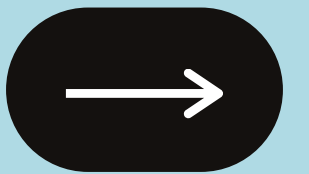
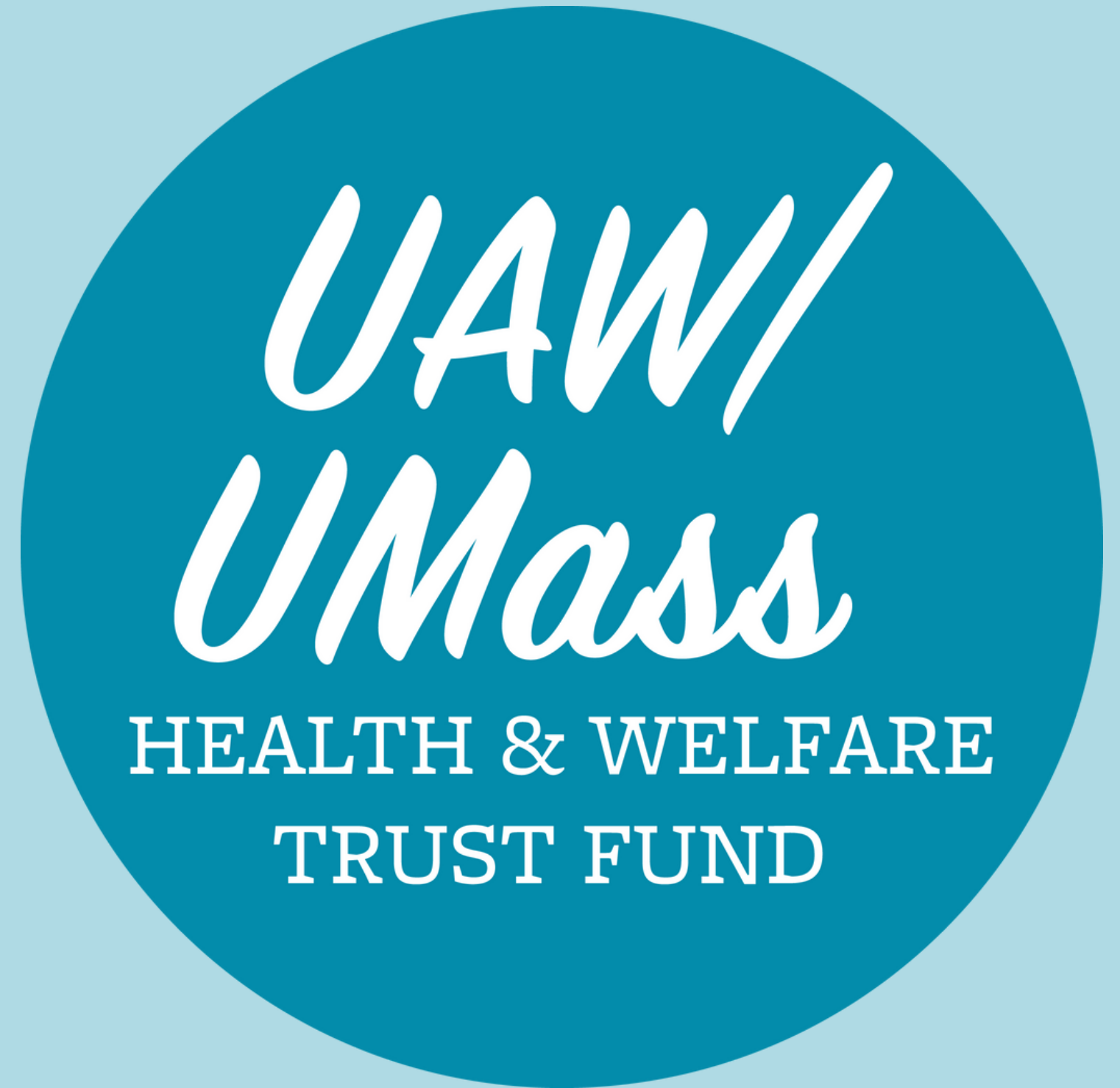


2022-23

Trust Fund Benefits:

*What you Need
to Know!*



Your Student Health Plan & Your Trust Fund Benefits are *Completely Different Benefits*

Student Health

- 8/1-7/31 plan year
- medical insurance
- automatic enrollment (1+)
- Cigna ID card
- UHS/Wellfleet for ?s
- fee reductions negotiated by GEO

Trust Fund

- 9/1-8/31 plan year
- dental & vision insurance
- application required
- Altus/EyeMed ID cards
- Trust Fund for ?s
- TF is part of GEO contract

Apply at hwtrust.geouaw.org

BENEFITS PORTAL

You're looking for benefits—let's get started!

