

VISION CARE BENEFITS

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 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 Web site at www.eyemed.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.

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;
- sunglasses, plain or prescription. Tinted glasses with a tint above two will be considered sunglasses;
- orthoptics, vision training, or aniseikonia lenses, except as provided otherwise by the Plan;
- any material furnished before the date on which you or your dependents become eligible for benefits;
- 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;
- 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 keratomy (ALK).

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.