree	You are retired and your group continues to provide you with dental benefits.
COBRA:	You are no longer an active subscriber but you have continued self-paid coverage under COBRA. COBRA requires many employers to offer extended self-paid coverage to certain employees and qualified beneficiaries who lose group medical benefits coverage. **Please check with your human resources or personnel department.**
Surviving:	The surviving spouse or child of a deceased subscriber.

Plan Enrollment/Update Information – This section should only be completed if you are: (1) Enrolling yourself or a family member for the first time, or (2) if your benefits were terminated and are not being reinstated or, (3) if you are making changes to your current enrollment information.

Enrollment:	Check for first time enrollment for yourself or your dependents.
Reinstatement:	Check for reinstatement coverage for yourself or your dependents.
Change/Corrections:	Check if any changes are being submitted on the form.
Termination of Benefits:	Check only if you are terminating Delta Dental coverage for yourself or a family member.
Group Transfers:	When transferring from one group to another, all dependents will transfer unless otherwise indicated. This section should also be completed when transferring to COBRA.

When reporting a change or correction, the information that is incorrect or has changed should be listed on the line titled "from" and the correct information should be listed on the line titled "to".

When changing a rate code, please refer to the following explanation to select the code that describes who is being covered by your Delta Dental program.

Rate Codes:

Rate 1	Employee Only
Rate 2	Employee and spouse
Rate 3	Employee, spouse and children
Rate 5	Employee, one child, no spouse
Rate 6	Employee and more than one child, no spouse

Enrollment/Corrections To Information – This section should be completed when: (1) enrolling dependents or, (2) if you have checked Changes/Corrections and are changing information that was previously submitted to Delta Dental. Please include both first and last names of any individuals for whom you are enrolling or submitting a change or correction.

Dependent Status Definitions:

Legal:	Your current spouse
Surviving:	The surviving spouse or child of a deceased subscriber.
IRS Dependent:	An individual who is your dependent child according to the U.S. Internal Revenue Code. This could include your unmarried dependent child who is attending a university, college, community college, junior college or trade school on a full-time basis and for whom you provide principal support.
Disabled:	Your permanently disabled child.
Sponsored:	A dependent for whom you are legally responsible. Sponsored dependents could include parents, grandparents and foreign exchange students, **but only if specified in your group's contract with Delta Dental.**

Delta Dental
Attention: Eligibility Department
P.O. Box 30416
Lansing, MI 48909-7916

Blue View Vision℠
Plumbers & Steamfitters Local 136
January 1, 2020

Anthem. BlueCross BlueShield

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at **anthem.com**, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	$10 copay	Up to $35 reimbursement	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	$130 allowance, then 20% off any remaining balance	Up to $45 reimbursement	Once every 24 months
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses:			
○ Single vision lenses	$25 copay	Up to $25 reimbursement	Once every 12 months
○ Bifocal lenses	$25 copay	Up to $40 reimbursement	
○ Trifocal lenses	$25 copay	Up to $55 reimbursement	
○ Lenticular lenses	$25 copay	Up to $80 reimbursement	
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
○ Transitions Lenses (for a child under age 19)	$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
○ Standard polycarbonate (for a child under age 19)	$0 copay		
○ Factory scratch coating	$0 copay		
Contact Lenses *(instead of eyeglass lenses)* Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
○ Elective conventional (non-disposable)	$150 allowance, then 15% off any remaining balance	Up to $105 reimbursement	Once every 12 months
OR			
○ Elective disposable	$150 allowance *(no additional discount)*	Up to $105 reimbursement	
OR			
○ Non-elective (medically necessary)	Covered in full	Up to $210 reimbursement	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.
Excess Amounts. Amounts in excess of covered vision expense.
Sunglasses. Plano sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Not Specifically Listed. Services not specifically listed in this plan as covered services.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than $39

Eyeglass lens upgrades
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.
	• Transitions® lenses (Adults)
	• Standard Polycarbonate (Adults)
	• Tint (Solid and Gradient)
	• UV Coating
	• Progressive Lenses[1]
	  ◦ Standard
	  ◦ Premium Tier 1
	  ◦ Premium Tier 2
	  ◦ Premium Tier 3
	• Anti-Reflective Coating[2]
	  ◦ Standard
	  ◦ Premium Tier 1
	  ◦ Premium Tier 2
	• Other Add-ons
		$75
		$0
		$15
		$15
		
		$65
		$85
		$95
		$110
		
		$45
		$57
		$68
		20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	• Complete Pair • Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	• Standard contact lens fitting[3] • Premium contact lens fitting[4]	Up to $55 10% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price

[1] Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

[2] Please ask your provider for his/her recommendation as well as the available coating brands by tier.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

[4] Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:

GLASSES.COM · contactsdirect · LensCrafters · PEARLE VISION · OPTICAL · Sears Optical · JCPenney | optical

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at **anthem.com**, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.
Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Company (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Plumbers & Steamfitters Local 136 Group #00217986

Enrollment Form
Voluntary Vision

RETURN TO: Plumbers & Steamfitters Local 136, 2300 St Joe Industrial Park Dr., Evansville, IN

SECTION I - MEMBER INFORMATION

Name/Address:	SSN	Date of Birth
	Effective Date	Gender ☐ Male ☐ Female

SECTION II - BENEFIT SELECTION

Voluntary Vision — Consider how important good vision is to everyday activities like driving, shopping or watching a movie. Taking care of your vision is essential to your overall health and well-being. Did you know that having a regular eye exams can reduce the risk of more serious, long-term diseases?

