



**OHIO CARPENTERS' HEALTH FUND**

P.O. BOX 1257  
TROY, MICHIGAN 48099-1257  
(248) 641-4967 or Toll Free (855) 837-3528

**Vision 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.

Member's Name: \_\_\_\_\_ Member's SS# \_\_\_\_\_  
or alternate ID: \_\_\_\_\_

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?

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?

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

### Reimbursement for:

Vision Claims

### Information Required

For actives and early retirees, a copy of a detailed invoice listing the services rendered and the charge for each. DO NOT SEND cash register receipts.

## 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](http://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.