

VISION BENEFITS

The Fund makes vision benefits available to eligible members and their covered eligible dependents as defined by the Fund on page of this booklet and who are also eligible for the Fund's Excess Medical Coverage.

You and your covered dependents may use either a Participating (In-Network) or Non-Participating (Out-of-Network Provider for Covered Expenses. The Fund's vision plan is administered through Davis Vision and T.W. Newman Company, Inc. and is insured by Highmark Life Insurance Company.

IN-NETWORK BENEFITS

The Fund's Designer Gold Vision Plan provides the following benefits at no cost to the member and/or his covered dependents, if the participating provider network is utilized:

- Eye examination including Dilated Fundus Evaluation
- A \$30.00 wholesale frame allowance augmented by the Designer Frame Collection
- Choice of glass or plastic lenses
- All ranges of prescriptions including single vision, bifocal, trifocal, lenticular or cataract lenses
- Oversize lenses
- Fashion and gradient tinting of plastic lenses.
- Glass-Grey #3 prescription sunglasses
- Plastic Photosensitive Lenses
- Standard progressive addition lenses (PALS)
- Corning Photochromic Lenses
- Supershield (scratchguard) Coating
- Polycarbonate Lenses
- Ultraviolet Coating
- Blended Segment Lenses
- All materials are verified as first quality
- One year breakage warranty on all plan eyeglasses
- Custom cases
- A complete contact lens evaluation and fitting service for members who select plan contact lenses in lieu of eyeglasses.
- A \$75.00 contact lens allowance
- Medically necessary contact lenses covered in full with prior approval
- Free membership in Lens-1-2-3 for guaranteed lowest price mail order replacement contact lenses

The following optional In-Network Items are subject to the following applicable member co-payments:

Premium Progressive Addition Lenses	\$40.00
Premier Frames	\$20.00
ARC (Antireflective Coating)	\$35.00
Hi-Index Lenses	\$55.00
Polarized Lenses	\$75.00

OUT-OF-NETWORK BENEFITS

The Fund's vision plan provides the following out-of-network benefits for services rendered by a non-participating provider:

- Eye examination \$37.00
- Eye Examination including single vision glasses and frame \$110.00
- Eye Examination including bifocal glasses and frames \$147.00
- Eye Examination including trifocal glasses and frames \$193.00
- Eye Examination including soft or hard contact lenses \$193.00
Co-payment \$25.00

OTHER INFORMATION

For a detailed and complete description of the Fund's vision plan, please refer to your Certificate of Insurance.

*Members should refer to their Certificate Insurance for a complete description of the Fund's vision plan. A copy of the Certificate of Coverage can be requested from the Fund's Third-Party Administrator, the Newman Company.

USING THE PLAN

Using your vision benefits is very simple and convenient. You can call 1-800-999-5431 in order to obtain a voucher for services and the listing of network providers. When visiting a participating Davis Vision Care Provider there are no out-of-pocket expenses for items listed above, except for those optional items that require applicable co-payments. Simply indicate that you are a member of the Garden City Teachers Association Benefits Trust Fund and that you receive benefits under the Designer Gold Vision Plan. You should call ahead for an appointment with the Provider. If you have not obtained a voucher, the Provider can verify your participation in the Plan on your behalf.

MAKING A CLAIM

If you go to an out of network provider, you are covered under "Vision Plan P" and you should fill out a *vision claim form* that is available on line or by calling 1-877-470-3715.

Vision Benefits claim forms should be submitted to Davis Vision within 90 days of vision care procedure. If this is not possible, then claims should be submitted as soon as reasonably possible.

The Address of Davis Vision is:

**Davis Vision
159 Express Street
Plainview, New York 11803**

Telephone: 1-800-328-4728

For claim forms, please visit your Garden City Teachers Association Benefits Trust Fund web site at www.gctabtf.org. Click on claim forms and go to vision claim forms.