

WELFARE BENEFIT TRUST

GUIDELINES TO SUBMIT FOR BENEFITS: EFFECTIVE: 5-3-2011

THE FOLLOWING ITEMS MUST BE MADE AVAILABLE:

BENEVOLENCE REQUEST FORM -

- A.** Submit your first bills of the year with the **YELLOW MEMBERSHIP** Form, you must **complete the entire form.**
- B.** Submit other bills throughout the year with the **PINK** Benevolence Request Form, **ORIGINAL BILLS** must be submitted to office, **NO FAXES ACCEPTED.**
- C.** If you are submitting bills to be paid for one of your employees from your Eligibility benefits, submit the **BLUE** form. Please submit copy of current year badge.
- D.** **PLEASE** submit the entire bill showing services rendered
- E.** **PLEASE** assemble your receipts/bills/prescriptions in a neat and orderly fashion
- F.** **For reimbursement**, proof of any payments (receipts, canceled checks) must be submitted at time of request: members name must be on all receipts and bills.
Insurance receipts must be turned in stating what they have paid before your bills will be processed.
- G.** Bills must be submitted within **90 days** from **date of service**, or may not be covered. If insurance applies, fill out pink form indicating pending insurance with in the **90 day** period.
- H. SUBMIT FORMS to: Coordinator in the HBPA OFFICE.**

THE MEMBER HEREBY STATES THAT ALL INFORMATION GIVEN ON THESE FORMS IS TRUE, SUBJECT TO FORFEITURE OF BENEFITS.

THE FOLLOWING ARE THE LIMITS FOR THE WELFARE BENEFIT TRUST

MEDICAL - \$10,000 (per family, per year, this includes employees and their families)

PRESCRIPTIONS - \$2,500 (per family, per year, this includes employees and family).

DENTAL - \$2,500 (per family, per year, this includes employees and their families).

VISION – EXAM/GLASSES - \$800.00 (per family, per year, this includes employees and families).
One pair of glasses allowed per person.

AUDIOLOGY – HEARING AID - \$1,000.00 -MAXIMUM BENEFIT, (per year)

CHIROPRACTIC SERVICES - \$250.00 (per family, per year, includes employees.)

(FAMILY = permit holder, spouse and dependents)

(YEAR = JANUARY 1 THROUGH DECEMBER 31)

***** All benevolence is subject to availability of funds*****

REV. 5/3/2011

CHARLES TOWN HBPA, INC.
HEALTH BENEFITS PLAN

THIS PROGRAM, THE **CHARLES TOWN WELFARE BENEFIT TRUST**, IS A NON-PROFIT ORGANIZATION, PROVIDED AS A MEANS OF EASING FINANCIAL BURDEN CREATED BY ILLNESS OR INJURY NOT COVERED BY ANY TYPE OF INSURANCE. IT IS **NOT**, AN INSURANCE COMPANY AND DOES NOT ASSUME RESPONSIBILITY FOR ANY INCURRED CHARGES NOR DOES IT QUARANTEE APPROVAL FOR ANY REQUEST OF ASSISTANCE. THIS PROGRAM IS PROVIDED WITHOUT COST TO ELIGBLE MEMBERS, THEIR FAMILIES, THEIR EMPLOYEES AND THEIR FAMILIES IN ACCORDANCE WITH THE TERMS, LIMITS, CONDITIONS AND BENEFITS STATED.

THE CHARLES TOWN H.B.P.A. WELFARE BENEFIT TRUST IS NOT INTENDED TO BE A SUBSTITUTE FOR PRIVATE HEALTH AND MEDICAL INSURANCE.

THIS PROGRAM IS ADMINISTERED BY A BOARD OF TRUSTEES CONSISTING OF TWO (2) MEMBERS OF THE BOARD OF DIRECTORS OF THE CHARLES TOWN HBPA, INC, EACH SERVING THREE (3) YEAR TERMS AND THREE (3) MEMBERS SELECTED FROM THE CHARLES TOWN HBPA, INC. MEMBERSHIP AND VOTED ON BY THE GENERAL MEMBERSHIP. THESE THREE (3) TERMS WILL BE FOR ONE (1), TWO (2), THREE (3) YEARS, RESPECTFULLY.

