

Cambridge Public Employees Dental & Vision Fund



Benefits Brochure

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Dear Fund Member:

The Board of Trustees of The Cambridge Public Employees Dental & Vision Fund is pleased to provide you and your eligible dependents with the dental and vision benefits described in this booklet.

- **Dental Plan: is Delta Dental PPO Plus Premier**, which gives you access to Delta Dental's PPO and Premier networks. Delta Dental administrators the dental and is responsible for processing and paying dental claims according to the policies and guidelines developed and established by The Board of Trustees of the Fund.
- **Vision Plan: Vision Service Reimbursement Plan** is administered by the Fund and is not an insurance, but a reimbursement plan that allows up to the maximum reimbursement benefit of \$450 for vision services – prescription glasses (lenses and frames) and/or contacts. Exams, doctor visits, fittings, or evaluations are not covered. More information on vision eligibility, policies, limitations, etc. is outlined in this booklet.

This Benefits Brochure will give you general information regarding all the available benefits to you and your eligible dependents. Who is Eligible, How to Enroll, what happens if you lose coverage, or if you retire. Please review this brochure carefully and keep it for your records.

Should you have any questions, call the Fund Office at 617-354-1110 or email info@cdvfund.org. For more detailed information, updates, and changes please visit the Fund's website at www.cdvfund.org.

The Trustees are pleased to provide all the benefits described in this Benefits Brochure. We urge you to take full advantage of these benefits.

Sincerely,

The Board of Trustees
Cambridge Public Employees Dental & Vision Fund

Who is Eligible?

Active or Retired City of Cambridge, Cambridge School Department, Cambridge Health Alliance, and Cambridge Retirement Board employees for whom contributions have been made to the Fund are eligible; also, their dependents who meet the eligibility requirements as defined below:

Covered dependents include:

- Your spouse
- Your dependent children – are eligible for benefits until the age of 19 – coverage would end on dependent(s) 19th birthdate unless they meet any of the eligibility criteria listed below, then their coverage can be extended beyond 19 years of age:
 - **Dependent children ages 19-26** are eligible for benefits until the age of under 26 – coverage ends on dependent(s) 26th birthdate. To be considered eligible, dependent children **must be claimed on the members (employee/retiree) federal tax returns**, unmarried, financially dependent on the member for support, and must not be working or have any other dental plan.
 - **Full-Time Student Dependent Children** between the ages of 19-25 – coverage would end on dependent(s) 25th birthdate that are not claimed on the members federal tax returns, but are dependent on the member for support, unmarried, not working, and has no additional coverage – proof of student status required. Dependent Student Children that are not Full-Time do not qualify.
 - **Totally Disabled, Handicapped, and Mentally Disabled Dependent Children** are eligible for benefits regardless of age, if your child is permanently disabled and is claimed as a dependent on your federal tax return, must be dependent on the member for 80% of support.
 - Legally adopted children or foster children who depend on you for support are also eligible for benefits (with the requirements listed above), if you or your spouse is the legal guardian (documentation required) and the child is claimed on your federal tax returns.

How Do I Enroll?

Member

Eligible City of Cambridge, Cambridge School Department, and Retirement Board employees will be provided with an enrollment form by their Benefits Department. Eligible Cambridge Health Alliance employees are eligible to enroll during the Annual Open Enrollment Period, or if they have a special qualifying event.

Employees who fail to submit an enrollment form to the Benefits Department will not be enrolled until the Fund Office receives their enrollment form. Your effective date will be based on the date we receive your enrollment form.

Dental and Vision benefits is an automatic deduction for City of Cambridge, Cambridge School Department, and Retirement Board employees regardless of enrollment.

Dependent

To enroll eligible dependents, employees must complete an enrollment form and submit the documentation listed below to the Benefits Department.

Add Spouse: Certified legal documentation from City/Town Clerk's Office, Marriage Certificate/License. *Church Certificate(s) will not be accepted.*

Add Dependent Children(s): Certified legal documentation from City/Town Clerk's Office, Birth Certificate, adoption paperwork, etc. Hospital Announcement will not be accepted.

Add Dependent Children(s) age 19 – up: in addition to the legal documentation required: birth certificate, adoption paperwork, etc.

- Disabled Dependent Application
- Dependent Children Enrollment Application (age 19 – under 26) for dependent children ages 19 – under 26 (coverage would end on dependent(s) 26th birthday.
- Full-time student dependent children between the ages of 19 – under 25 that are not claimed on the members federal tax returns, but are dependent on the member for support, unmarried, and has no additional coverage – proof of student status required.

