

**MASSACHUSETTS/MOSES**  
**HEALTH & WELFARE TRUST FUND**

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Dear Health and Welfare Member:

Enclosed, please find your Health and Welfare form for calendar year 2021 expenses.

If you are in the open plan, reimbursement levels for dental/optical expenses remain at 90% of the first \$2,200 and 40% of the next \$1,500. The maximum reimbursement in the open plan is \$2,580. The maximum optical expenses covered under the formula is \$750. This \$750 covers optical exams, glasses, contact lenses, laser treatment and/or Intra-ocular lenses. The amount covered under the formula for laser treatment and intra-ocular lenses remains at \$450. But please note that intra-ocular lenses are only approved if inserted as part of GIC approved cataract surgery. Please see the open plan reimbursement form for other details on allowed expenses.

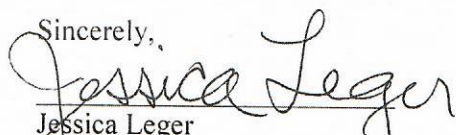
For those covered by DeltaCare or Altus dental plans, your optical reimbursement form for calendar year 2021 is enclosed. These plans cover the same optical expenses as the open plan at a reimbursement level of 60%. The maximum you can receive for optical expenses is \$450.

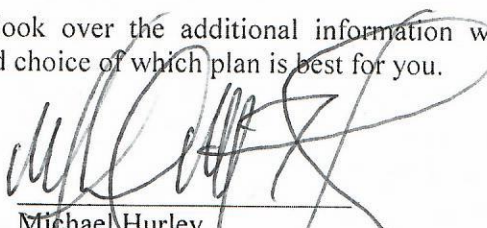
The separate hearing aid benefit continues for calendar year 2021 for all members and COBRA covered former members continues at \$600. **Please note, we only participate in hearing aid expenses that are GIC co-payments.**

The \$5000 death benefit continues for Unit 9 employees, Unit E employees, covered MWRA employees and COBRA retirees.

In addition to your reimbursement form, please look over the additional information we have provided which we hope helps you make an informed choice of which plan is best for you.

Sincerely,

  
Jessica Leger  
Co-Chair, Mass/MOSES HWTF

  
Michael Hurley  
Co-Chair, Mass/MOSES HWTF

In filling out your claim form, please provide **ALL** required information. Following the instructions on the claim form will help you to avoid a **\$10.00 reprocessing charge** as well as a delay in receiving your reimbursement. The most common mistake people make is **failing to include the name, address and telephone number of the provider on the bills submitted**. It is acceptable for you to write this information on your receipt if it is not already included on your receipt. If you are in the open plan and submitting orthodontic expenses, you must submit detail showing the dates the claimant visited the orthodontist and what was done. Simply submitting payment amounts and dates of payment is not enough.