

MICHIGAN GLASS AND GLAZING

Classification of Worker:	Actives and Retirees
Benefit Type:	Vision
Provider:	Self Funded
Customer Service for Vision Benefits:	248 641 4957
Claim Filing Deadline:	90 days from incurring vision expense
Claim Filing Address:	Michigan Glass and Glazing ATTN: Specialty Claims PO Box 966 Troy, MI 48099-0966

The Fund will pay benefits to participants and dependants for the following optical services in the following amounts:

Benefit	Amount
<i>Eye Exams once every 12 months by an:</i>	
Ophthalmologist	\$75.00
Optometrist	\$65.00
<i>Prescribed lenses once every 12 months:</i>	
Single	\$110.00
Bifocal	\$130.00
Trifocal	\$140.00
Progressives	\$150.00
Contact Lenses	\$140.00
Frames once every 24 months	\$120.00

Pediatric vision care is an "essential health benefit" under the Patient Protection and Affordable Care Act of 2010. Therefore, the following annual dollar limits for Eye Exams once every 12 months are applicable to Dependent children up to age 19 only:

Plan Year ending November 30, 2014	\$2,000,000
Plan Years ending November 30, 2015 and beyond	No Limit

Vision Expense Benefits shall not be payable for the following:

- Sunglasses or tinted lenses, unless they are prescribed to be worn at substantially at all times by an ophthalmologist for medical reasons
- Routine yearly examinations required by an employer in connection with the occupation of the individual

This document is designed to provide a general description of some of the benefits provided by the Fund. It does not cover all of the benefits provided by the Fund and it does not contain any information regarding eligibility. Refer to the Fund's Summary Plan Description ("SPD") and the Summary of Material Modifications ("SMM") for a more complete description of the benefits provided by the Fund, as well as the eligibility rules. The SPD and SMM can also be found on your Participant Website. In case of conflict, the Plan Document governs.