Additional Eligibility Information & COBRA Continuation Coverage

Loss of Coverage: As an active eligible employee enrolled under the Fund, you and/or dependents (spouse/children) have the right to purchase Continuation Dental & Vision Coverage (COBRA) from the Dental & Vision Fund by paying a monthly premium, when coverage would otherwise terminate due to a “qualifying event.”

Coverage for the employee and all covered dependents would terminate at the end of the month in which the “qualifying event” occurred.

Qualifying Events:

- Employee retirement, resignation, termination (other than gross misconduct), reduction in hours – hours reduced to less than minimum required eligibility
- Employee retirement, resignation, termination (other than gross misconduct), reduction in hours
- Employee or Retiree death while participating in the Plan
- Employee/Retiree or ex-spouse remarries within 36 months of divorce or legal separation; providing the ex-spouse was eligible on the date of remarriage, or divorce
- Employee or Retiree active enrolled dependent children ceases to qualify as a dependent child defined under the Fund Policy

Qualifying event, COBRA eligibility and length table:

Qualifying Event Active Employee, Retiree, and Eligible Dependent	Who is Eligible	Length of COBRA Coverage
Employee retirement, resignation, termination (other than gross misconduct), reduction in hours	Employee, spouse, and dependent children	18 months
Employee/Retiree Death	Spouse, dependent children	36 months
Employee/Retiree and spouse divorce or legal separation	Your ex-spouse	36 months
Dependent child no longer meets the eligibility requirements under the Fund Policy	Your dependent children	36 months

COBRA Enrollment:

COBRA Continuation Election Notice and Form will be mailed to the address on file, please check with your Employer Benefits Office and/or Fund Office for accurate address on file.

You will have 60 days after the qualifying event to mail in your completed Election Form and monthly premium payment(s) to the Fund. Information on when your COBRA Election is due, monthly premium cost, COBRA effective date, etc. – will be outlined in the COBRA Notice mailed to you.

If you do not Elect COBRA Continuation Coverage when it is offered to you by the deadline date, you will not be eligible in the future to elect dental and vision coverage – you must elect continuation coverage by the due date outlined in the COBRA Notice.

Eligibility:

- Active Employees that retire along with their active dependents are eligible for COBRA Retiree Continuation Coverage if they are receiving a Cambridge Retirement or MTRS Pension at the time of retirement; otherwise, they are eligible for Non-Retiree COBRA Continuation Coverage – *Fund will mail COBRA Notice & Form*

In the event a Retiree does not wish to elect Continuation Coverage, their spouse is eligible to elect COBRA Continuation Coverage for themselves and eligible active dependent children. To qualify the spouse must be eligible to receive survivor's benefit retirement pension through the Cambridge Retirement or MTRS Pension.

- Active Employee that loses coverage due to resignation, termination or reduction in hours are eligible along with their active dependents for Non-Retiree COBRA Continuation – *Employer Benefits Office will mail COBRA Notice & Form*
- Spouse, Ex-spouse and dependent children of Active Employees/Retirees are eligible in the event of an employee/retiree death, divorce, remarriage, or lose of dependent children eligibility – must notify the Fund within 60 days of the date of which the coverage would terminate as a result of the qualifying event.

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage, for a maximum of 36 months. Must notify the Fund within 60 days after the second qualifying event occurs if you want to extend your continuation coverage.

COBRA Continuation Coverage Ends:

The maximum length of COBRA Continuation Coverage is 36mths, depending on the “qualifying event” – see table page 5. COBRA Continuation Coverage will end for you and/or dependents:

- The length of your COBRA coverage (including the extensions, if applicable) ends
- You /your dependents do not pay the COBRA premium on time
- You/your dependents become covered under another group plan

Annual Retiree Buy-In Continuation Coverage

Eligible Active Employees covered under the Cambridge Dental & Vision Fund that terminated due to retirement and elected COBRA Retiree Continuation Coverage – provided they are receiving a retirement pension from the Cambridge Retirement Board or MTRS Pension can continue coverage for themselves and eligible dependents once COBRA ends under the Annual Retiree Buy-In Continuation Coverage – as long as they continue to elect to continue coverage and make their premium payments on-time.

Enrollment:

The Fund will notify you once your COBRA Retiree Continuation Coverage ends and will mail you an Annual Retiree Buy-In Election Notice and Form. Your coverage will continue once your Election Form and Annual Premium is received.

Retirees will no longer be eligible to pay a monthly premium rate as under COBRA – the rates will be an Annual Premium Rate – subject to rate changes each year.

Annual Retiree Continuation Length Period:

Retirees can remain on the coverage as long as they want, regardless of Medicare, as this does not affect their Dental & Vision Retiree Coverage. Must make all premium payments on time, any late payments are subject to termination without the option of reinstatement.

