



GENERAL  
VISION  
SERVICES

7521

COBANC HEALTH & WELFARE FUND (FULL TIME MEMBERS)

Below you will find your Full Benefits Summary including your Vision Benefits, Enhanced Benefits, and Bonus Benefits. Please print this document and bring it with you to your appointment. If you need any assistance, please call 1-855-653-0586.

## VISION BENEFITS SUMMARY

Description	Co-pays
<b>EXAMINATION</b>	
Includes Tonometry	INCLUDED
<b>FRAMES</b>	
Up to \$250	INCLUDED
Non Covered Frame	U&C less \$150
<b>LENSES</b>	
Single Vision	INCLUDED
Flat Top FT28 & FT35	INCLUDED
TriFocals	INCLUDED
Standard Progressive	INCLUDED
Safety 3MM	INCLUDED
Blended Bifocal	INCLUDED
Oversize	INCLUDED
Cataract Lenses	INCLUDED
<b>MATERIALS</b>	
Plastic	INCLUDED
Polycarbonate	INCLUDED
1.56 Single Vision	INCLUDED
<b>COATINGS</b>	
Cosmetic or Sunglass Tint	INCLUDED
Scratch Resistant Coating	INCLUDED
Ultra Violet Coating	INCLUDED
Anti-reflective Standard Coating	INCLUDED
All other premium AR	U&C less 35%
<b>CONTACTS</b>	
Colored Contact Lenses are <b>NOT</b> included	
Spherical Disposables 9 month supply	INCLUDED
Non Covered Contact Lenses	U&C less \$150
Fitting and Dispensing Included for the following Lenses	INCLUDED

## LENS BENEFITS CO-PAYS

### MATERIALS/HI-INDEX LENSES

1.60 Single Vision	\$60.00 co-pay
1.60 Bifocal	\$100.00 co-pay
1.60 HiIndex Premium Progressive	U&C less 35%
1.60 Hi-Index Standard Progressive	\$150.00 co-pay
Polycarb Standard Progressive	\$80.00 co-pay
Polycarb Premium Progressive	U&C less 35%
All other Hi Index; U&C less 30%	U&C less 35%

### PROGRESSIVE LENSES

Premium Progressives	\$90.00 co-pay
All other Progressive Lens Upgrades	U&C less 35%

### PLASTIC PHOTOSENSITIVE LENSES

Photochromatic HiIndex	\$130.00 co-pay
Photochromatic Single Vision	\$50.00 co-pay
Photochromatic Bifocal	\$75.00 co-pay
Photochromatic TriFocals	\$100.00 co-pay
Photochromatic Standard Progressive	\$105.00 co-pay
Non Covered Lenses	U&C less 35%

### OTHER LENS OPTIONS

Crizal Anti Glare (where available)	\$95.00 co-pay
Other Premium Anti Glare	U&C less 35%
Polarized	\$85.00 co-pay

Please make an appointment. Doctors hours may vary from store hours.

For Florida locations, eye exams may have a co-pay.

Any additional services that surpass the benefit are the responsibility of the patient.