
Operating Engineers Local 66 Welfare Fund Dental Benefit

The Board of Trustees increased the annual benefit to \$200 effective January 1, 2021.

Who can receive the Dental Benefit

All members eligible for Plan One or Plan Two coverage and their dependents.

What is Covered

Preventive and Diagnostic Services - routine procedures, such as cleanings, X-rays, and oral examinations. Dental Services - such as fillings, extractions, and root canals.

What is NOT Covered

Cosmetic procedures are not covered. Such as, teeth whitening, dental veneers, and bonding. Claims older than 36 months.

When is the Benefit Available

Annual dental expenses incurred after January 1, 2021 will be reimbursed up to \$200. Annual dental expenses incurred prior to January 1, 2021 are paid at a maximum of \$50.

How the Plan Works

Select any licensed dental provider to have dental services performed. Request an itemized receipt that shows the name of the participant, date of service, the procedure performed, and the cost. Contact the Fund Office for a Dental Benefit Form, download the form at oe66.com/WelfareFund, or use the back of this announcement. Complete the form, attach your receipt and submit it to the Welfare Fund. You could receive a check for up to \$200, this is the maximum annual benefit per participant. No assignment of benefits is allowed.

Operating Engineers Local 66 Dental Claim Form



1. Member/Policyholder	
Name	
Social <small>or last 4</small>	
Signature	
2. Patient	
Name	
Social <small>or last 4</small>	
Patient's relationship to the member above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
Insurance Company/Dental Benefit	
Operating Engineers Local 66 Welfare Fund P.O. Box 38682 Pittsburgh PA 15238	
(412) 968-9750	
Dental Benefit is available to Plan One and Plan Two participants only.	

3. Member Reimbursement Benefit (MRB)	
Members who have a Reserve of Contributions in excess of twice the cost of Plan One can use the excess towards unpaid medical expenses such as dental care. If you wish to use your MRB Benefit, please complete this section. PLEASE CHECK ONLY ONE OF THE TWO OPTIONS.	
<input type="checkbox"/> Reimburse the entire balance after my \$200 Dental Benefit.	<input type="checkbox"/> Reimburse this amount from my Reserve after my \$200 Dental Benefit. <input type="text" value="ENTER AMOUNT"/>

4. Proof of Service	General Instructions:
To obtain reimbursement from the Welfare Fund in accordance with your Dental Benefit you must attach an itemized, detailed receipt for the dental services performed. The receipt must show at least the following, or payment cannot be made:	Please complete steps 1 through 4 on this form, only section 3 is optional. If you do not complete the necessary information this form will be returned and payment will be delayed.
1) Name of patient.	It is very important to obtain "Proof of Service". Please ask your dental provider for an itemized bill and be sure that it meets the requirements of Section 4 of this form.
2) Date of service, within last 36 months.	NO assignment of benefits can be made. All payments are made to the Member and mailed to the address on file at the Funds Office.
3) Procedure(s) performed.	
4) Cost for service(s).	
If your "Proof of Service" does not specifically include the above information the Welfare Fund cannot process the claim for payment.	