

YOUR PODIATRY BENEFIT

What Is The Podiatry Benefit?

The Fund will reimburse you and your spouse for expenses you incur for podiatry care.

When Is Coverage Provided?

Coverage is provided when:

- Services are received in accordance with the procedures described in this Benefit Summary Plan Description.
 - Services are obtained while you and/or your spouse are eligible for coverage (See the section entitled “Eligibility”).
 - Services are medically necessary and covered hereunder.
 - Services are not otherwise excluded.
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What Expenses Are Covered By The Podiatry Benefit

When you and your spouse require podiatry care, the Fund will pay your unreimbursed out-of-pocket expenses for podiatry care you receive:

- Up to \$10 per visit.
 - Maximum of four visits each calendar year.
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Getting Your Benefit

Follow these simple steps:

- Obtain a Podiatry Benefit Claim Form from the Fund Office.
- After you visit your podiatrist and you pay your bill, obtain a copy of the bill marked “paid”.
- Complete and sign the claim form, and submit it to the Fund Office along with the bill.
- Podiatry claims must be submitted to the Fund Office within 90 calendar days following the date of treatment. *Claims submitted after the 90-day limit will be denied.*

What's Not Covered?

Benefits are not provided for:

- Charges for services covered in whole or in part by any other benefit plan.
- Expenses for which benefits are payable under any Workers’ Compensation law.
- Services by a provider whose office is attached to certain hospitals within New York State (call the Fund Office for a list of such providers).