

# VISION PLAN PROVISIONS

## Schedule of Vision Plan Benefits

	NBN Network Provider	Non-Network Provider
Examination	Paid in full	\$ 35
Lenses (per pair)		
• Single Vision	Paid in full*	\$ 30
• Bifocal	Paid in full*	\$ 40
• Trifocal	Paid in full*	\$ 45
• Lenticular	Paid in full*	\$ 90
Frames	Paid in full**	\$ 30
Contact Lenses (subnormal)	Paid in full	\$200
Contact Lenses (elective) In lieu of glasses (frame and lenses).	\$150****	\$ 90

\* Paid in Full includes:

- Basic lenses
- Solid color coating and tinting (e.g. sun tints)
- Gradient tinting
- Mirror coating
- UV protection
- Polarized lenses or laminated lenses
- Photochromatic Light-sensitive glass lenses (light and dark shades, e.g. PhotoSun)
- Photochromatic Light-sensitive plastic lenses (such as Transitions); standard grades \*\*\*
- Progressive lenses (no-line bifocal); standard grades \*\*\*
- Polycarbonate lenses
- Special lens edge treatments (e.g. drilling, notching, grooving, beveling or polishing or coating edges)
- Anti-reflective coating
- Anti-reflective coating + scratch coating; standard grades \*\*\*
- Scratch coating; standard grades \*\*\*
- Oversize lenses
- Prism and double segments
- Slab off

\*\* Limited to frames selection covered by the Trust Plan. Refer to page 26.

\*\*\* Plan pays for standard or basic styles. Patient pays any extra in cost of "Premium" progressives, photochromatic, scratch coating, or anti-reflective + scratch coat lens extras.

\*\*\*\*Dollar limit does not apply to an individual under age 19, however, there is a limit of a one-year supply.

# Covered Services

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## Northwest Benefit Network

Northwest Benefits Network (NBN) has developed a network of providers to assure quality care while controlling costs. Your benefits will be maximized when you obtain service from a participating NBN network provider. However, if you wish to obtain services from a non-participating provider, you are free to do so under the Plan, although your out-of-pocket expenses will almost always be greater.

NBN network provider lists are updated periodically and are available from the Trust Administrative Office or your local union. A list of network providers can also be obtained by calling 206-726-3278 or 800-732-1123 or going online to the Northwest Administrators, Inc. website at [www.nwadmin.com](http://www.nwadmin.com). On the website home page, just click on **Search NBN Vision Providers** and add the applicable information for your search.

## Schedule of Benefits

The Schedule of Benefits on page 1 summarizes the benefits under the Plan when services are performed by NBN network providers and non-participating providers. Before services begin, you may wish to discuss with your provider what is covered and what is your responsibility so you will know the benefits and amount of your out-of-pocket expense.

## Benefit Descriptions and Limitations

Services provided under the Vision Plan are described below. Please note the limitations on these services to avoid any misunderstanding about eligibility or any potential out-of-pocket expenses you may incur. Any additional care, service and/or materials not covered by this Plan may be arranged between you and your provider at your own expense.

*The 365 and 730-day time limitations are strictly enforced. When determining eligibility for lenses or frames, the 365 or 730 days are tracked from the date of service recorded on the claim form by the provider. You can verify coverage by calling the Trust Administrative Office or by visiting the Northwest Administrators, Inc. website at [www.nwadmin.com](http://www.nwadmin.com). Using the website will require you to register and log in as a Plan Participant.*

- Routine vision exam — A complete analysis of the eyes and related structure to determine the presence of vision problems, abnormalities or to determine the need for corrective lenses will be covered once every 365 days from the date of your last covered examination. If you are getting an examination for an eye injury, irritation, or disease, submit your claim for the examination to your medical plan.
- Lenses — If you require a new prescription or a change in your current prescription, the provider will order the proper single vision, bifocal, trifocal or lenticular lenses. One pair of lenses per person is covered once every 365 days from the date the last covered lenses were ordered.

