Local 136

2022 Vision/ Dental Open Enrollment

- The 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 id you cannot pay the premiums!
- You cannot cancel the coverage unless you have a qualify 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, 2021
- 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
Email: kathy@ualocal136.org

Contact Information

Plumbers & Steamfitters

Carrier	Policy Number	Phone Number	Website
DELTA DENTAL Delta Dental Insurance Company	#1236	(800) 524 -0149	www.deltadental.com
Anthem Anthem Blue Cross and Blue Shield	W12816	(866) 723 - 0515	www.anthem.com

PLUMBERS & STEAMFITTERS LOCAL 136
VOLUNTARY DENTAL & VISION BENEFIT PLAN
EFFECTIVE JANUARY 1, 2022

DENTAL PLAN COVERAGE

- ✓ 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)

www.deltadental.com

VISION PLAN COVERAGE

- ✓ $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

www.anthem.com

SAFETY GLASS COVERAGE

Safety glasses will only be available under a discount plan
Contact Local 136 for details.

VOLUNTARY PLAN PARTICIPANTS	VOLUNTARY DENTAL MONTHLY RATES	VOLUNTARY VISION MONTHLY RATES
Member Only	$ 38.40	$ 8.09
Member + Spouse	$ 82.09	$ 16.18
Member + Children	$ 91.21	$ 17.32
Member + Family	$137.72	$ 27.65

Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 1236-0001, 0099
Plumbers & Steamfitters Local 136

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Indiana

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating 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 prosthetic appliances	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	up to age 26	up to age 26	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. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per calendar year with no age limit.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any four-year period.

Find a Delta Dental Participating Dentist

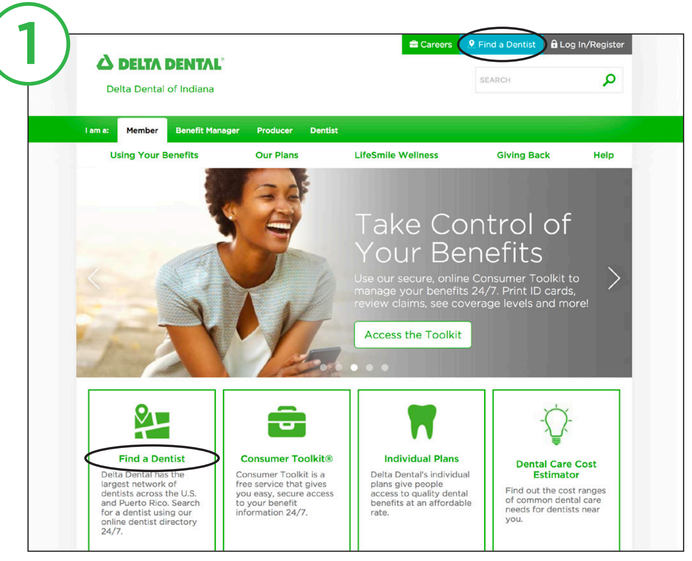
Your Delta Dental plan allows you to visit any dentist you like. However, there are advantages to choosing a dentist who belongs to one of Delta Dental's two dentist networks—Delta Dental PPO℠ and Delta Dental Premier®. You can save the most money and receive the highest levels of coverage when you visit 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

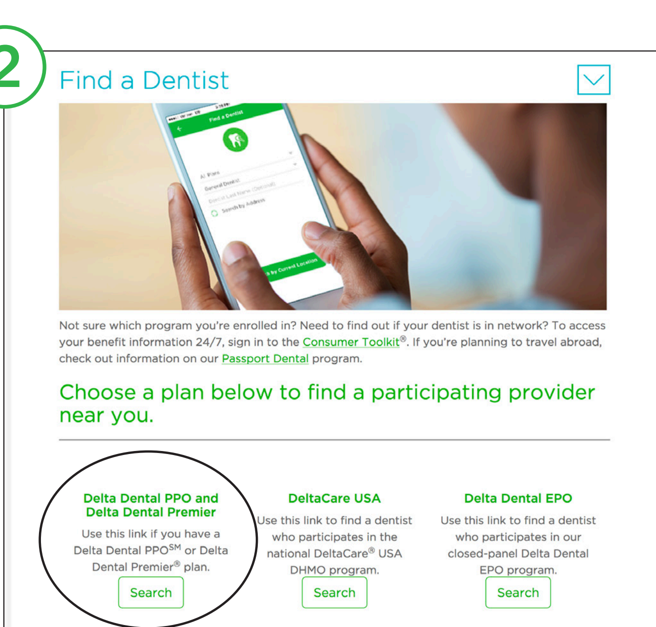
Visit **www.deltadentalin.com**.
Click one of the **Find a Dentist** links.

