

DENTAL BENEFITS

Effective September 1, 2017:

The Plan will cover 90% of the usual, customary and reasonable (UCR) cost for one oral cleaning per calendar year, including associated office visit costs, and one set of x-rays, for you and your covered dependents. **The Plan does not have a dental network, so you may use any licensed dental provider.**

SUBMITTING YOUR DENTAL BILL FOR REIMBURSEMENT

To be reimbursed for the Dental Benefits, you must submit the itemized bill reflecting the Dental services and provider's fees to the Plan Administrative Office. You must submit the following information to the Plan Administrative Office to receive the reimbursement:

- Participant's Name
- Participant's Social Security Number
- Participant's Address
- Copy of Itemized Dental claim reflecting CPT procedure codes
- Copy of receipt showing your payment to the Dental provider for the services, and
- Be sure to write "Colorado Pipe Dental Benefits" on the Claim and Receipt

MAIL TO:

**Pipe Industry of Colorado – Dental Plan –
PO Box 34687, Seattle, WA 98124-1687**

The Trust will also accept electronic submission of dental claims. If your dental provider agrees to submit your claim electronically, please provide them with this information: ChangeHealthcare F03 Payer ID 91136

QUESTIONS?

On or after September 1, 2017, if you have questions about the Plan or this Notice, contact the Plan Administrative Office at (206) 441-7574 or 1-800-257-2168

PIPEFITTERS LOCAL 208 DOES NOT HANDLE THE REIMBURSEMENT FORMS OR PROCEDURES PLEASE CONTACT THE FUND OFFICE FOR QUESTIONS

THIS DOES NOT APPLY TO PIPE TRADESMEN!

SHARED/OFFICE MAILINGS/INITIATIONS/PACKETS