

In-Network Provider

VisionMakers

www.visionmakers.com

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Suite 100
Dayton, Ohio 45432
(937) 258-1515
(800) 859-2733

1370 North Fairfield Road
Beavercreek, Ohio 45432
(937) 426-2212

650 Ridge Road
Pittsburgh, PA 15205
(412) 788-4664
(800) 788-8701

Empire VisionWorks

Rochester, NY
Call VEBA for various locations

VisionWorks

New Jersey
Call VEBA Vision for various locations

Optical Solutions

2658 Niles Cortland Road
Warren, OH 44484
(330) 349-4690

6006 Mahoning Ave
Austintown, OH 44515
(330) 797-8790

Martin G. Ellis, O.D.

3018 State Route 5, Suite C
Cortland, Ohio 44410
(330) 638-4097

VEBA Trust Staff

Willie Thorpe, Trust Administrator

(937) 224-5230

Mark Profitt, Benefits Manager

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For vision inquiries please call:

(937) 224-5235

(855) 224-0148

Fax (937) 223-4755



VEBA Trust Vision Plan

We would like to welcome you to your new vision plan and inform you on the details; enclosed you will find all the information regarding your vision benefits. Your vision benefit is being offered through the IUE-CWA VEBA Trust.

-James Clark

Chairman, VEBA Trust

IUE-CWA VEBA Vision

313 South Jefferson Street Suite 204

Dayton, Ohio 45402

(937) 224-5235

(855) 224-0148

Dear Vision Plan Enrollee,

In order to assist you in using your **IUE-CWA VEBA Vision**, we've compiled the following details of your plan. It is our hope that this will provide you with a clear understanding of how the vision plan works and what you must do to receive the maximum benefit.

What to consider when choosing your provider

The In-Network Providers have all the necessary forms and plan details to assist you with your benefits. They have agreed to accept your insurance coverage amounts as full payment at the time of service. This will ensure that you only pay any amounts that exceed your allotted benefits at the time of service. You will also receive 30% off any extra retail items that are purchased. These are advantages that you will only receive when using an In-Network Provider.

Under the plan, you may choose to use any provider. However, you will be required to pay your full amount due at the time of your service when using an Out-of-Network Provider. You will need to submit an itemized receipt to IUE-CWA VEBA Vision, once you have paid your total amount due. Reimbursements are made biweekly and you are only reimbursed for the benefit amounts listed in the Out-of-Network Provider section.

Benefit Eligibility

Enrollees and dependents covered under the vision plan are eligible for a comprehensive eye exam and lenses once every 12 months; a frame once every 24 months; and contact lenses will be in lieu of coverage for a frame and lenses, and will be provided once every 12 months. Benefits are effective as of September 1, 2011. ***Make sure to let providers know if you only want fully covered services and materials. This will ensure that you only pay copayments and the required state sales tax.**

In-Network Provider

The In-Network Providers will accept your benefit coverage as payment in full, and you will only be required to pay any applicable copayments and sales tax. Your coverage at an In-Network Provider is as follows:

1. **Comprehensive Eye Exam: No Copay**
2. **Retinal Photography: No Copay**
3. **Quality Optical Frame: No Copay**
4. **Lenses**
 - a. **Single Vision: No Copay**
 - b. **Bifocal: No Copay**
 - c. **Tri-Focal: No Copay**
 - d. **No-Line, Progressive: Member copay \$50.00**
 - e. **Premium No-Line Progressive: Member copay \$125.00**
 - f. **Contact Lenses: No Copay**

Out-of-Network Provider

Enrollees are responsible for all costs and expenses and the full amount due to the Out-of-Network Provider. The enrollee will be mailed a reimbursement check for the following amounts, once an itemized receipt has been submitted to IUE-CWA VEBA Vision.

1. **Comprehensive Eye Exam: \$55.00**
2. **Retinal Photography: No Copay**
3. **Quality Optical Frame: \$50.00**
4. **Lenses**
 - a. **Single Vision: \$35.00**
 - b. **Bifocal: \$60.00**
 - c. **Tri-Focal: \$75.00**
 - d. **No Line, Progressive: \$100.00**
 - e. **Contact Lenses: \$110.00**

Receiving a Reimbursement:

1. Contact IUE-CWA VEBA Vision to inquire on your eligibility and get prior authorization for services.
2. Submit an itemized receipt from your provider to IUE-CWA VEBA Vision.
3. Reimbursements are processed biweekly and will be mailed to your home address.

*Reimbursement schedules are subject to change.