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



» Step 2

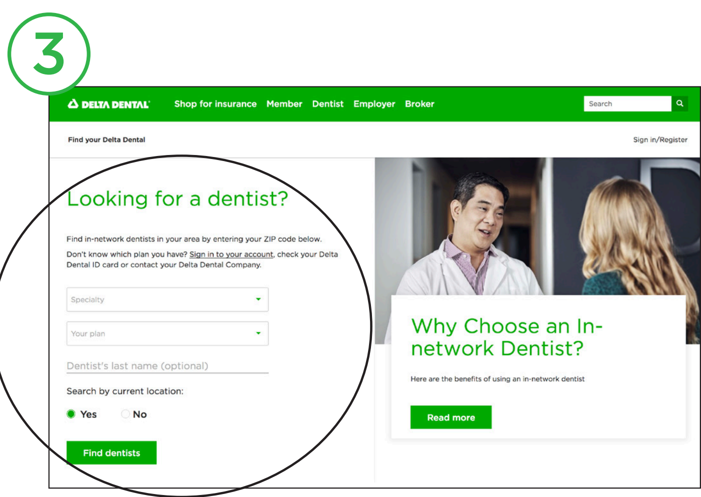
Select **Delta Dental PPO and Delta Dental Premier**.



» 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.*

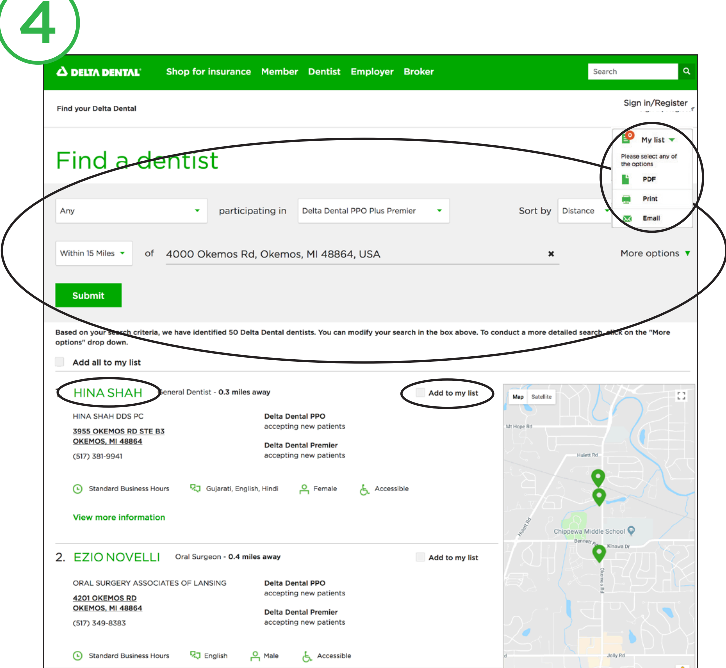
Select **Find dentists** to begin search.

» 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.

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.

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 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.

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, visit www.deltadentalmi.com/consumertoolkit and click Sign Up. If you've forgotten your username or password, visit www.deltadentalmi.com/consumertoolkit and click Log In. You must log in each time you access the secure portion of the app. No personal health information is ever stored on your device.

Eligibility Enrollment/Update

Check: ☐ Indiana ☐ Michigan ☐ North Carolina ☐ Ohio

Client Name: ____ 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

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.