ELIGIBILITY REVISIONS: EFFECTIVE 1-1-2010

ALL CHARLES TOWN HBPA INC. OWNERS, TRAINERS, THEIR FAMILIES, THEIR EMPLOYEES AND THEIR FAMILIES WHO MEET THE FOLLOWING CRITERIA:

1. PARTICIPANTS CANNOT BE STABLED AT ANOTHER RACE TRACK THAT CONDUCTS LIVE RACING.

2. PARTICIPATION BY A MEMBER SHALL BE VOLUNTARY.

3. **MEMBER MUST** HAVE AN ORIGINAL APPLICATION ON FILE IN THE WBT OFFICE FOR CURRENT YEAR.

4. **MEMBER/EMPLOYEE** MUST HAVE BEEN STABLED OR EMPLOYED FULL TIME AT THE CHARLES TOWN RACES FOR A MINIMUM OF **NINETY- DAYS.**
EMPLOYEES MUST APPLY TO THE ASSISTENCE FUND FIRST.

5. **MEMBER** MUST HAVE STARTED A MINIMUM OF ONE (1) HORSE A MONTH FOR **SIX (6) MONTHS** OF THE PREVIOUS TWELVE (12) MONTHS.

6. **IN ADDITION, SEVENTY FIVE PERCENT (75%)** OF MEMBERS STARTS IN THE LAST TWELVE (12) MONTHS MUST HAVE BEEN AT THE CHARLES TOWN RACES

7. PROOF OF STARTS IS TO BE SUBMITTED IF **NOT** STABLED AT CHARLES TOWN, OR SURROUNDING AREAS IN WEST VIRGINIA, I.E. (RACE TRACK STREET, FARMS IN CLOSE PROXIMITY TO CHARLES TOWN).

8. IF A MEMBER LOSES ELIGIBILITY, ALL EMPLOYEES AND ALL DEPENDANTS LOSE ELIGIBILITY.

9. MEMBERS AND EMPLOYEES MUST HAVE A CURRENT WV LICENSE ISSUED BY THE WV RACING COMMISSION AND **MUST BE IN GOOD STANDING.**

10. MEMBERS ELIGIBLE FOR **MEDICARE MUST USE MEDICARE** IN CONJUNCTION WITH THE HEALTH BENEFIT PLAN.

11. SPOUSES OF MEMBERS AND EMPLOYEES.

12. DEPENDENTS OF MEMBERS OR EMPLOYEES WHO ARE EIGHTEEN (18) YEARS OF AGE AND LIVING AT HOME.

13. DEPENDENTS OF MEMBERS OR EMPLOYEES WHO ARE TWENTY-THREE (23) YEARS OF AGE AND UNDER AND ARE FULL TIME STUDENTS IN COLLEGE OR AT A UNIVERSITY, WITH PROPER PAPERWORK TO SUBSTANTIATE THIS.

14. HANDICAPPED DEPENDENTS OF ALL AGES WHO ARE INCAPABLE OF SELF SUPPORT.

15. FOR ELIGIBILITY PURPOSES, EMPLOYEE IS DEFINED AS GROOM, HOTWALKER, EXCLUDING BARN AREA VENDORS AND CASUAL LABOR, SUCH AS JOCKEYS, EXERCISE PERSONS, FARRIERS, ETC.

BENEFITS**THE FOLLOWING WILL BE PAID TO THE LIMITS ALLOWED:**

1. HOSPITAL BILLS
2. HOSPITAL-RELATED DOCTOR BILLS
3. OUT PATIENT SURGERY
4. PRESCRIPTIONS
5. DENTAL
6. VISION
7. AUDIOLOGY

THE FOLLOWING WILL NOT BE PAID.

1. OCCUPATIONAL INJURY OR DISEASE
2. COSMETIC/ELECTIVE SURGERY OR PROCEDURE
3. ALCOHOL OR DRUG ADDICTION OR RELATED INJURY OR ILLNESS
4. NON-THERAPUTIC ABORTION OR BIRTH CONTROL MEDICINE
5. INJURY OR ILLNESS WHICH RESULTS FROM THE COMMISSION OF A CRIME
6. SELF-INFLICTED INJURY
7. INJURY RESULTING FROM AN ALTERCATION.
8. NERVOUS, MENTAL OR STRESS RELATED ORDERS
9. ORTHODONTIC PROCEDURES AND APPLIANCES(braces)
10. COSMETIC DENTAL SERVICES (whitening)
11. **EMERGENCY ROOM FEES** FOR **NON-EMERGENCY SITUATIONS** (COLDS, SORE THROATS, PREVENTIVE CARE, CHILD CHECK-UPS, INOCULATIONS, ETC.)
12. INJURIES RESULTING FROM AN AUTOMOBILE ACCIDENT