

## TWU LOCAL 100 2025 VISION BENEFIT

IN-NETWORK			
BENEFIT	DESCRIPTION	CO-PAY	FREQUENCY
EYE EXAMINATION	Vision Care Exam, with dilation when professionally indicated	INCLUDED	Every 12 Months
	Retinal Imaging, when professionally indicated	INCLUDED	
FRAME ALLOWANCE	GVS Collection Frame	\$325	Every 12 Months
	Non Collection Allowance	\$325 allowance	
SPECTACLE LENSES	Single Vision	INCLUDED	Every 12 Months
	Bifocal	INCLUDED	
	Trifocal	INCLUDED	
	Standard Progressive	INCLUDED	
	Blended Bifocal	INCLUDED	
	Varilux Comfort Progressive or Similar	\$150 co-pay	
MATERIALS	Plastic	INCLUDED	Every 12 Months
	Polycarbonate for dependents and adults	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	
COATINGS	Blue Light Filtering	INCLUDED	Every 12 Months
	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	
CONTACT LENSES (In Lieu of Eyeglasses)	1 year supply of Basic Disposables	INCLUDED	Every 12 Months
	Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	INCLUDED	
	Non-Plan Contact Lens Allowance (excluding colored)	\$200 allowance	
VALUE ADDED SERVICES	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			
BENEFIT	DESCRIPTION	CO-PAY	FREQUENCY
EYE EXAMINATION	Vision Care Eye Exam	\$40.00	Every 12 Months
FRAMES	Frames	\$50.00	Every 12 Months
SPECTACLE LENSES	Single Vision	\$40.00	Every 12 Months
	Lined Bifocal	\$50.00	
	Lined Trifocal	\$50.00	
	Progressive Lenses	\$50.00	
CONTACT LENSES	Contact Lenses	\$100.00	Every 12 Months