



IUOE Local 98 Health and Welfare Fund

Safety Eyewear Plan

We want to make sure your eyes are well-protected, even on the job. With the EyeMed Safety Program, you may be eligible to get the right prescription glasses for your job.



SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$120
STANDARD PLASTIC LENSES		
Single Vision	\$0 copay	Up to \$47
Bifocal	\$0 copay	Up to \$79
Trifocal	\$0 copay	Up to \$113
Lenticular	\$0 copay	Up to \$113
Progressive - Standard	\$55 copay	Up to \$73
Progressive - Premium Tier 1 - 4	\$85 - 200 copay	Up to \$77 - 100
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	20% off retail price	Not covered
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
FREQUENCY	ALLOWED FREQUENCY - ADULTS	
Frame	Once every other plan year	
Lenses	Once every other plan year	



20% OFF

additional complete pairs of safety eyewear*

* Discounts only available at participating in-network providers

Only Employees are eligible for safety eyewear. EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; plano (non-prescription) lenses; non-prescription sunglasses; two pair of glasses in lieu of bifocals; services or materials provided by any other group benefit plan providing vision care; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