- Frames — If you use a participating NBN network provider, your provider will show you the selection of frames covered in full by your Plan and those which will cost more than your allowed benefit. You may choose any frame you wish; however, if you select one which costs more than allowed under the Plan, you will be responsible for the additional charge. Frames are covered once every 730 days (two full years) from the date the last covered frames were ordered.
- Elective contact lenses — When you choose to receive elective contact lenses in lieu of glasses (frame and lenses), the benefit allowance includes the contact lenses and fitting/evaluation. The contact lens benefit is available once every 365 days from the date your last contact lenses or lenses for glasses were ordered, whichever was later. Contact lenses are provided in lieu of all other hardware (frame and lenses) for 365 days.
- Subnormal vision aid — Contact lenses prescribed as a subnormal vision aid are covered under the Plan for the following conditions:
  - After cataract surgery
  - Keratoconus (bulging cornea)
  - When vision acuity is not correctable to 20/70 in the better eye by use of conventional type lenses, but can be improved to 20/70 or better by the use of contact lenses.

If necessary, NBN will provide lenses and frames in addition to contact lenses after cataract surgery. If a change in prescription is indicated, you will be eligible for an annual examination and lenses again after 365 days, frames after 730 days, and contact lens replacement after 730 days.

Your provider must obtain prior approval from NBN before ordering these lenses. One pair of subnormal vision aid contacts per person is covered once every 730 days from the date your last covered subnormal contact lenses were ordered.

**When You are Covered as an Employee and a Dependent, or as a Dependent of Two Employees**

If you have coverage under the Trust as an active employee and as a dependent of another employee covered by the Trust, or as a dependent of two covered employees, the coverages will be coordinated so that the sum of the benefits paid under this Plan plus benefits paid under all other plans will not exceed 100% of allowable expenses incurred. Benefits are not transferable or assignable from one family member to another. For example, if you do not wear glasses, another family member may not receive an additional pair because you did not order or need a pair of glasses.

**Example #1:** Both spouses are covered by the Plan as employees. One spouse obtains elective contacts that cost \$200. She submits a claim and the Plan pays \$150. The other spouse may submit a claim for the remaining \$50 and it will be processed under his coverage as a

secondary plan. The Plan does not allow two pair of contacts or double coverage as an alternative to coordination of benefits.

**Example #2:** Both spouses are covered as employees and their dependents have coverage under both parents' Plans. A dependent child receives glasses from a network provider and one parent is billed for a \$10 Plan copayment and \$25 for the portion of the frames cost which exceeds the Plan's frame allowance. The other parent may then submit a claim on behalf of the child for the \$35 which was not paid by the Plan. The Plan does not provide for two pair of glasses or double coverage as an alternative to coordination of benefits.

## Exclusions

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This Plan does not cover:

- The replacement of lenses or frames provided under this Plan that have been lost, damaged or broken, except at the normal intervals when services are otherwise eligible.
- Warranties, maintenance service, care kits, etc.
- Plano (non-prescription) lenses.
- Visual analysis which does not include refraction.
- Special procedures such as orthoptics, visual training, subnormal vision aids other than contact lenses, aniseikonia or similar procedures.
- Medical or surgical treatment of the eyes.
- Services or materials not listed as covered expenses.
- Any expense in excess of the usual, reasonable and customary amount.
- Services or materials provided as a result of any Workers' Compensation law or similar legislation, or received through or required by any government agency or program whether federal, state or any subdivision thereof. If the compensation does not cover the incurred expenses, coordination of benefits provisions will apply.
- Eye examinations required by:
  - An employer as a condition of employment which the employer is required to provide by virtue of a labor agreement; or
  - A government body.
- Dispensing or service fees related to ineligible materials.
- Charges incurred when not eligible.

## Limitations

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If you select extras or features that are not included, such as high index lenses for cosmetic reasons, a frame that costs more than the Plan allowance, premium or non-standard progressives or light-sensitive lenses, etc., you must pay the extra charge.