



CWA LOCAL 1180 SECURITY BENEFITS FUNDS OPTICAL PLAN

What Is The Optical Benefit?

The Funds will reimburse you, spouse and eligible children a maximum of **\$200 (effective 1/1/2024)**, per person per calendar year for eligible optical benefits. The benefit is limited to a maximum of four claims per family, per calendar year.

When Is Coverage Provided?

Coverage is provided when services are medically necessary and covered as follows:

- Eye examination (for vision correction only). Treatment of illness or injury is not covered.
- Prescription eyeglasses (lenses and frames, including prescription sunglasses or contact lenses)
- Replacement of lenses and/or frames.
- You will be reimbursed up to a maximum of **\$200 (effective 1/1/2024)** per eligible claim.

How Do You File A Claim?

Follow these simple steps to receive the optical benefits:

- Obtain a claim form from the fund office or website.
- Visit any ophthalmologist, optometrist or optician of your choice.
- After your optical service is completed and you pay for the service, obtain an itemized bill, dated and marked "paid" which indicates the name of the patient and services rendered.
- Submit your paid bill and completed claim form to the Fund Office within 90 calendar days after the expense is incurred.

What Is The No-Cost Optical Benefit Option?

For your convenience no claim forms or vouchers are required if you and your eligible dependents use the services of **Comprehensive Professional Services (CPS), General Vision Services (GVS), Vision Screening or Vision World** to obtain your benefit. Present your union I.D. card at any of the listed preferred provider locations. The No-Cost Benefit Option consists of a comprehensive eye exam and, if required, eyeglasses or contact lenses with no out of pocket expense. If the cost of the examination and eyeglasses or contact lenses you select exceeds the maximum optical benefit, you must pay the difference.

Please Note: The Funds does NOT recommend or endorse specific providers. The no-cost option is made available to offer you potential cost savings. The decision to use this service is entirely up to you. As with any provider of services, you should apply the same criteria and care in choosing this provider that you would apply any other service you require.

PLEASE REFER TO THE SECTION ON OPTICAL BENEFITS IN THE BENEFIT PLAN HANDBOOK FOR ADDITIONAL INFORMATION