



# Northwestern Ohio Plumbers and Pipefitters Active Health and Welfare Fund

## Safety Eyewear Plan

We want to make sure your eyes are well-protected, even on the job. With the EyeMed Safety Program, you may be eligible to get the right prescription glasses for your job.



### 20% OFF

additional complete pairs  
of safety eyewear\*

\* Discounts only  
available at participating  
in-network providers

SUMMARY OF BENEFITS		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>FRAME</b> Frame	\$0 copay; 20% off balance over \$100 allowance	Up to \$70
<b>STANDARD PLASTIC LENSES</b> Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 – 3 Progressive – Premium Tier 4	\$0 copay \$0 copay \$0 copay \$0 copay \$65 copay \$85 - 110 copay \$65 copay; 20% off retail price less \$120 allowance	Up to \$30 Up to \$50 Up to \$70 Up to \$70 Up to \$50 Up to \$50 Up to \$50
<b>LENS OPTIONS</b> Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 – 2 Anti Reflective Coating – Premium Tier 3 Photochromic – Non-Glass Polycarbonate – Standard Scratch Coating – Standard Plastic Tint – Solid or Gradient UV Treatment All Other Lens Options	\$45 \$57 - 68 20% off retail price \$75 \$0 copay \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Up to \$32 Not covered Not covered Not covered Not covered
<b>FREQUENCY</b> Frame  Lenses	<b>ALLOWED FREQUENCY – ADULTS</b> Once every 12 months from the date of service Once every 12 months from the date of service	

Only Employees are eligible for safety eyewear. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

INDEPENDENT  
PROVIDER  
NETWORK

LENSCRAFTERS<sup>®</sup>

PEARLE  
VISION