VISION PLAN

Please note: Vision Benefits are available only if the Collective Bargaining Agreement with Your Employer provides for Vision Benefits and Your Employer makes contributions to the Trust on Your behalf.

OVERVIEW OF THE VISION PLAN

The Vision Plan is designed to provide for standard vision examinations and eyewear materials such as eyeglasses or contact lenses. The Vision Plan can detect individuals who have chronic diseases that can affect the eye such as diabetes, high blood pressure (hypertension), glaucoma, and cataracts. Vision benefits are administered by the Trust Administration Office whose name and address are listed on the Quick Reference Chart in the front of this document.

ELIGIBILITY FOR VISION PLAN BENEFITS

You (and Your eligible Dependents) are entitled to participate in the Vision Plan if You work under one of the collective bargaining agreements providing coverage and Your Employer makes contributions to the Trust on Your behalf. If you are eligible for vision benefits, these benefits are effective on the date Your medical plan benefits are effective.

VISION NETWORK

There is no vision network so You are free to seek care from any vision provider. You pay for the service and later send Your claims to the Trust Administration Office for reimbursement. Services may be received from any licensed optometrist, ophthalmologist and/or dispensing optician; and this Plan will reimburse as noted in the Schedule of Vision Benefits. The itemized bill reflecting the provider's fees must be submitted to the Trust Administration Office for reimbursement. You will be reimbursed up to the amount allowed by the Plan (the "Allowed Charge").

SCHEDULE OF VISION BENEFITS
This chart shows what the Plan pays.

Covered Vision Benefits	Explanations and Limitations *See also the Vision Plan Exclusions section.*	Plan Pays
Vision Examination (includes a professional eye exam and a refraction) [1]	• One vision exam is payable each calendar year.	100% up to $60
Frames for Eyeglasses	• One frame is payable each two calendar years.	100% up to $100
Lenses for Eyeglasses [1]	• One pair of lenses per calendar year.	Per Pair Single Vision: 100%, up to $60 Bifocals: 100%, up to $85 Trifocals or Progressives: 100%, up to $120 Lenticular: 100%, up to $135 Special Tints/Lens Extras: $20 annual maximum

SCHEDULE OF VISION BENEFITS This chart shows what the Plan pays.		
Covered Vision Benefits	**Explanations and Limitations** *See also the Vision Plan Exclusions section.*	**Plan Pays**
Contact Lenses: Contact lenses are considered Medically Necessary when prescribed by a Physician for one of the following: • Visual acuity cannot be improved to at least 20/70 with the use of eyeglasses. • After cataract surgery; • With certain conditions of Anisometropia; or • With certain conditions of Keratoconus. Contact lenses that do not meet the above criteria are considered "not Medically Necessary" or "Elective (Cosmetic)".	• One set of elective or medically necessary contact lenses are payable each calendar year, in lieu of all other lens and frame benefits. • You must secure prior approval from the Trust Administration Office for Medically Necessary contact lenses.	Elective or Medically Necessary contact lenses may be chosen instead of glasses. The standard eye exam is covered as outlined above. **Elective Contact Lenses**: 100% up to $120 per set **Medically Necessary Contact Lenses:** Paid in full

1. Maximums do not apply to children under age 18.

VISION PLAN LIMITATIONS

The following is a list of services and supplies or expenses **not covered (excluded) by the Vision Plan**. The Board of Trustees and other Plan fiduciaries and individuals to whom responsibility for the administration of the Vision Plan has been delegated, will have discretionary authority to determine the applicability of these exclusions and the other terms of the Plan and to determine eligibility and entitlement to Plan benefits in accordance with the terms of the Plan.

There are no benefits for professional services or materials connected with:

1. Orthoptics or vision training and any associated supplemental testing.
2. Plano Lenses (non-prescription).
3. Two pair of glasses in lieu of bifocals.
4. Lenses and frames furnished under this program, which are lost or broken, will not be replaced except at the normal intervals when services are otherwise available.
5. Medical or surgical treatment of the eyes.
6. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
7. Safety glasses.
8. Lens fitting fee.
9. Contact lens cleaning kits.
10. Warranties.
11. Contact lens fitting fees

FILING A VISION CLAIM/APPEALING A DENIED CLAIM

If your provider does not bill the Pan directly with an assignment of benefits, You will need to pay the provider for all services and then, at a later date but within 12 months of the date of service, submit the bill to the Trust Administration Office (whose name and address are listed on the Quick Reference Chart in the front of this section of the handbook). You will be reimbursed up to the amount noted in the Schedule of Vision Benefits if your expenses are determined to be eligible expenses.

Vision claims submitted beyond 12 months of the date of service may not be considered for reimbursement.

Your appeal of any denied vision claims should also be Trust Administration Office. See also the Claims and Appeals Information chapter for details on the claims and appeals process.