

# TOLEDO ELECTRICAL BENEFIT PLANS

Toledo Electrical  
Welfare Fund

Local No. 8 I.B.E.W.  
Retirement Plan & Trust

Mailing Address: P.O. Box 60408 • Rossford, Ohio 43460

## **INFORMATION ONLY**

### **SFBF/VEBA FUND**

### **DELTA DENTAL ORTHODONTIA CLAIM REIMBURSEMENT**

**If** you have recently submitted a request for reimbursement for Orthodontia. Please read the below on what your benefit is through Delta Dental and how you will see this reimbursement.

Orthodontia is defined as services, treatment and procedures used to correct malposed or misaligned teeth. These services can include braces, retainers and other orthodontic appliances. Your coverage through this plan is a lifetime maximum of \$2,500 per person. This benefit is for eligible dependents up to the age of 19.

In regards to your reimbursement through your SFBF/VEBA Fund, it works the same as your other dental out-of-pocket. You must receive an Explanation of Benefits (not a Pre-Determination or Estimated Benefit) from Delta Dental in order to request your patient portion through your SFBF/VEBA Fund.

How will orthodontic services be paid?

Delta Dental requires your dentist to submit an orthodontic treatment plan to us. When orthodontic treatment starts, we will pay a percentage of the total fee. We will continue to make payments based on the type of treatment (18 months for comprehensive, 10 months for interceptive and 8 months for limited) or until the lifetime orthodontic maximum is reached. Once the down payment is processed by Delta Dental, **the Monthly Fee will be processed quarterly**. Thus, reimbursements will be available quarterly. Regardless if you pay your portion in FULL to your provider, you will see reimbursements based on the below example until your orthodontia maximum is met.

#### **Example only:**

Patient	Date of Service	Type	Billed	Insurance Pays 50%	Patient Portion is 50%	Eligible VEBA Reimbursement
Jane Doe	1/1/2019	Down Payment	\$1,000	\$500	\$500	\$500
Jane Doe	2/1/2019	Monthly Fee	\$200	\$100	\$100	
Jane Doe	3/1/2019	Monthly Fee	\$200	\$100	\$100	
Jane Doe	4/1/2019	Monthly Fee	\$200	\$100	\$100	\$300

**Amount of orthodontia benefit used: \$800**

If you have not seen an Explanation of Benefits from Delta Dental for services rendered, please contact your provider to see if they have submitted a claim to your insurance. If your Provider has submitted a claim, you may want to call your dental insurance provider, Delta Dental, to check on status of that claim.

If you have any questions, please contact the Funds office.