

# TWU LOCAL 100 2020 VISION BENEFIT

## IN-NETWORK

BENEFIT	DESCRIPTION	TWU CO-PAY	FREQUENCY
Vision Exam	Comprehensive Eye Exam	\$0	Every 12 Months
<b>PRESCRIPTION GLASSES</b>			
Frames	Up to \$325 towards a wide selection of Designer Frames. Oversize frames available.	\$0 \$0	Every 12 months
Lenses	Single Vision Lined Bifocal Lined Trifocal Blended Bifocal Standard Progressive Lenses Single Vision Clear Glass FT28 Clear Glass Progressive Clear Glass Oversize Lenses	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Every 12 months
Lens Options	Tints Scratch Guard Coating Ultra Violet Coating Anti-Reflective Coating Polycarb Lenses (adults and dependent children)	\$0 \$0 \$0 \$0 \$0	Every 12 months
	Transition Single Vision Transition BiFocal Transition Varilux or Similar Varilux Comfort Progressive or Similar Hi-Index Single Vision Hi-Index BiFocal Hi-Index 1.6 Single Vision Hi-Index 1.66 Multi Focal Premium Anti-Reflective Ultra Anti-Reflective Polarized	\$60 \$80 \$210 \$150 \$75 \$75 \$40 \$69 \$10 \$60 \$74	
Contact Lenses	<b>Plan:</b> One Year Supply of Basic Disposables <b>Non-Covered</b> Contact Lenses	\$0 \$200 credit	Every 12 months
Additional Savings	40% off additional glasses and prescription sunglasses, including lens options not covered above. 25% discount for members/dependents for over-the-counter medication i.e. eye drops, creams, patches, solutions, additional eyeglass cases and cleaning cloths, eyeglass chains, etc.		

## OUT-OF-NETWORK

BENEFIT	DESCRIPTION	REIMBURSEMENT AMOUNT	FREQUENCY
Vision Exam	Comprehensive Eye Exam	\$30.00	Every 12 Months
Frames		\$40.00	Every 12 months
Lenses	Single Vision	\$35.00	Every 12 months
	Lined Bifocal	\$40.00	
	Lined Trifocal	\$40.00	
	Progressive Lenses	\$40.00	
Contact Lenses	Contact Lenses	\$80.00	Every 12 months

EYECARE  
BENEFITS  
CARD

