

**UFCW LOCAL 711 AND RETAIL FOOD – GROUP # S1645
VISION BENEFITS**

ALL CLAIMS MUST HAVE THE POLICYHOLDERS GROUP # (S1645) ON THE CLAIM FORM OR IT MAY GET REJECTED.

CONTACT

V.S.P – (800) 877-7195

3333 Quality Drive, Rancho Cordova, CA 95670

NON-V.S.P PROVIDER BENEFITS

If you or your Dependents receive services from a doctor who is not a member of the VSP panel, you must pay the doctor his full fee and submit the claim to the Benefit Trust Fund Office for reimbursement. You will be reimbursed in accordance with the following schedule of maximum allowances. There is no assurance that this schedule will cover all of the expenses.

Professional Fees

Vision Examination \$25.00

Materials Per Pair

Single Vision Lenses \$18.00

Bifocal Lenses \$32.00

Trifocal Lenses \$40.00

Frames, up to \$20.00

Contact Lenses (in lieu of all other benefits)

Necessary* \$200.00

Elective \$120.00

***Note: "Necessary Contact Lenses" are contact lenses that are required**

- following cataract surgery;
- when visual acuity is not correctable to 20/70 in either eye with spectacle lenses but can be corrected to at least 20/70 with contact lenses; or
- to correct certain conditions of anisometropia or keratoconus.

The allowance for a single lens is one-half of the "per pair" allowance

The amounts listed above for contact lenses are payable in lieu of all other vision benefits; only

The contact lens allowance will be paid – no separate benefit is payable for an examination or other materials.

Availability of services under the reimbursement schedule is subject to the same limits as described in "COVERED SERVICES" and is in lieu of obtaining these services from a VSP Panel doctor. To receive reimbursement, you must submit a vision claim form and the doctor's itemized bill to the Benefit Trust Fund Office.