Plan Exclusions (continued)

- Sunglasses or Polaroid lenses
- Industrial (3mm) safety lenses and safety frames with side shields

Plan Limitations

The following items are, to a limited extent, available under the plan. However, if you select any of these items, you must pay the cost of the option.

UV Coatings	$12.00
Standard Anti-Reflective Coating	40.00
Single Vision Polycarbonate	25.00
Bifocal/Trifocal Polycarbonate	30.00
Solid Tints	10.00
Fashion Gradient Tint	12.00
Single Vision Glass Photogrey	20.00
Bifocal/Trifocal Glass Photogrey	30.00
Single Vision Standard Transition	65.00
Bifocal/Trifocal Standard Transition	70.00
Standard Scratch Resistance Coating	10.00
Standard Progressive	50.00
Blended Segment	30.00
Polarized	75.00
High Index	55.00

Special Limitations

Cosmetic Contact Lenses – Maximum plan payment of $90 (in lieu of all other benefits including Vision Analysis). Participating providers charge for lenses is limited to the retail charge minus 25%

Medically Required Contact Lenses or Subnormal Vision Aids – Maximum payment of $300 in lieu of all other benefits including vision analysis (no exam fee paid in addition to contact or subnormal vision aid allowance)

Payment will be the usual and customary charge or a maximum of $300, whichever is less. Substantiating documentation must accompany the claim. Contact lenses will be considered to be medically necessary for the following conditions:

- Following cataract surgery (excludes surgically implanted contact lens)
- To correct extreme visual acuity problems that cannot be corrected with spectacle lenses
- Anisometropia
- Keratoconus

COBRA Rights and Fund member responsibilities

The Fund is obligated by law (Consolidated Omnibus Reconciliation Act - COBRA) to offer continuation of coverage to eligible members who lose coverage under the Plan. This continuation of coverage is available on a self-pay basis when certain qualifying events result in a loss of coverage.

The Employer has the responsibility to notify the Fund of the employee's death, termination, reduction in hours of employment or Medicare entitlement. Under the law, the **employee or eligible dependent must inform** the Fund of a **divorce, legal separation, or a child losing dependent status** under the Fund within 60 days of the date of occurrence. The employee must also notify the Fund of any change of address.

Failure to report changes in eligibility on a timely basis can result in action to recover funds improperly paid or in claims not being paid. Failure to reimburse the Fund for improper claims paid can result in loss of eligibility and/or legal action.

Questions, eligibility changes or requests for information, please contact:

AFSCME Health and Welfare Fund
150 S. 43rd Street, Suite 4
Harrisburg, PA 17111-5708

1-800-692-7332 or 717-564-9338

The Fund office is open from 8:00 A.M. to 5:00 P.M., Monday through Friday

This brochure is written in layman's language for your convenience. It is not intended to interpret, extend, or change the rules and regulations of the Plan. Should any differences arise in interpretation between the plan and this brochure, the plan shall govern.

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HEALTH AND WELFARE FUND

Vision Care Benefit Plan

150 S. 43rd Street, Suite 4
Harrisburg, PA 17111-5708
(717)-564-9338
1-800-692-7332

Introduction

National Vision Administrators (NVA) will administer for you and your eligible dependent(s) a vision care plan which provides an allowance for a vision examination, lenses and frames or contact lenses in order to achieve normal visual acuity.

Who is eligible?

- You, if your Employer has made the necessary contributions on your behalf
- Your spouse
- Your children up to age 26
- Your children, regardless of age, who are certified as totally and permanently disabled and who depend on you for more than 50% of their support. (Note: your child must have been your dependent before age 19 and the disability must have begun before age 19.)

You may contact NVA at 1-800-672-7723 to obtain information on your eligibility for services.

When do benefits cease?

Eligibility ceases upon termination of employment or, if actively employed, when your Employer stops making contributions on your behalf.

How to use your plan

Participating Providers –

The plan uses a panel of NVA participating providers (www.e-nva.com) which includes ophthalmologists, optometrists and opticians. To keep your out-of-pocket costs to a minimum, we recommend that you make your appointments with NVA providers. When scheduling an appointment, tell the provider that your coverage is administered by NVA and sponsored by the AFSCME Health and Welfare Fund, Sponsor #0016.

At the time of your appointment simply present your AFSCME/NVA identification card.

You will pay nothing unless you choose services not covered under the plan or if you select a more expensive frame.

Non-Participating Providers –

If you select a nonparticipating provider, you will be required to pay the entire charge for all services received. You must then submit a copy of your itemized receipt along with a note signed by the card member showing the patient's name and the card member's name and social security number, or the patient's name along with a photocopy of your plastic NVA identification card to:

National Vision Administrators
PO Box 2187
Clifton, NJ 07015

NVA will then make payment directly to you in accordance with that provider's usual and customary fees for the vision analysis and the allowances for glasses to the maximum amounts stated below:

Vision Analysis – up to	$28.00
Glaucoma test if performed – up to	3.00

Lenses – per pair		
Single Vision		$15.00
Bifocals		24.50
Executive Bifocals		26.50
Trifocals		31.00
Aphakic		60.00
Additional Allowance – per pair	Single Vision	Multifocal
Plastic Lenses	$ 1.00	$ 4.00
Pink #1 or #2	3.00	4.00
Photochromatic extra (glass only)	10.00	14.00
Oversize Blanks	$ 6.00	$9.00
Frames	$20.00	
Cosmetic Contact Lenses (in lieu of all other benefits including Vision Analysis)		$90.00
Medically Required Contact Lenses or Subnormal Vision Aids – maximum$300.00 (Prior authorization required)		

Covered Services

- **Vision examination** – Covered in full when performed by an NVA participating provider

  Routine vision analysis and glaucoma test for you and your eligible dependent(s) every twelve months (365 days)

- **Lenses** (spectacles and contacts)

  Standard Glass/Plastic – Spectacles covered in full at NVA participating providers; Reimbursement for contacts limited to $90 (in lieu of all other benefits including Vision Analysis); NVA participating providers must discount their retail charge for contacts by 25%

  You, your spouse and your eligible dependent(s) (children age 18 years or older) – twenty-four months (730 days) from last covered spectacle lens or contact lens service

  Child to age 18 – twelve months from the last covered spectacle lens or contact lens service

  If medically required as the result of diabetes or hypertension – you, your spouse and your eligible dependent(s) (children age 18 years or older) – twelve months from the last covered spectacle lens or contact lens service. Medical certification must be obtained from and authorized by the Fund annually.

- **Frames** (every two years) – Covered in full to a maximum $20 wholesale allowance

  You and your spouse and your eligible dependent(s) – twenty-four months (730 days) from last covered frame or contact lens service.

Plan Exclusions

- Medical, surgical or laser treatment of the eyes
- Replacement of broken, lost, or scratched spectacle or contact lenses or frames
- Vision services provided by federal, state or local government
- Vision services or materials compensated under workers' compensation laws