Limitations

The items listed below can be provided under your plan. However, if you select any of these items, you must pay the difference between your scheduled plan allowance and the cost of the items selected.

Coated lenses, (other than scratch coated) ultra violet, anti-reflective or edge cote
Progressive/no-line multifocal lenses, Tinted (other than Pink #1 or #2) gradient or fashion colors

Exclusions

Services and materials not covered under the plan. No payment will be made for:

Non-prescription sunglasses or safety glasses used for employment purposes.
Vision expenses for covered charges resulting form an injury or illness that is employment – related or that is covered under the Workers' Compensation law or similar laws.
Vision expenses for covered charges in a Hospital owned or operated by the Federal Government or for any covered services furnished for which you or your dependents are not required to pay.
Special cleaning kits for contact lenses.
Medical and surgical treatment of the eyes.
Vision Services for materials provided by Federal, State or Local Government.
Replacement of lost, broken, or scratched lenses including contacts.

Any and all questions or requests for information should be directed to:

National Vision Administrators, L.L.C.
P.O. Box 2187 / Clifton, NJ 07015
Toll Free Line 800-672-7723
(In NJ 973-574-2400)

If you would like any additional information concerning your benefits, please call:

Teamster Local 469 Welfare Fund
732-264-9000

Teamsters
Local No. 469
Welfare Fund

Vision Care Brochure

Administered by

National Vision Administrators, L.L.C.

Effective: 01/01/94
Revised: 10/01/08

Introduction

National Vision Administrators is the administrator of your plan and as an innovative leader in the field, has designed the program with your convenience in mind. Its staff is composed of qualified professional administrative personnel who are available to assist you if needed.

Where To Get Benefits

NVA has a network of participating Ophthalmologists, Optometrists, and Opticians to serve you.

How Your Program Works

1. When scheduling your appointment, please notify the NVA participating provider of your choice that your vision coverage is administered by NVA.
2. The provider will contact NVA to verify eligibility.
3. At the time of your appointment, simply present your NVA identification card to the provider or indicate clearly that your benefit is administered by NVA. A vision claim form is not required at an NVA participating provider.
4. The provider will inform you of your eligibility status prior to rendering services.
5. Be sure to inform the provider of your medical history and any prescription or over-the-counter medications you may be taking.

When selecting cosmetic contacts, the NVA program will provide an allowance of $130.00 for contact lenses including the examination to the participating provider. The balance of the contacts will be the responsibility of the patient. The participating provider may charge his usual and customary fee for cosmetic contacts and the contact lens examination. You will not have to pay any other overages unless you select a more expensive frame or something other than the plan allowance covered by your program. The provider will charge according to the following schedule.

Lenses: The actual difference between the wholesale cost and the maximum allowance plus 25% of the difference.

Frames: The actual difference between the wholesale cost and the maximum allowance plus 20% of the difference.

If you select a Non-Participating Provider, you must pay the provider and payment will be made directly to you from NVA.

Eligibility

All members and their eligible dependents are entitled to one vision examination, lenses and frames once every calendar year.

Covered Expenses

Vision Examination - A complete analysis of eyes and related structures.

Lenses – To correct vision problems – lenses may be plastic or impact resistant glass or prescription sunglasses.

Frames – The plan offers a wide selection of frames; however, if you select a frame which costs more than the amount allowed by your plan, there will be an additional charge.

Cosmetic Contacts – The plan will contribute an allowance towards the purchase of cosmetic contacts.

Contact Fill: NVA provides you with the convenience and savings of Contact Fill, our mail order contact lens replacement service. You may access Contact Fill's services online at www.contactfill.com or by calling them toll-free at 866.234.1393. Contact Fill provides contact lens wearers with significant savings packaged with the convenience of home delivery. Plan discounts applicable at participating retail locations do not apply to purchases made through Contact Fill due to the already low prices.

If You Select A Non-Participating Provider You Will Be Reimbursed For Your Expenses Up To The Maximum Limits Of Your Program.

Non Participating Provider
Fee Schedule

Effective Date: 01/01/94
Revised Date: 10/01/08

Vision Analysis	$33.00
Lenses – per pair	
Single Vision	$36.00
Bifocal	$48.00
Trifocal	$58.00
Additional:	
Prescription Sunglasses	$25.00
Photochromic:	
Single Vision	$10.00
Multifocal	$14.00
Scratch Coating	
Single Vision	$ 8.00
Multifocal	$12.00
Frames	$30.00
Any additional cost must be paid by you.	
Cosmetic Contact Lenses (including examination)	$130.00