Current Graduate Employees

If you are a graduate employee, use this section to log in, apply for benefits, and submit wellness center, childcare, or PPE receipts.

[Review options for graduate students](#)

Current Postdoc Employees

If you are a postdoc employee, use this section to log in, apply for benefits, and submit childcare or PPE receipts.

[Review options for postdocs](#)

- send yourself the secure application link by email or text
- pay attention to the question: are you applying for yourself or a family
- fill out the app, opting in or out of each benefit and don't forget to esign your form!

You're enrolled when you receive the confirmation email

Confirmation of 2022-23 Eligibility & Benefits Enrollment

Hi there!

This email confirms you are eligible and enrolled in the benefits you selected through the Health & Welfare Trust Fund. If you applied for dental & vision benefits, please reference the information below. Your enrollment may not yet be visible in the Altus/EyeMed systems--do not be alarmed as this email confirms your information has been sent to the relevant insurance companies. **These plans are completely separate from your [student health insurance plan](#).** Learn more about the differences between the Trust Fund benefits and your student health plan [here](#).

If you haven't received your SSN, our system will keep checking in with you, providing an encrypted link to report your SSN. We'll enroll you once it's received.

If you applied for the wellness reimbursement, we will begin distributing reimbursements soon in the order receipts were received.

Please let us know if you have any questions.

1) HOW TO USE YOUR COVERAGE

- **ALTUS DENTAL PLAN**

- **Plan Network:** Altus Connection Dental and DenteMax Networks

- [Plan Description](#)

- **Choose a Dentist:**

- [Search](#) for an in-network dentist in any zip code

- **Note:** You maximize your benefits when seeing an in-network dentist, but you may choose an out-of-network dentist as well.

Your Dental & Vision Plan Info

DENTAL Plan (Altus)

Group #: 3001-0002

Member ID: unique 9 digit #

Customer Service: (877)223-0588

Network: Connection Dental and
DenteMax Networks

Find a provider:

www.altusdental.com



VISION Plan (EyeMed)

Group #: 9794348

Member ID: your SSN

Customer Service: (866) 299-1358

Network: Select

Find a provider: www.eyemed.com



Altus Dental Plan

- free for the employee
- \$100/year for family plan
- \$2250 plan year maximum
- preventive care doesn't count against the max
- 4 cleanings per plan year
- Athletic Mouth Guards for Dependents under 19
- Teeth Whitening Benefit
- and if you go out-of-network, usual and customary charges are paid at the 95% percentile



Grad Employee & Postdoc Dental Insurance

Benefits Summary
Plan Year 9/1/2022-8/31/2023

Altus Dental POS - Includes Connection Dental and DenteMax Networks

Exams, cleanings, fluorides, full mouth or panoramic x-rays, sealants, single x-rays and bitewing x-rays don't count against your policy year maximum.

Annual Maximum
\$2,250

Elective Orthodontic Lifetime Maximum
\$1,000

Maximum Lifetime Cap
Unlimited

TMJ Lifetime Maximum
\$500

In-Network Deductible
Individual \$0
Family \$0

Out-of-Network Deductible
Individual \$75
Family \$225

Dependent Coverage
Dependent children are covered under these benefits up until the end of the month that they turn 26.

- P Pre-treatment Estimate Recommended
- A Prior Authorization Required

See back page for additional information >

Plan pays 100%; Member Coinsurance 0%

- Oral exam twice per policy year. Problem or focused visit. Specialist consultation.
- Cleaning four per policy year
- Fluoride treatment for children under age 19 or Fluoride varnish for all covered members, for a total of two treatments per policy year.
- Bitewing x-rays one set per 6 months
- Complete x-ray series or panoramic film once every 36 months.
- Single x-rays as required
- Sealants for children under age 18, once every 36 months on unrestored permanent molars
- Space maintainers, unilateral space maintainers once per lifetime for lost deciduous (baby) teeth. Bilateral space maintainers once every 60 months for lost baby teeth
- Periodontal maintenance following active therapy two per policy year

Plan pays 80%; Member Coinsurance 20%

- Palliative treatment (minor procedures necessary to relieve acute pain) twice per policy year
- Amalgam (silver) fillings and composite (white) fillings
- Extractions and other routine oral surgery when not covered by a patient's medical plan
- General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures
- Root canal therapy on permanent teeth one procedure per tooth per lifetime. Retreatment upon review
- Misc-Laboratory and Biopsy

P • Root planing and scaling once per quadrant every 24 months

P • Osseous (bone) surgery once per quadrant every 24 months

P • Guided tissue regeneration and bone replacement graft once per site every 24 months.

