



Ohio Carpenters' Fringe Benefit Funds

Health Fund: P.O. Box 1257, Troy, MI 48099

Pension and Annuity Funds: P.O. Box 31580, Independence, OH 44131

Phone: (248) 641-4967 Toll Free: (855) 837-3528

Website: www.ocbenefits.org

January 5, 2017

Vision Benefits (Active Employees, Non-Medicare Retirees, and Dependents)

Dear Participant:

Please be advised of that the following provides important information regarding your Vision Benefits:

Please be advised that your benefit levels remain unchanged; the plan will continue to reimburse \$50 per adult every 12 months for eye exams, and \$100 per adult every 24 months for materials (e.g., glasses or contacts).

VSP Vision Savings Pass

Effective January 1, 2017, as an enhancement to your vision benefits, the Trustees of the Ohio Carpenters Health plan have engaged with a new vision savings plan with VSP. The VSP Vision Savings Pass is a vision discount program. VSP is a popular, nationally known Plan that is widely accepted by many vision practitioners. In addition to the Plan's reimbursement allowance, under VSP you will be eligible for discounted pricing on a variety of services and materials. To take advantage of these savings, notify your eye care practitioner that you are eligible for additional savings through this plan with VSP when you schedule your next appointment. A more detailed explanation of the benefits available under this discount program is on the reverse of this notice. Please note, you are not limited to using VSP providers, but it is financially to your advantage.

Vision Expense Benefit

In order to obtain reimbursement for your vision services, you will need to submit a reimbursement form in addition to your receipt. We have enclosed a Vision Reimbursement Form for your convenience. You may also obtain copies by calling the Fund Office, or you may download one from the participant website: www.ourbenefitoffice.com/OhioCarpenters. **You cannot use your medical insurance card for eye exams or materials. You must send in a claim form directly to the Fund Office for reimbursements for these services.**

If you have any questions about this information, please feel free to contact the Fund Office toll free at: (855) 837-3528.

Sincerely,
The Board of Trustees of the Ohio Carpenters' Health Plan
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VSP Vision Savings Pass™

Created for Ohio Carpenters Health & Welfare Fund

The VSP Vision Savings Pass is a discount vision program that offers immediate savings on eye care and eyewear. This is not an insurance plan.



Benefits through a VSP Network Provider

Exam Services	<ul style="list-style-type: none">Comprehensive WellVision Exam® covered in full after \$50 patient payment <i>This cost is only available with the purchase of a complete pair of glasses; otherwise, member will receive 20% off a WellVision Exam.</i>Routine retinal screening guaranteed pricing, not to exceed \$39																					
Glasses	Lenses covered in full after the following patient payments with the purchase of a complete pair of glasses <table><tbody><tr><td>Single vision</td><td>\$40</td><td>Lined trifocal</td><td>\$75</td></tr><tr><td>Lined bifocal</td><td>\$60</td><td>Lenticular</td><td>\$75</td></tr></tbody></table>	Single vision	\$40	Lined trifocal	\$75	Lined bifocal	\$60	Lenticular	\$75													
Single vision	\$40	Lined trifocal	\$75																			
Lined bifocal	\$60	Lenticular	\$75																			
Lens Enhancements	Most popular lens enhancements are subject to the following patient payments, saving our members an average of 20-25% <table><thead><tr><th>Lens Enhancement</th><th>Single Vision</th><th>Multifocal</th></tr></thead><tbody><tr><td>Anti-reflective coating</td><td>\$41</td><td>\$41</td></tr><tr><td>Polycarbonate for children</td><td>No cost</td><td>No cost</td></tr><tr><td>Polycarbonate</td><td>\$31</td><td>\$35</td></tr><tr><td>Progressive</td><td>N/A</td><td>\$55</td></tr><tr><td>Photochromic</td><td>\$70</td><td>\$82</td></tr><tr><td>Scratch-resistant coating</td><td>\$17</td><td>\$17</td></tr></tbody></table> <i>Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.</i>	Lens Enhancement	Single Vision	Multifocal	Anti-reflective coating	\$41	\$41	Polycarbonate for children	No cost	No cost	Polycarbonate	\$31	\$35	Progressive	N/A	\$55	Photochromic	\$70	\$82	Scratch-resistant coating	\$17	\$17
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Scratch-resistant coating	\$17	\$17																				
Frame	<ul style="list-style-type: none">25% off the retail frame cost with the purchase of a complete pair of glasses																					
Sunglasses	<ul style="list-style-type: none">Within 12 months of exam: 20% off unlimited additional pairs of non-prescription sunglasses from any VSP doctor																					
Contact Lenses	<ul style="list-style-type: none">Contact lens exam (fitting and evaluation): 15% off of contact lens exam services																					
VSP Laser VisionCare™ Program	<ul style="list-style-type: none">Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase <i>Discounts are only available from VSP-contracted facilities. Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member.</i>																					
Disclaimers & Exclusions	<p>THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. Void where prohibited. This plan is not available in Washington.</p> <p>Based on applicable laws, benefits and savings may vary by doctor location. Promotions like rebates are continually evaluated and subject to change without notice. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.</p>																					

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Get up to \$110 back

Members can save big with VSP exclusive mail-in rebates on eligible popular contact lens brands from Bausch + Lomb and CooperVision.

