

# UNITED TEACHERS OF SEAFORD TRUST FUND

## ACTIVE

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### Benefits Summary

As of 01/01/2024

#### Optical

- ☐ **Member** allowable up to a maximum of \$400.00 per calendar year.
- ☐ **Spouse** allowable up to a maximum of \$200.00 per calendar year.

**Please complete an optical reimbursement form and attach receipt(s).**

#### Co-Pay Benefit (Member and Spouse combined \$400)

- ☐ This benefit pays medical and prescription co-payment and deductible costs for services under the medical plan for a **combined coverage** up to \$400.00 per calendar year. The \$400 coverage can be **any COMBINATION** from member and spouse. (For example, the member might submit \$250 worth of covered expenses and their spouse might submit \$150 for a total benefit of \$400/calendar year). **Since this is a combined benefit, you only need to submit one claim. Please make sure that your spouse is enrolled in order to receive benefits.**

You may claim your co-pay benefit at any point during the year at when your benefit is reached. If you choose to wait, your claim **MUST** be submitted in the first quarter following the year charges were incurred; to be eligible for coverage. (Example: Covered expenses incurred from 1/1/24 through 12/31/24 can be claimed between 1/1/25 and 3/31/25).

Please include any/all summary of benefits from your medical insurance and printouts from pharmacy denoting your out-of-pocket expense.

### DENTAL BENEFIT

**MAXIMUM:** The Fund will cover up to \$3,000.00 per year, per subscriber and \$1,500.00 per year, for spouse. As of 01/01/2024 the child will be covered up to \$500.00 for Diagnostic, Preventive, Restorative (Amalgan Composites).

- ☐ Prophylaxis (cleaning) allowed 4 times per year.
- ☐ Orthodontic benefit is available for children up to their 19th birthday. The regular member claim form may be used. Benefits are paid directly to the member – they cannot be assigned to the dentist. Up to \$500.00 will be paid for orthodontic code 8080 upon initial placement of the orthodontic appliance. Up to \$50.00 will be paid per monthly visit (code 8670) up to 24 consecutive months.
- ☐ Implants up to a \$2500.00 lifetime maximum **MEMBER ONLY** (payable at \$1250.00 per implant codes 6010, 6040 & 6050)

# How to Use Our Website for Your Claims

**www.dhclaims.com**

1. Open your preferred web browser.
  2. Type in **www.dhclaims.com** for the address and press enter.
  3. Click on the link **Log on** to gain access to the website.
  4. For First Time users, click on '**HERE**' underneath username and Password to create account. If you already have an account proceed to log in.
  5. Select 'member' from the drop-down menu and click 'search'.
  6. Be sure to complete all fields on the screen.
  7. Keep in mind each person needs to create a user account.  
Date of birth is what differentiates each member of the family.
  8. Account user name and password can be whatever you choose. We recommend you choose something easy to remember.
  9. After all fields are entered, click on 'create account'.
- Note: After logging for the first time, you need to set your preferences. You can leave these as is and hit continue/save.
10. Click on the links on the left to gain access different parts of the website.
  11. After selecting a link, please follow the directions located on the top of each page.