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| **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** |