VISION CARE BENEFITS

Vision care benefits are provided for Active Employees and their eligible Dependents and Retirees by the Sheet Metal Workers Local 83 Insurance Fund under a plan which is self-insured and self-administered by the Fund.

Vision Care Benefits Provided

1. A medical eye examination rendered by a physician or by a duly licensed optometrist. The Fund will pay for an initial eye examination that is performed after you become eligible, and for subsequent eye examinations if at least 24 months elapse between each such eye examination, including the initial eye examination.

2. Lenses and frames, consisting of: lenses (including contact lenses); frames; and service needed to effect use (when included in cost of lenses and frames), such as: facial measurement; help in selection of frames; acquiring proper lenses and frames; fitting and adjustment; and after care for confirmation of fitting and lens adjustment. The Fund will pay for an initial pair of lenses and frames purchased after you become eligible, and for replacement if at least 24 months elapse since the last purchase of lenses and frames, including the initial purchase.

3. The Fund will pay 80% of the charge for the services listed above up to a maximum of $350.00 per covered individual during any 24-month period.

Exclusions

No benefits shall be provided for:

1. Examinations; frames; or lenses which are not necessary according to accepted standards of ophthalmic practice or which are not ordered or prescribed by the attending physician or by the optometrist.

2. Replacement of lost, stolen, broken or damaged lenses, contact lenses or frames, unless at the time of replacement you are otherwise entitled to benefits for the lenses or frames.

3. Industrial safety glasses; safety goggles; or sunglasses, whether or not they require a prescription.

4. Examinations; frames; or lenses required by reason of employment.

5. Examinations; frames; or lenses for which benefits are afforded in whole or in part, under a Workers' Compensation or Occupational Disease Act or Law.

6. Examinations rendered, or lenses or frames ordered, before you became covered through the Fund.

7. Lenses or frames ordered while you are covered under this Plan but which are delivered more than 60 days after your coverage under this Plan terminated.

8. Examination; frames; or lenses which are required as a result of war or an act of war.

Procedure to Obtain Reimbursement

You must pay the provider and file a claim form with the Fund Office with receipt of payment for services rendered. Upon the receipt of the claim form, the Fund Office will process and reimburse you directly. Vision claim forms are available at the Fund Office or online.