Retirees surviving spouse in case of the retiree death or in the event a retiree does not wish to elect Annual Retiree Buy-In Continuation Coverage can continue the coverage provided they are collecting a survivor’s retirement pension through the Cambridge Retirement or MTRS Pension – can continue as long as premium payments are made.

What Are The Benefits Under the Plan?

Dental Benefits

The Fund's Dental Plan is Delta Dental PPO Plus Premier. The Fund gives you access to Delta Dental's PPO and Premier networks.

- Delta Dental Administers the Fund's Dental Benefits
- Delta Dental has the largest network of participating dentist in the country. More than 400,000 dentists nationwide participate in Delta Dental's networks.
- Fund's Dental Benefits cover many types of dental care: diagnostic and preventive, restorative, oral surgery, periodontics, endodontics, emergency orthodontics, etc.

How does it work?

When you need dental care, simply visit a participating dental provider to receive the most out of your benefits. (see a list of dental providers on Delta Dental of Massachusetts website).

Don't forget to provide your Delta Dental ID card when visiting a participating provider. The provider's office will take the information on our ID card and use it to file a claim for you and your eligible dependents. ***The ID card will only have the subscriber (employee/retiree) name listed – this is the same card your spouse and dependent children use.***

Paying for Dental Benefits:

- Employee/Retiree pay for covered services by paying coinsurance.
- The amount you pay depends on if you visit an in-network or out-of-network provider. You typically pay less when you visit an in-network provider.
- Out-of-network providers may use "[balance billing](#)," which permits dentists to bill you for the difference between the plans negotiated rate and the full amount charged for services.
 - Example: Delta Plan covers 100% preventive care, such as annual or semiannual visits for cleanings. Suppose the customary fee of a procedure in the preventive care category is \$100 and the insurance plan approves \$80. An in-network dentist cannot bill the patient the difference of \$20, because of the negotiated rate between Delta and

the provider. An out-of-network dentist can “balance bill” the patient for their full fee and collect the \$20 difference.

- You and/or dependents must first meet the Plan’s deductible before you get benefits.
- There is a calendar year maximum of \$2,250 for dental benefits (diagnostics and preventive services do not apply toward the annual maximum).
- There is a separate lifetime maximum of \$3000 for orthodontic services - this is an addition to the calendar year maximum.
- There is an implant maximum of \$1,250 – for implants only.

Find a Dentist:

To find a participating dental provider, such as a dentist or orthodontist, visit [Delta Dental’s website](#).

You can search for dental providers by name or address. Remember to search for providers in the Delta Dental PPO or Premier networks.

You can also call Delta Dental’s Customer Service (800) 872-0500.

Dental Claims:

In-Network Providers

- When you visit a dental provider who participates in the Delta Dental PPO or Premier networks, they will submit claims for you.
- All you have to do is show up to your appointment and your dentist’s office will handle the rest.

Out-of-Network Providers

- Dental providers who do not participate in the Delta Dental networks will require you to fill out and submit a Delta Dental Claim Form.
- Your provider can give you a copy of the claim form.
- You pay the provider’s cost at the time of your service.
- You are reimbursed for part of the cost after you submit your claim to Delta Dental. Out-of-Network dentists may “balance bill” and subscriber are responsible for the difference between the out-of-network maximum plan allowance and the full fee charged by the dentist.

Vision Benefits

The Fund offers you and your dependents comprehensive vision benefits to help you see clearly and maintain good eye health. The purpose of the benefit is to provide you and your covered dependents with reimbursement of vision care expenses for lenses, frames, and/or contact lenses. The benefit is administered through the Fund.

How does it work?

You and your covered dependents are each allowed up to the maximum reimbursement benefit of \$450 per eligibility period to pay for eligible vision services (lenses, frames, and/or contacts). After you pay for eligible vision services, you file a claim to the Fund, and you are reimbursed by the Fund, up to the maximum limit of \$450.

There are no limits on the number of lenses, frames, or contact lenses that you may receive during your or your dependents eligibility period and within the Fund policy – the \$450 reimbursement will serve as your benefit limit.

Eligibility Period:

- **You and your covered dependents aged 14 and over** are eligible for vision benefits once every twenty-four (24) months. If you have more than (1) date of service (multiple purchase dates), the twenty-four (24) month period will be measured from the first date of service – the earlier of the two dates of service starts the twenty-four (24) month period.
- **Dependents under fourteen (14) years of age** are eligible for vision benefits once every twelve (12) months. If you have more than (1) date of service (multiple purchase dates), the twelve (12) month period will be measured from the first date of service – that is, the earlier of the two dates of service starts the twelve (12) month period.
- **Eligibility Date** – if you have questions regarding your or your dependents eligibility date or the last time your or your dependents utilized the vision reimbursement plan, you can call the Fund Office directly at 617-354-1110 or email info@cdvfund.org. In addition, you can signup for the Fund Member Portal to view your and your family information on file, including vision claim history and next eligibility date – *information to sign up for the Member Portal can be found on the Fund's website at www.cdvfund.org.*

It is recommended that you check your eligibility date before obtaining services for reimbursement. Non-eligible claims will be denied.