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℠
FS.B.10.25.130.150
Plumbers and Steamfitters Local 136
Effective 1/1/2022

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®, 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	Reimbursed Up To $35	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	$130 Allowance, then 20% off any remaining balance	Reimbursed Up To $45	Once every other calendar year
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses • Single vision lenses • Bifocal lenses • Trifocal lenses • Lenticular lenses	 $25 Copay $25 Copay $25 Copay $25 Copay	 Reimbursed up to $25 Reimbursed up to $40 Reimbursed up to $55 Reimbursed up to $80	Once every calendar year
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) • Standard polycarbonate (for a child under age 19) • Factory Scratch Coating	$0 Copay $0 Copay $0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
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) OR	$150 Allowance, then 15% off any remaining balance	Reimbursed up to $105	Once every calendar year
• Elective disposable OR	$150 Allowance *(no additional discount)*	Reimbursed up to $105	
• Non-elective (medically necessary)	Covered in full	Reimbursed up to $210	

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

Contract code: 57YC

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 a 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
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 anti-reflective 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.

Cannot be combined with any other offer. 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 this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:

Online stores:

GLASSES.COM glasses.com | contactsdirect contactsdirect.com | 1800contacts 1800contacts.com | LENSCRAFTERS lenscrafters.com

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 are registered trademarks of Transitions Optical, Inc. Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee 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.

Vision Only Case

Group Number : W12816

Enrollment Form - Plumbers & Steamfitters Local 136

EMPLOYEE INFORMATION. Please verify the information below for accuracy. If incorrect, please contact your HR representative.

Name/Address	Date of Birth	Employee ID/SSN
	Division N/A	Date of Hire
	BillClass N/A	SubGroup N/A
	Effective Date	Gender

PLEASE PRINT IN BLACK OR BLUE INK. Read and complete all of this form. Please complete all grayed sections. If you need more space, attach a separate sheet of paper. Please use four digits for years (e.g. 1998, not 98).

Are you actively at work? **Yes** ☐ **No** ☐

Are you retired? **Yes** ☐ **No** ☐

Marital status: **Single** ☐ **Married** ☐ **Widowed** ☐ **Divorced** ☐

Occupation: ____________________

Phone: ____________________

Hours per week working for this employer: ________ **Email Address:** ____________________

BENEFIT SELECTION. Check the boxes that apply along with the appropriate coverage level.

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 regular eye exams can reduce the risk of more serious, long-term diseases?

Accept ☐ **Decline** ☐

Coverage Level	Monthly Premium
☐ Employee	
☐ Employee + Spouse	
☐ Employee + Child(ren)	
☐ Family	

DEPENDENT DESIGNATION

(Complete all details for Individuals applying for coverage: list names of all dependents.)

Last name, First name, M.I.	SSN (XXX-XX-XXXX)	Sex	Date of Birth (XX-XX-XXXX)	Age	Relationship (spouse/domestic partner or child)
	- -	☐ M ☐ F	/ /		Spouse/Domestic Partner
	- -	☐ M ☐ F	/ /		Child
	- -	☐ M ☐ F	/ /		Child
	- -	☐ M ☐ F	/ /		Child
	- -	☐ M ☐ F	/ /		Child

List address of all dependents if different from the applicant, including temporary address, e.g. college student.

Name/Address: __________________________ / ____

Name/Address: __________________________ / ____

ELIGIBILITY AND AUTHORIZATION

Employee Confirmation

My signature certifies that I (1) Apply for the coverages designated for which I am eligible under my employer's plan with the carrier. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health to the carrier. (3) Authorize any required deductions from my earnings. (4) Designate the beneficiary named on this application to receive any benefits payable in the event of death. (5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Signature ____ Date ________ / ________ / _________

Premium calculations above may differ slightly based on rounding rules and other system factors, but will not vary significantly. Every effort has been made to match your premiums to the penny.

Ohio: Any person who, with intent to defraud or knowing that he 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.

Anthem Blue Cross and Blue Shield is the trade name of: Community Insurance Company. 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 the registered marks of the Blue Cross and Blue Shield Association.

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

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

Voluntary Dental and Vision Plan Establish- 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 payment 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 reminder 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 reminder of the year. The Quarters of coverage areas 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 close, 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 is so desired, may be changed for the following calendar year during re-enrollment to the Plan or upon a qualify event.

Coverage Offered – Dental and vison 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 enrolment 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, 2022, only if I have signed and returned page 3 of the Plumbers & steamfitters Local Union No. 136. Voluntary Dental and Vison Plan Contract and also paid my first quarterly statement that will be mailed December 14, 2021 and due December 21, 2021.

Signature Page

SIGN AND RETURN FOR 2022 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 executive by an authorized representative of Plumbers & Steamfitters Local Union No. 136.

____ Date: _____________

John Bates