P • Gingivectomies once per site every 24 months

P • Soft tissue grafts once per site every 36 months

P • Crown lengthening once per site every 60 months

- Repairs to existing partial or complete dentures once per policy year

- Recementing crowns or bridges once every 60 months

- Rebasing or relining of partial or complete dentures once every 60 months

Plan pays 65%; Member Coinsurance 35%

P • Crowns over natural teeth, build ups, posts and cores replacement limited to once 60 months.

P • Occlusal guards, replacement limited to once every 36 months.

P • Bridges and crowns over implants replacement limited to once every 60 months

P • Partial and complete dentures replacement limited to once every 60 months

P • Surgical placement of endosteal implant and abutment replacement limited to once every 60 months

- Teeth Whitening once per arch every 60 months

- Athletic Mouth Guards for dependent children under age 19, once every 24 months.

Plan pays 65%; Member Coinsurance 35%

- Non-surgical and surgical procedures for temporomandibular (TMJ) disorders subject to a \$500 Lifetime maximum

Plan pays 50%; Member Coinsurance 50%

P • Elective braces and related services for all covered members. Subject to a lifetime maximum. No pre-approval required

EyeMed Vision Plan

- free for you as the employee
- free for a family plan
- \$10 eye exam
- \$175 toward frames
- 150 toward contacts
- you can use the frame and contact benefit during the same 12 months



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor

(Select Network)

- 866.299.1358
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads Up

You may have additional benefits.

Log into eyemed.com/member to see all plans included with your benefits.

UAW/UMass Health & Welfare Trust Fund

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$50
Retinal Imaging	Up to \$39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$175 allowance	Up to \$105
STANDARD PLASTIC LENSES		
Single Vision	\$10 copay	Up to \$42
Bifocal	\$10 copay	Up to \$78
Trifocal	\$10 copay	Up to \$130
Lenticular	\$10 copay	Up to \$78
Progressive - Standard	\$10 copay	Up to \$78
Progressive - Premium Tier 1 - 3	\$30 - 55 copay	Up to \$78
Progressive - Premium Tier 4	\$10 copay; 20% off retail price less \$120 allowance	Up to \$78
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	20% off retail price	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$120
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$120
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
OTHER		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months

(Plan allows member to receive either contacts and frame, or frames and lens services)

Grad Employees also have access to a \$225 wellness reimbursement

eligible activities/items include:

- gym membership fees
- fitness, yoga, pilates, dance, and martial arts classes
- fitness equipment & fitness trackers
- out-of-pocket mental health fees
- race fees, court rentals, skating, swim passes
- intramural sports, camping fees, state park passes

Or you can opt for a prepaid wellness program



- 4 month prepaid CRG membership, limited in quantity



- 5 (30) minute massage passes, limited in quantity

Child Care Reimbursement

- child care reimbursements to families paying out of pocket for care
- we rank applicants by income and family size and start with the lowest income families & work upward
- examples of past reimbursement %s are available at <https://www.uawumasstrustfund.org/geo-childcare>
- subsidized slots at CEEC
- \$250/child in Outschool reimbursements
- Family Friendly Work Space



Prepaid Legal Plan

- the only benefit that isn't free for you as the employee
- optional benefit, premium is \$216 year

Just a few times in life you might need legal help.



GETTING MARRIED

- Prenuptial agreement
- Name change
- Updating or creating estate planning documents



STARTING A FAMILY

- Creating wills and estate planning documents
- School and administrative hearings
- Adoption



CARING FOR AGING PARENTS

- Review of Medicare/Medicaid documents
- Nursing home agreement
- Reviewing estate planning documents



BUYING, RENTING OR SELLING A HOME

- Reviewing contracts and purchase agreements
- Preparing deeds
- Attending the closing



DEALING WITH IDENTITY THEFT

- Attorney consultations regarding potential creditor actions
- Assistance with contacting banks and creditors



SENDING KIDS OFF TO COLLEGE

- Security deposit assistance
- Reviewing leases
- Student loan debt assistance

Finally, we offer free app
subscriptions

