

VISION CARE BENEFITS (January 2024)

The Vision Care portion of the Plan helps pay for your eye care needs. The annual maximum benefit is \$300 per person for all covered services. There is no maximum for pediatric vision essential services, defining “pediatric” as for a child up to age 18; and, defining “services” as essential services such as vision exams.

While you may go to any qualified provider, the Fund offers you discounted prices on covered services and supplies through the EyeMed Vision Care Network. To find a network provider, call 1-866-723-0514 or visit their website at www.eyemedvisioncare.com.

HOW THE VISION CARE PLAN WORKS

Eye Examinations

Benefits are available for an eye examination that is performed by an ophthalmologist, optometrist, or another physician who is licensed to perform vision examinations and prescribe lenses.

Lasik Surgery

Lasik surgery is covered for you and your spouse up to a lifetime maximum of \$1,000 per eye per person. Lasik surgery includes:

- FDA-approved indications and indications accepted by the American Academy of Ophthalmology, refractive surgical procedures, such as radial keratotomy (RK), anterior lens keratotomy (ALK), astigmatic keratotomy (AK), photorefractive keratectomy (PRK), photo astigmatic refractive keratectomy (PARK), laser-assisted in situ keratomileusis (LASIK), keratomileusis, epikeratophakia implementation of intrastromal corneal ring segments and other refractive surgical procedures.

Lenses/Frames or Contact Lenses

Coverage is available for lenses and frames or contact lenses each calendar year up to the annual maximum.

VISION CARE EXPENSES NOT COVERED

In addition to any general Plan exclusions, the following expenses are not covered under the Plan:

- services or supplies payable under any other benefits provided by the Plan;
- refractions when not provided as part of a comprehensive eye exam;

VISION CARE EXPENSES NOT COVERED (continued)

- orthoptics, vision training, subnormal vision aids and any associated supplemental testing, or aniseikonia lenses, except as provided otherwise by the Plan;
- any material furnished as the result of a refraction which commenced before the date on which you or your Dependents become eligible for benefits;
- any services or supplies not prescribed by a licensed physician or optometrist;
- charges for failure to keep a scheduled appointment;
- care or services provided free, or that would have been provided free if this Plan were not available;
- expenses that may be paid under Workers' Compensation, occupational disability, or similar laws; and
- expenses incurred for surgical correction of refractive errors and refractive keratoplasty procedures that are not FDA-approved, including, but not limited to, radial keratotomy (RK) and anterior lens keratotomy (ALK), except as described on page 40;
- solutions, cleaning products, frame cases, non-prescription sunglasses, safety glasses, plano lenses, plano contact lenses, two pairs of glasses in lieu of bifocals, electronic vision devices; and
- protection plans, sales tax, and shipping/delivery fees.

EXTENDED BENEFITS

If you order frames while you are eligible for benefits under the Plan, but receive them after your coverage terminates, your purchase of frames or lenses will still be covered if they are received within 31 days after coverage ends.