NATIONAL IAM
BENEFIT TRUST FUND

Schedule of 2017 Vision Benefits

Two Tier

EyeMed Insight Network	Standard		Enhanced	
Vision Care Services	In-Network Patient Cost	Out-of-Network Reimbursement	In-Network Patient Cost	Out-of-Network Reimbursement
Eye Exam – Allowed once per calendar year				
▪ Exam with Dilation	$10 copay	Up to $40	$0 copay	Up to $40
▪ Retinal Imaging / Otomap	Up to $39	N/A	$39	N/A
Eyeglass Frames – Allowed once per calendar year for any available frame at provider location				
▪ Frames	$0 copay up to $105 allowance; 20% off excess	Up to $50	$0 copay up to $135 allowance; 20% off excess	Up to $70
Eyeglass Lenses – Allowed once per calendar year; The benefit for eyeglass lenses and frames can be paid toward prescription sunglasses, or for safety glasses through certain in-network providers				
▪ Single Vision	$20 copay	Up to $30	$10 copay	Up to $30
▪ Bi-Focal	$20 copay	Up to $40	$10 copay	Up to $40
▪ Tri-Focal / Lenticular	$20 copay	Up to $55	$10 copay	Up to $55
▪ Standard Progressive	$75 copay	Up to $40	$50 copay	Up to $40
▪ Premium Progressive	Coverage is based on applicable tier for premium lens – ask provider			
○ Tier 1-Tier 3	$95-$120 copay	Up to $40	$70-$95 copay	Up to $40
○ Tier 4	$75 copay; 20% off charge, less $120 allowance	Up to $40	$50 copay; 20% off charge, less $120 allowance	Up to $40
Lens Options – When eyeglass lenses are covered				
▪ UV Treatment	$15 copay	N/A	$15 copay	N/A
▪ Tint (Solid and Gradient)	$15 copay	N/A	$15 copay	N/A
▪ Scratch Coating	$15 copay	N/A	$15 copay	N/A
▪ Standard Polycarbonate	$40 copay	N/A	$10 copay	Up to $5
▪ Standard Anti-Reflective	$45 copay	N/A	$45 copay	N/A
▪ Polarized	20% off retail	N/A	20% off retail	N/A
▪ Photochromic / Transition	$75 copay	N/A	$75 copay	N/A
▪ Other Add-Ons	20% off retail	N/A	20% off retail	N/A

EyeMed Insight Network	Standard		Enhanced	
Vision Care Services	In-Network Patient Cost	Out-of-Network Reimbursement	In-Network Patient Cost	Out-of-Network Reimbursement
Contact Lens Fit and Follow-Up – Includes contact lens fitting and two follow-up visits if necessary				
▪ Standard	Up to $55	N/A	$40 copay	Up to $43
▪ Premium	10% off retail	N/A	$40 copay; 10% off retail; then $55 allowance	Up to $43
Contact Lenses – Allowed once per calendar year in lieu of benefit for eyeglass lenses; allowance includes materials only (may be used online at www.contactsdirect.com); balance does not roll forward				
▪ Conventional	$0 copay up to $105 allowance; 15% off excess	Up to $50	$0 copay up to $135 allowance; 15% off excess	Up to $70
▪ Disposable	$0 copay up to $105 allowance; plus excess	Up to $50	$0 copay up to $135 allowance; plus excess	Up to $70
▪ Medically Necessary	$0 copay	Up to $210	$0 copay	Up to $210

Covered participants can use any licensed Vision Care Provider they choose for their routine vision care. However, the use of **EyeMed Insight** in-network providers results in the greatest coverage. Participants who use EyeMed in-network providers are not required to pay in full up front or submit claims. EyeMed Insight in-network providers charge only for in-network copays and patient costs. Payment on out-of-network provider claims is limited to the lesser of the actual charge or the reimbursement amount shown above. In addition, out-of-network providers may charge in full up front, and participants could have to file claims.

EyeMed has over 65,000 contracted retail and independent providers nationwide including LensCrafters, Pearle Vision, ForEyes, Sears Optical, Target Optical, JC Penney Optical, and more. New and potential participants can call the EyeMed pre-enrollment line, 866-804-0982, or go to www.eyemedvisioncare.com, to find in-network providers. Insight In-network providers also offer 40% discount off additional pairs of glasses when the annual benefit is exhausted. Laser Vision Correction and certain other non-covered services may also be discounted.

Monthly Contribution Rates

Two-Tier Rates – These rates apply for all new groups starting January 1, 2017

Single	$3.64	$5.53
Family	$9.08	$13.85

Rates shown above apply for new coverage in 2017, and can be negotiated for bargained employees. The Benefit Trust Fund needs only the prospective effective date, the group's employee list, enrollment form or waiver form for each employee, and a Participation Agreement. These rates are subject to review and adjustment for 2018. Contact the Fund Office at 800-457-3481 if you have any questions.

Note – This is only a basic summary of vision benefits. Please refer to the Summary Plan Description booklet or contact EyeMed for information about benefit limitations and exclusions.

National IAM Benefit Trust Fund
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If you have questions, or want to add Vision coverage, please contact the BTF Education Department at 800-457-3481, and ask for Carla x542 or Georgia x549.