



# NATIONAL IAM BENEFIT TRUST FUND

*Better Benefits • Better Life*

## Schedule of Vision Benefits

Basic Coverage	Option 1	Option 2	Option 3	Option 4
<b>The Plan will pay covered charges up to the following maximum benefits per calendar year</b>				
<b>Eye Exam</b> – Including refraction	\$70	\$80	\$95	\$95
<b>Eyeglass Lenses</b> – When first acquired or when new lenses are required by a change in prescription. The rates shown are for a pair of lenses (two lenses). If one lens is required, the plan will pay one-half of the listed benefit. The yearly benefit for eyeglass lenses and frames can be paid toward prescription sunglasses, but the plan does not cover any tints or coatings.				
▪ Single Vision Lenses	\$60	\$70	\$85	\$85
▪ Bifocal Lenses	\$68	\$82	\$102	\$102
▪ Trifocal Lenses	\$85	\$107.50	\$132	\$132
<b>Eyeglass Frames</b>	\$75	\$90	\$105	\$130
<b>Contact Lenses</b> – Contacts lenses can be paid in lieu of benefits for lenses and frames. Special lens benefit applies for contacts required following cataract surgery or when visual acuity cannot be corrected to 20/70 in the better eye. The rates shown are for a pair of lenses (two lenses). If one lens is required, the plan will pay one-half of the listed benefit.				
▪ Contact Lenses	\$135	\$160	\$190	\$215
▪ Special Lenses	\$205	\$280	\$280	\$280
<b>Monthly Contribution Rates for Basic Coverage</b>				
▪ Single	\$2.55	\$3.43	\$4.86	\$5.39
▪ Family	\$6.36	\$8.58	\$12.15	\$13.48
Optional Coverage	Option 1A	Option 2A	Option 3A	Option 4A
<b>Optional Benefit:</b> Contact Lens Fitting	\$85	\$135	\$170	\$170
<b>Monthly Contribution Rates with the Addition of Optional Coverage</b>				
▪ Single	\$2.95	\$4.06	\$5.64	\$6.17
▪ Family	\$7.37	\$10.13	\$14.10	\$15.44
<b>Note – This is only a basic summary of vision benefits. Please refer to the specific Vision booklet or contact the Fund Office for information about applicable benefit limitations and exclusions.</b>				
<ul style="list-style-type: none"> <li>▪ Covered participants can use any licensed Vision Care Provider they choose for their routine vision services. The plan does not pay providers directly. Vision benefits are paid directly to the covered employee.</li> <li>▪ The rates shown in this schedule apply for new vision coverage and renewals effective September 2014 or later. If you are reviewing this schedule after 2014, please contact the Fund Office to confirm that the listed rates are still accurate.</li> </ul>				
<b>National IAM Benefit Trust Fund</b> 1300 Connecticut Ave., NW, Suite 300 Washington, DC 20036 <a href="http://www.iambtf.org">www.iambtf.org</a>		<b>For additional information, or to add Vision coverage, please feel free to contact the Benefit Trust Fund Education Department at 800-457-3481 or 202-785-8148</b>		