

UFCW Local One VISION BENEFIT



LENSES AND COATINGS are included under the Plan as follows:

- Plastic or glass single vision or bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses for Dependent children and monocular patients.
- Photogrey Extra (sun-sensitive) glass lenses.
- Scratch-resistant coating.
- Ultraviolet (UV) coating.
- Blended invisible bifocals.
- Standard progressive addition lenses. *

*Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied for anyone who is unable to adapt to progressive additional lenses; however, the Co-Insurance will not be refunded.

OPTIONAL LENSES AND COATINGS are available for the discounted fixed fees indicated below:

- \$30.00 for Polycarbonate lenses.
- \$35.00 for ARC (anti-reflective coating).
- \$48.00 for Premium ARC
- \$60.00 for Ultra ARC
- \$60.00 for Polarized lenses.
- \$30.00 for Intermediate vision lenses.
- \$65.00 for Plastic Photosensitive lenses.
- \$55.00 for High-index (thinner & lighter) lenses.
- \$50.00 for Premium progressive additional lenses.

To determine your eligibility for service or locate a network provider in your area please contact:

DAVIS VISION

1-800-999-5431

or

www.davisvision.com

BENEFIT LIMITS AND PAYMENTS REQUIRED

EYE EXAMINATION

- » Every 24 Months **
- » Co-Insurance: NONE
- » In-Network: COVERED
- » Out-of-Network: Up to \$45.00.

SPECTACLE LENSES

- » Every 24 Months **
- » Co-Insurance: NONE
- » In-Network: COVERED

FRAMES

- » Every 24 Months **
 - » Co-Insurance: NONE
 - » In-Network: **Premier**
- Selection from the exclusive "Tower Collection" in most network provider offices or a \$32.00 credit toward a provider's own frame.

CONTACTS

- » Every 24 Months **
- » Co-Insurance: \$0 - \$20
- » In-Network: Standard, soft, daily-wear and disposable or planned replacement contact lenses (up to \$20 Co-Insurance), may be selected in lieu of eyeglasses; or an \$84.00 credit will be applied toward contact lenses from the provider's own supply, including fitting fees and recommended follow-up care.

OUT OF NETWORK: for Lenses, Frames and Contacts, you will be reimbursed up to \$97.50 for eye wear received at an out-of-network location

SAFETY GLASSES: Annual Benefit if required for work - call Fund Office for more information.

** Dependent Children between the age of 19 and 23 who meet the Plan's criteria are entitled to vision care services every 12 months; between age 23 and 26, every 24 months. Please see your Plan Summary for eligibility guidelines.