|  |  |
| --- | --- |
| **Sheet Metal Workers Local 19 - ANCILLARY BENEFITS** | |
| Hearing | $0, Routine Hearing Exam - $70 max benefit - 1 every 12 months  $500 Allowance - every 12 months (**Members must use Hearing Care Solutions provider to receive benefit 855-312-2545).**  (Additional benefits offered through fund -hearing aid allowance of $1200 per ear every 3 years from date of service) |
| Vision | $400 every plan year (May 1st- April 30th) for routine eye exam/materials provided through fund. (**Members would use included benefits through plan first then utilize fund benefits after for any remaining balance etc.)** |
| Dental | By election only- it is an additional benefit. Members would need to contact Fund. |
| Fund Hearing/Vision reimbursement | **FOR FUND REIMBURSEMENT OF VISION/HEARING BENEFITS- MEMBERS CAN SUBMIT ITEMIZED BILL OR RECEIPT.**  **This can be submitted to:**  **Attn: Fund Office- Vision/Hearing Benefits**  **1301 S Columbus Blvd**  **Philadelphia, PA 19147-5505** |