Select One

☐ Member Only ☐ Member & Spouse ☐ Member & Child(ren) ☐ Member & Family

SECTION III - DEPENDENT DESIGNATION

Complete all details for individuals applying for coverage: list names for all dependents.

Last Name, First Name, Middle	SSN	Sex	DOB	Relationship

SECTION IV - ELIGIBILITY AND AUTHORIZATION

Member Confirmation

I have been given the opportunity to enroll in Plumbers & Steamfitters Local 136 Vision benefit coverage. I understand that if I decline enrolling in vision coverage during this open enrollment, I will only be able to enroll at the next annual open enrollment or if I have a qualified event that occurs during the year.

If your answers on this application are incorrect or untrue, the carrier has the right to deny benefits or rescind your coverage.

I request to be insured and agree to pay the cost of insurance to Local 136 to cover the cost of such insurance and the statements and answers are represented to the best of my knowledge and belief to be true and complete. I understand that (a) the insurance applied for shall not take effect until the application is approved; and (b) all insurance is subject to the eligibility provision of this policy.

Member Signature _____ Date _____

Plumbers & Steamfitters Local Union No. 136
Voluntary Dental and Vision Plan Contract

Voluntary Dental and Vision Plan Establishment – The Plumbers & Steamfitters Local Union No. 136 Membership unanimously voted to establish a Voluntary Dental and Vision Plan at their Union Meetings on September 30, 2008 (Bloomington, IN) and October 1, 2008 (Evansville, IN).

Coverage Availability – Coverage through Plumbers & Steamfitters Local Union No. 136's Voluntary Dental and Vision Plan is available ***only*** to a Member in good standing of Local Union No. 136.

Enrollment – Open enrollment will occur on a yearly basis in November for coverage the following year. An enrollment form must be completed and signed by the Member and will commit the Member to one calendar year, or 12 (twelve) consecutive months of premium payments and coverage.

Payment – Invoices will be mailed to the enrolled Member on a quarterly basis, the 1st day of the month prior to the start of each quarter (December, March, June and September) and are due on or before the 10th of the same month as the billing. The invoiced amount will be determined by the option that the Member has chosen on the Enrollment Form. **Payment of the quarterly invoice shall be made payable to: Plumbers & Steamfitters Local 136 General Fund and submitted to Local 136, 2300 St. Joseph Industrial Park Drive, Evansville, IN 47720.**

Delinquent Payments – Upon signing the Enrollment Form, each Member agrees to make quarterly payments for one calendar year, or 12 (twelve) consecutive months. These quarterly payments will be collected and coverage provided for the following quarter in which they are paid. In the event the insurance has not been used and a payment is not received by the 10th of the month, the coverage will cease without notice to the Member, and the Member will not be allowed to participate in the Plan for the remainder of the year. In addition, if you receive benefits during the calendar year, you will be required to pay the delinquency and remain in the Plan for the remainder of the year. The quarters of coverage are as follows: January, February and March; April, May and June; July, August and September; October, November and December. **In addition, delinquent payments to the Plumbers & Steamfitters Local Union No. 136 Voluntary Dental and Vision Plan shall be payable before per capita dues and/or assessments, even if it results in the member's delinquency or expulsion.**

Persons Covered – The Member will choose, at the time of his or her enrollment, as to what family member will receive coverage. The options include: 1) Member Only; 2) Member/Spouse; 3) Member/Children; 4) Member/Family. The option selected shall be in effect during the enrolled year, and if so desired, may be changed for the following calendar year during re-enrollment to the Plan or upon a qualifying event.

Coverage Offered – Dental and vision coverage is offered; the Member can select to participate in both the dental and vision, or can choose either the dental or vision. This selection will be made at the time of enrollment and will continue throughout the enrolled year. If so desired, this selection can be changed for the following calendar year during re-enrollment to the Plan.

Premium Amounts – Premium amounts for the various options offered will be provided to the Member at the time of enrollment. Billing will be combined to include dental and vision if the Member chooses to participate in both.

Safety Glass Coverage – Safety glass coverage is not available.

I understand that my coverage becomes effective January 1, 2020, only if I have signed and returned page 3 of the Plumbers & Steamfitters Local Union No. 136 Voluntary Dental and Vision Plan Contract and also paid my first quarterly statement that will be mailed December 13, 2019 and due by December 31, 2020.

SIGNATURE PAGE

SIGN AND RETURN FOR 2020 VISION AND/OR DENTAL INSURANCE

Acceptance of Terms – I have read the above-listed terms of the Plumbers & Steamfitters Local Union No. 136 Voluntary Dental and Vision Plan and agree to accept and abide by the terms as stated herein.

Printed Name: _____

Signature: _____ Date _____
(Member)

The Voluntary Dental and Vision Plan will be effective upon the date of execution by an authorized representative of Plumbers & Steamfitters Local Union No. 136.

_____ Date: _____
John Bates