Vision Policies:

- No reimbursement for exams, contact lens fittings, or non-prescription vision materials – cosmetic non-prescription contact lenses.
- If purchasing more than one (1) of any combination of lenses, frames, or contact lenses it must be purchased within 30 days of the first purchase and submitted at one time.
 - **Example:** You purchase prescription lenses and frames on June 15th for \$200. You will have until July 15th to utilize the remaining balance to purchase any additional eligible vision services.
- Vision claims must be submitted within 12 months (1 year) from the first date of service in its entirety. In other words, you have a year to submit in your claim – and can only submit (1) one claim every “eligibility period” per a person.
 - **Example:** Following the 30-day rule, if you purchase contact lenses on January 10, 2026 (first date of service), and on February 10, 2026, purchase glasses to utilize the remaining balance – you will have until January 10, 2027, to submit in your vision claim (1 year from the first date of service). Any claims after the 12-month period are subject to be denied.
- Any portion of the allowable reimbursement benefit that is not utilized during the eligibility period will be forfeited and cannot be used after the 30-day rule or carried over to the next eligibility period.

Other Limitations

- The cost of warranties, insurances, or protection plans are not covered.
- Medical or surgical treatment of the eyes, including correction surgery, are not covered. Please check with your health benefits and insurance provider.
- Orthoptics or vision training and any associated supplemental testing are not covered.
- Corrective eyewear required by your employer as a condition of employment, e.g., safety-wear, non-prescription eyewear for sports are not covered.
- You can choose to visit any licensed vision providers accept International Optical. Providers include Ophthalmologists and Optometrists.

Vision Claim Submission Policies:

- Vision claims must be submitted within 12 months from the date of service and in its entirety. You may only submit one (1) claim every eligibility period per person.
- A completed vision claim form - separate claim form must be completed for each member or dependents (spouse and/or children) requesting vision reimbursement. Claims can be either mailed to the Fund Office or emailed to visionclaim@cdvfund.org.
- **Itemized paid bill** that indicates the date of service, patients name, provider(s) information, services received, and amount charged for each item – lenses, frames, contacts. Must be paid with no outstanding balance due.
- **Verification of payment** – receipts, charge slips, copy of cancelled check, or credit card/bank statement. The words “Paid in Full” written, stamped, etc. are not acceptable as verification of payment.
- **Copy of prescription** – with patients name and provider(s) information.
- ***Vision Claims submitted online must be a “scanned PDF” format – photo images, pictures, and non-PDF format will be rejected.***
- Vision services purchased outside the U.S. must translated in English and will be reimbursed based on the market value of currency at the time of purchase.

Any ineligible, incomplete or missing information may result in a claim being delayed or denied. Make sure all documentation is included and that you follow the instructions outlined on the vision claim form, before submitting the claim to the Fund.

Vision Claim forms can be found on the Fund’s website at www.cdvfund.org – look under the Brochure and Forms – Vision Claim Form.

Important: Before obtaining services, please verify your and your dependents’ eligibility by contacting the Fund either by phone at 617-354-1110 or email at info@cdvfund.org. If you registered for an account on the Fund Member Portal, you could check your and your dependents’ eligibility on your Portal. The member is responsible for the costs of all services and materials provided – before any reimbursement.

Who Administers The Fund?

The City of Cambridge is a joint sponsor of the Cambridge Public Employees Dental & Vision Fund with the labor unions that represent City of Cambridge, Cambridge Health Alliance and Cambridge School Department employees.

The Fund was first established in 1981 as the Local 195 Health & Welfare Fund to provide dental benefits to eligible employees represented by that union. At that time, it was the first independent jointly trusted fund in Massachusetts to provide any benefits to public employees. Retiree benefits started in 1982 when the Fund permitted retirees, who had previously participated in the Fund as active employees, to continue to participate by paying COBRA premiums. In 2005, the Fund added the vision reimbursement plan. In 2009, the Cambridge Teachers Health & Welfare Fund merged and became part of the Cambridge Public Employees Dental and Vision Fund.

The Fund is a qualified Voluntary Employees Beneficiary Association (VEBA) under Section 501(c)(9) of the Internal Revenue Code and, therefore, is exempt from income taxes. Ten Trustees, equally divided between union and management representatives, administer the Fund.

Employee Trustees

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CEA Retiree

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Cambridge Health Alliance

Dennis O'Connor
Cambridge Police Retiree

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