



## VISION CARE BENEFITS

The Vision Care Benefit is for routine eye care. Certain ancillary services, however, may be provided under Major Medical Expense Benefits when performed by a Participating Optometrist and authorized by the administrator of the Vision Care network.

### **Participating Providers**

Vision Care services for routine eye care must be provided by Participating Optometrists or Ophthalmologists. Routine Vision Care performed by an Optometrist or Ophthalmologist who is not participating in the network will not be reimbursed under any portion of the Plan.

### **How to Use the Vision Care Benefit**

When vision care services are needed, contact a Participating Optometrist or Ophthalmologist, identify yourself as a Participant in the Plan and make an appointment. Your eligibility will be verified by the Participating Optometrist or Ophthalmologist.

If you and your Spouse are both employees in Covered Employment eligible for benefits under the Plan, each may only receive Vision Care Benefits as an employee, not as each other's Dependents. Your Children will be eligible for Vision Care Benefits as the Dependents of the parent whose birthday is earlier in the calendar year only.

If you need the name of a Participating Optometrist or Ophthalmologist near you, or if you have any questions, contact the Plan Office, call the toll-free vision plan number, or access the Tri-State Joint Fund website. **See Important Telephone Numbers.**

### **Co-Payment for Eye Examination**

There is no co-payment for an examination in the states of Connecticut, Delaware, Illinois, Louisiana, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Texas and Vermont. In other states, there may be a co-payment for an eye examination. For the amount of the co-payments in other states, see the Schedule of Benefits.

## Covered Vision Care Expenses

Once in every 24 month period, you and your Spouse may obtain:

1. A comprehensive eye examination; and
2. Eyeglasses, including a frame which **may only** be obtained from the Plan selection or contact lenses.

Children may obtain a comprehensive eye examination, eyeglasses from the Plan selection or contact lenses at Participating Optometrist or Ophthalmologist once in every twelve (12) month period.

If a Participating Optometrist or Ophthalmologist recommends, and the network administrator determines it is Medically Necessary, the Plan may authorize more frequent examinations, eyeglasses or contact lenses for you.

If additional testing or treatment of any eye condition is required, it would not be covered under this program, but it may be covered under the Major Medical Expense Benefits of this Plan.

The Plan allows either contact lenses or eyeglasses, **but not both**.

You may also select from the Plan selection, two (2) pairs of eyeglasses (distance and near) instead of bifocals. You, **but not your Dependents**, may also obtain an additional pair of eyeglasses (prescription or non-prescription) from the Plan selection. If your first pair of eyeglasses has a Premier Frame or photo-grey lenses, your second pair may have that feature subject to applicable co-payment.

When you receive two (2) pair of eyeglasses, a co-payment is required for the second pair of eyeglasses, except when receiving two (2) pairs (distance and near) instead of bifocals. If you receive two (2) pairs of eyeglasses instead of bifocals, you may receive a third pair of eyeglasses which may only be single vision lenses; however, you will be required to pay a copayment for the third pair.

You may select Hi-Index lenses, Polarized lenses, Anti-Reflective Coated lenses or Transition lenses. If you select one of these lens types, there will be an additional co-payment as specified in the Schedule of Benefits.

**If you receive bifocals and cannot adjust to them, you will not be required to pay the copayment for the second pair of eyeglasses (one near vision and one distance vision) which substitutes for the bifocals, but you will be required to pay a co-payment for a third pair of eyeglasses (prescription or non-prescription).**

Spouses may obtain two (2) pair of eyeglasses (distance and near) instead of bifocals. If the first pair of eyeglasses has a Premier Frame or photo-grey lenses, the second pair may have that feature subject to applicable co-payment.

Children may obtain one pair of eyeglasses per twelve (12) month period.

### **Lost or Broken Eyeglasses**

The following provisions apply when you lose or break any frames or lenses. They do not apply for the replacement of contact lenses.

1. If any eyeglasses (frames/lenses) supplied by the Plan are defective or broken in the first year, they will be replaced at no charge;
2. If any eyeglasses (frames/lenses) supplied by the Plan are lost in the first year, they will be replaced at no charge; and
3. If the eyeglasses are lost or broken after the first twelve (12) months, but within the second twelve (12) months, you will be entitled to an additional examination and the same ophthalmic materials as originally received at no charge, limited to one (1) time in any benefit period.

### **Contact Lenses**

Contact lenses are available in lieu of eyeglasses, with a co-payment as shown in the Schedule of Benefits.

Contact lenses will be provided along with the necessary fitting, follow up, training, and care kit. If appropriate, you may also elect to receive disposable contact lenses. If you select disposable lenses, you will receive an initial supply of lenses. The size of the supply is generally four (4) multi-packs (usually six (6) lenses each), two (2) packs for each eye. Additional supplies will be at your expense. As with other contact lenses, the disposable lenses may not be worn by everyone. Once selected, they may not be exchanged for other types of contact lenses or eyeglasses.

Additionally, if you require Toric or other non-covered contact lenses, you may elect to have a portion of the cost of these lenses paid by the Plan. See the Schedule of Benefits for the Plan allowance. This benefit is available only at a Participating Optometrist or Ophthalmologist. You are required to pay any amount over the Plan allowance.

Receipt of contact lenses, either standard, disposable, frequent replacement, or the allowance for Toric or other non-covered lenses, is in place of all other eyeglass benefits.

## Davis Vision Contacts

Certain contact lenses and supplies not covered by the Plan may be obtained through Davis Vision Contacts. **See Important Telephone Numbers.** The cost of materials obtained through Davis Vision Contacts may be lower than if you purchased the materials in a retail store.

## Limitations

Vision Care Benefits are **not** payable for expenses incurred for:

1. More than one (1) covered examination, eyeglasses or contact lenses in any 24 month period for the employee or the Spouse or more than one (1) covered examination in a twelve (12) month period for a Child, except as recommended by a Participating Optometrist or Ophthalmologist, approved by the network administrator and authorized by the Plan;
2. Frames in conjunction with lenses newly prescribed in excess of the number of pairs allowed by the Plan in any 24 consecutive month period or twelve (12) month period for a Child;
3. Special procedures, such as optos, orthoptics or vision training, or special supplies, such as subnormal vision aids;
4. Anti-reflective coatings or charges for tinting and charges for sunglasses or lightsensitive eyeglasses in excess of the amount that would be a Covered Charge for nontinted eyeglasses;
5. Eye examinations required by an Employer as a condition of employment, or that the Employer is required to provide by virtue of a labor agreement or those required by a government body;
6. Ancillary services, except as covered by the Major Medical Expense Benefits provisions of the Plan;
7. Replacement of lost or damaged contact lenses;
8. Services, eyeglasses or contact lenses that are not provided by a Participating Optometrist or Ophthalmologist; or
9. Services and supplies for which benefits are not payable according to the "General Limitations and Exclusions" section of this booklet.