\$500 savings on LASIK

Members can save up to \$500 on LASIK at NVision Eye Centers and TLC Laser Eye Centers.

Save up to \$2,500

With Exclusive Member Extras, members can save more than \$2,500 with special offers and rebates through VSP and other leading industry partners.

Learn more

Visit vsp.com/specialoffers.



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Vision Reimbursement Claim Form

Instructions: To receive reimbursement for qualified vision claims, you must complete **ONE FORM** per patient, along with the following information:

Reimbursement for:

Vision Services

Information Required:

Copy of a detailed invoice listing the services rendered and the charge for each.

Cash register receipts are not acceptable.

PLEASE NOTE: The minimum amount that can be reimbursed must total \$20.00 per submission. **You MUST allow up to 30 business days for reimbursement.** All reimbursements for claims will be made payable to the member. A claim for reimbursement must be filed within 365 days after it was incurred.

Member's SS#

or alternate ID:

Member's Name: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Patient Name: _____ Relationship: _____

Type of Service

Providers Name

Date of Service

Amount of Claim

_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____
_____	_____	_____ / _____ / _____	_____

By signing this form, I understand that benefits shall be paid in accordance with the Ohio Carpenters' Health Plan's requirements and limitations established by the Board of Trustees. (See the reverse side of this form for a brief description of covered benefits).

Member's Signature: _____ Date: _____

OVER

VISION REIMBURSEMENT

What is the Vision Expense Benefit?

Covered employees and Covered Dependents are eligible for Vision Expense Benefits via reimbursement, subject to the Maximums set forth in the Schedule of Benefits.

Services You May Need	Limitations & Exceptions
Eye exam	Plan limit is \$50 per adult (over age 19), every 12 months.
Glasses	Plan limit is \$100 per adult (over age 19), every 24 months.

What is covered under the Vision Expense Benefit?

Benefits are reimbursable as follows:

- Examinations - once every 12 months.
 - A case history;
 - An external examination of the eye and adnexa;
 - An ophthalmoscopic examination;
 - A determination of refractive status;
 - Binocular balance testing;
 - Tonometry, as needed;
 - Gross visual fields;
 - Color vision testing;
 - Summary findings; and
 - Recommendations, including prescribing Lenses.

When obtaining a contact lens examination, you will also be responsible for payment of any amount over the cost of an examination for glasses.

- Materials - once every 24 months.
 - Single vision lenses;
 - Bifocal lenses;
 - Trifocal lenses;
 - Lenticular lenses;
 - Frames; and
 - Contact lenses

What expenses are not allowed?

In addition to the General Limitations and Exclusions outlined in the SPD, the Plan will not cover the following:

- Diagnostic services, drugs, or medications not part of a vision examination.
- An eye examination or materials ordered as a result of an eye examination prior to your Effective Date.
- Lenses which are not prescribed.
- Medical or surgical treatment.
- The replacement of Lenses or Frames.
- Safety glass and safety goggles.
- Service categorized as special or unusual, such as orthoptics, vision training, and low vision aids.
- Tints other than Number One or Two.
- Tints with photosensitive or antireflective properties.
- Eye examination required by:
 - An Employer as a condition of employment or by virtue of a labor agreement; or
 - A government body or agency
- Any service or material for which the Eligible Person may be compensated under Workers' Compensation laws, or which is available from a governmental body without cost.

What do I have to do to request reimbursement for vision services?

You must send a completed Vision Reimbursement Claim Form along with the following information: (NOTE: BALANCE DUE STATEMENTS ARE NOT ACCEPTABLE).

Information Required

A copy of a detailed invoice listing the services rendered and the charge for each. Cash register receipts are not acceptable.

Where do I obtain Vision Reimbursement Claim Form?

You may call the Fund Office to have a Claim Form mailed to you, or you may download one from the participant website: www.ourbenefitoffice.com/OhioCarpenters

Where do I send my Vision Reimbursement requests?

Send these requests to:

Carpenters' Health Plan
Vision Reimbursement
P.O. Box 1257
Troy, MI 48099-1257

Is there a time limit to file for Vision Reimbursement Benefits?

Yes, claims for vision benefits **must be filed** within 365 days after they are incurred.
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