Dental/Vision Reimbursement Program

UTAH PIPE TRADES WELFARE TRUST FUND
7180 Koll Center Parkway
Suite 200
Pleasanton, CA 94566-3184
Please send to attention: Claims Department-West Coast
(877) 416-8181
(925) 297-6655 Fax
staff@utpipetradesbenefits.org

Instructions: If you or your covered dependents receive eligible dental care between January 1, 2026 and December 31, 2026, or eligible vision care between January 1, 2026 and December 31, 2026 you can submit the claim to the Administrative Office for reimbursement up to the combined dental/vision benefit maximum of $1,500 per covered family. See Section XI. of your SPD for more information on how to file a claim.

All reimbursement forms MUST be accompanied with an itemized breakdown of charges and Proof of payment. **Balance due statements are not acceptable.**

****ALL REIMBURSEMENTS FOR CLAIMS WILL BE MADE PAYABLE TO THE MEMBER. WE DO NOT REIMBURSE PROVIDERS****

The following dental care benefits are able to be reimbursed under this dental benefit, if medically necessary:

- Routine dental care (like teeth cleaning and dental x-rays and fluoride treatments),
- Basic dental services (like fillings for a cavity, periodontal treatment, sealants, tooth extractions and root canal treatment),
- Major dental services (like crowns, bridgework and dentures) and
- Orthodontia (dental braces for any age)

The following vision care benefits are able to be reimbursed under the enhanced benefit reimbursement:

- Vision (eye) exam performed by an optometrist or ophthalmologist
- Eyeglasses (frames and lenses) to correct a vision deficit, including single vision, bifocals, trifocals, progressive lenses and lenticular lenses. Non-prescription sunglasses are not covered.
- Contact Lenses
- Safety Glasses; eyewear for Low Vision
- Surgical treatment of the eyes to correct vision such as laser assisted in situ keratoplasty (LASIK)

In addition, you and your eligible dependents must have incurred the expenses while covered by the Plan as an Active Participant (or as the Covered Dependent of an Active Participant), or while covered by the Plan through COBRA. Retirees and their family members are not eligible for this temporary dental benefit.

If you or your covered dependents receive eligible dental care between January 1, 2026 and December 31, 2026 and/or vision care between January 1, 2026 and December 31, 2026, you or provider can submit the claim to the Administrative Office for reimbursement.

PLEASE NOTE: You MUST allow up to 30 business days for reimbursement.

Member's Name: _____ Member's SS#: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service	Providers Name	Date of Service	Amount of Claim
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

By signing this form, I understand that benefits shall be paid in accordance with the Extended Reserve Account Plan eligibility requirements and limitations established by the Board of Trustees.

Member's Signature: _____ Date: _____