

REV-1-1-2019

CHARLES TOWN HBPA, INC.
HEALTH BENEFITS PLAN

THIS PROGRAM, **THE CHARLES 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 **ELIGIBLE MEMBERS**, THEIR FAMILIES, THEIR EMPLOYEES AND THEIR FAMILIES IN ACCORDANCE WITH THE TERMS, LIMITS, CONDITIONS AND BENEFITS STATED.

THE CHARLES TOWN HB.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.

ELIGIBILITY REVISIONS: EFFECTIVE 1-1-2019

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 MEMBERSHIP FORM ON FILE IN THE WBT OFFICE FOR THE 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 ASSISTANCE 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. **SEVENTY FIVE PERCENT (75%)** OF STARTS FOR MEMBERS STABLED AT CHARLES TOWN RACES, IN THE LAST TWELVE (12) MONTHS, MUST BE AT CHARLES TOWN.
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. OWNERS: Must own 50% of a PARTNERSHIP to be eligible for one half of the eligible benefits. Must submit partnership papers.
9. IF A MEMBER LOSES ELIGIBILITY, ALL EMPLOYEES AND ALL DEPENDANTS LOSE ELIGIBILITY.
10. MEMBERS AND EMPLOYEES, MUST HAVE A CURRENT WV LICENSE ISSUED BY THE WV RACING COMMISSION AND MUST BE IN GOOD STANDING.
11. MEMBERS, ELIGIBLE TO MEDICARE AND MEDICAID MUST SUBMIT TO THEM FIRST, BEFORE SUBMITTING TO THE WELFARE BENEFIT TRUST.
12. DEPENDENTS OF MEMBERS OR EMPLOYEES WHO ARE EIGHTEEN (18) YEARS OF AGE AND LIVING AT HOME.
13. DEPENDENTS OF MEMBERS 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 AND ARE NOT RECEIVING OTHER BENEFITS.
15. ELIGIBILITY PURPOSES FOR EMPLOYEES ARE DEFINED AS GROOM, HOTWALKER. EXCLUDING **BARN AREA VENDORS AND CASUAL LABOR, SUCH AS: JOCKEYS, EXERCISE PERSONS, FARRIERS, ETC.**

WELFARE BENEFIT TRUST

GUIDELINES TO SUBMIT FOR BENEFITS: EFFECTIVE: 1-1-2019

THE FOLLOWING ITEMS: MUST BE MADE AVAILABLE:

1. BENEVOLENCE REQUEST FORM -

- A. Submit your first bills of the year with the MEMBERSHIP Form, you must complete the entire form. **Must include insurance information.**
 - B. Submit other bills throughout the year with the PINK benevolence request form. **ORIGINAL BILLS** must be submitted to office. IF FAXED, there still has to be an original turned in for coverage.
 - C. When submitting bills to be paid for one of your employees from your Eligibility benefits, submit the BLUE form after they have been submitted to **THE ASSISTANCE FUND.**
- *EMPLOYEE MUST APPLY TO THE ASSISTANCE FUND FOR BENEFITS FIRST.**
- D. PLEASE submit the entire bill showing services rendered, reason or diagnostic code. **If no explanation is submitted, it will be returned to you.**
 - 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 and medication must be on all **receipts and bills.** Insurance receipts must be turned in stating what has been paid before your bills will be processed.
 - G. Bills must be submitted within 90 days of occurrence, or may not be covered. Insurance payments will be the exception.
 - H. SUBMIT FORMS to: SECRETARY IN HBPA OFFICE. Have **DATE** stamped.

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 - \$2500 (per family, per year, this includes employees and family).

DENTAL - \$2500 (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 or one set of contacts.

AUDIOLOGY - HEARING AID - \$1000.00 -MAXIMUM BENEFIT

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*****

BENEFITS

THE FOLLOWING WILL BE PAID TO THE LIMITS ALLOWED:

- a. HOSPITAL BILLS
- b. HOSPITAL-RELATED DOCTOR BILLS
- c. OUT PATIENT SURGERY
- d. REIMBURSE PRESCRIPTIONS EXCEPT – (**NARCOTIC PRESCRIPTIONS**)
- e. DENTAL – routine cleaning, extractions, fillings.
- f. VISION
- g. AUDIOLOGY
- h. CHIROPRACTIC

THE FOLLOWING WILL NOT BE PAID.

1. ANY INJURY OR DISEASE CONNECTED TO WORKING WITH HORSES.
2. ELECTIVE SURGERY OR PROCEDURE.
3. ALCOHOL OR DRUG ADDICTION OR NARCOTIC PRESCRIPTIONS.
4. NERVOUS, MENTAL, OR STRESS RELATED DISORDERS
5. NON-THERAPUTIC ABORTION OR BIRTH CONTROL MEDICINE
6. INJURY OR ILLNESS WHICH RESULTS FROM THE COMMISSION OF A CRIME.
7. SELF-INFLICTED INJURY OR ALTERCATIONS.
8. INJURY RESULTING FROM AN AUTOMOBILE ACCIDENT.
9. COSMETIC DENTAL SERVICES (whitening, braces, dental implants,)
10. **EMERGENCY ROOM FEES FOR NON-EMERGENCY SITUATIONS**
(COLDS, SORE THROATS, PREVENTATIVE CARE, CHILD CHECK-UPS, INOCULATIONS, ETC.)
11. **ANY BILLS \$20.00 AND UNDER.**