

## TWU LOCAL 100 2025 VISION BENEFIT

In-Network Vision Benefits	
<b>AGE REQUIREMENTS</b>	Up to 26
<b>EYE EXAMINATION</b>	Every 12 Months
Vision Care Exam, with dilation when professionally indicated	INCLUDED
Retinal Imaging, when professionally indicated	INCLUDED
<b>FRAME ALLOWANCE</b>	Every 12 Months
GVS Collection Frame	\$325
Non Collection Allowance	\$325 allowance
<b>SPECTACLE LENSES</b>	Every 12 Months
Single Vision	INCLUDED
Bifocal	INCLUDED
Trifocal	INCLUDED
Standard Progressive	INCLUDED
Blended Bifocal	INCLUDED
Varilux Comfort Progressive or Similar	\$150 co-pay
<b>MATERIALS</b>	Every 12 Months
Plastic	INCLUDED
Polycarbonate for dependents and adults	INCLUDED
Glass SV	INCLUDED
Glass Progressive	INCLUDED
Glass Bifocal (FT28)	INCLUDED
Hi-Index SV	\$75 co-pay
Hi-Index Bifocal (FT28)	\$75 co-pay
Hi- Index 1.60 SV	\$40 co-pay
Hi- Index 1.66 BF	\$69 co-pay
<b>COATINGS</b>	Every 12 Months
Blue Light Filtering	INCLUDED
Anti-reflective Standard Coating	INCLUDED
Anti-reflective Premium Coating	INCLUDED
Cosmetic or Sunglass Tint	INCLUDED
Ultra Violet	INCLUDED
Scratch Resistant	INCLUDED
Plastic Photosensitive SV (Transition)	\$60 co-pay
Plastic Photosensitive BF (Transition)	\$80 co-pay
Plastic Photosensitive Varilux Progressive (Transition)	\$210 co-pay
Polarized - Single Vision	\$74 co-pay
Ultra Anti Glare Coating	\$60 co-pay
<b>CONTACT LENSES (In Lieu of Eyeglasses)</b>	Every 12 Months
1 year supply of Basic Disposables	INCLUDED
Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	INCLUDED
Non-Plan Contact Lens Allowance (excluding colored)	\$200 allowance
<b>VALUE ADDED SERVICES</b>	
40% off additional glasses & prescription sunglasses, including lens options not covered for above plan design	
25% discount for members/dependents for over the counter medication i.e. additional eyeglass cases & cleaning cloths	
LASIK Discount benefit included	

### OUT-OF-NETWORK SCHEDULE

BENEFIT	REIMBURSEMENT SCHEDULE (EVERY 12 MONTHS)
Vision Care Eye Exam	\$40.00
Frames	\$50.00
Single Vision	\$40.00
Lined Bifocal	\$50.00
Lined Trifocal	\$50.00
Progressive Lenses	\$50.00
Contact Lenses	\$100.00