



# SFA Trust Fund Benefits



## 2024-25

Effective January 1, 2025

<b><u>Name of Benefit</u></b>	<b><u>Maximum Annual Amount</u></b>	<b><u>Who is covered?</u></b>
<b>Dental Benefit</b>	\$2000 (Per family per fiscal year based on a fee schedule for various procedures).	Members, Spouses, and Dependents (100% of the scheduled amount)
<b>Anthem Provider Dental</b>	Members can choose (not required) to see a dentist who is a participating Anthem Provider which may reduce the amount of out-of-pocket costs (We DO NOT have Anthem Insurance – We just utilize their participating providers (dentists)).	Members, Spouses, Dependents
<b>Orthodontic Benefit</b>	\$2000 lifetime maximum (Per eligible dependents based on a fee schedule)	Members, Spouses, and Dependents (100% of the scheduled amount)
<b>Vision Benefit</b>	\$500 (Per family per fiscal year)	Members, Spouses, and Dependents
<b>Secondary Dental &amp; Vision</b>	\$600 (Per family per fiscal year)	Members, Spouses, and Dependents (100% of the scheduled amount)
<b>Life Insurance</b>	The Hartford \$30,000 (Double Indemnity for Accidental Death)	Employee Only

