



LOCAL 213 ELECTRICAL WORKERS' WELFARE & PENSION PLANS

PRO-RATING FOR DENTAL/HEARING AIDS

The Trustees of the plan have incorporated pro-ration for certain benefits

Please be advised that Members with less than 4 months of coverage in the calendar year will be pro-rated to 1/12 of the dental/hearing aid limit for each month of coverage.

One month of coverage = \$208.00 of available dental/hearing aid coverage (\$2,500/12)

The plan will pay-out \$208.00 per month until you have reached 4 months of coverage in order to have access to the full \$2,500.00 for dental/hearing aids. Please note the months do not need to be in consecutive order.

EXAMPLE #1

Member sent in enrollment forms on October 8, received in our office October 12. His effective date on the plan is therefore November 1*. Due to plan pro-ration, he will have \$408.00 dollars of dental/hearing aid coverage up to the end of the calendar year available to him, provided he continues to work hours. He will not have the full amount of dental due to his lack of 4 months of coverage in the calendar year.

This would also apply to members who are starting at the beginning of the year:

EXAMPLE #2

Member sent in enrollment forms on February 8, received in our office February 12. His effective date on the plan is therefore March 1*. Due to plan pro-rating he will only have \$208.00 of dental/hearing aid coverage for the month of March. Provided that he continues to work, the monthly amount of \$208.00 goes up as the hours come in.

If you are unsure about the amount of coverage you have available for your expenses, it is recommended you contact the Welfare Plan office and request your available dental care/hearing aid coverage balance. Please note that balances are only provided to the Member and not to providers.

**assumes member has qualifying hours. Note: cut-off date for all completed forms to be in the office is the 15th of the month prior to the coverage start date.*