

## INLAND EMPIRE TEAMSTERS TRUST (IETT) ROUTINE VISION PLAN

- Eligibility is month to month
- To verify eligibility: Please contact Rehn & Associates at 800-872-8979 ext 789
- To verify current availability of vision benefits: Rehn & Associates at 800-872-8979 ext 787
- Covered individuals pay out of pocket and then submit claims for reimbursement.
- Where to send claims:
  - Mail to: IETT, Attn: Vision Plan, PO Box 5433, Spokane, WA 99205
  - Fax to: Attn: IETT Vision Plan, 509-535-7883
- Routine vision benefits have no deductible and no copays.
- This Routine Vision plan DOES NOT utilize a PPO network. Benefits are administered the same regardless of what provider is used. *These benefits are always subject to change.*

<b>EXAMS</b>		
<b>BENEFIT</b>	<b>LIMITS</b>	<b>PAID AT</b>
Exam- Age 19 and older	One (1) exam per Calendar Year	90% of billed charges up to a max of \$185 Paid
Exam- Dependent Children under age 19	One (1) exam per Calendar Year (Additional exam Prior to the 12 months if Visual Acuity Changes)	90% of billed charges up to a max of \$185 Paid
<b>FRAMES &amp; LENSES</b>		
One (1) pair of eyeglass lenses & frames every 24 months		
<b>BENEFIT</b>	<b>LIMITS</b>	<b>PAID AT</b>
Frames- Regardless of age	One (1) every 24 months	100% up to \$60
Lenses	<ol style="list-style-type: none"> <li>1. In lieu of contact lenses every 24 months- see dollar limits below</li> <li>2. <b>FOR EVERYONE-</b> If there is a visual acuity change, the lenses are available once every 12 months, we will need documentation of visual change.</li> <li>3. For dependent children under age 19, the lenses are paid at 100% of billed charges with no dollar maximum, if visual acuity changes occur, they can get additional lenses.</li> </ol>	
Single Vision	2 Lens	90% of billed charges up to max of \$135 paid
Bifocals	2 Lens	90% of billed charges up to max of \$200 Paid
Progressives or Lenticular	2 Lens	90% of billed charges up to max of \$538 Paid
Trifocals	2 Lens	90% of billed charges up to a max of \$269 Paid
Transition/Photo Chromatic	2 Lens	90% of billed charges up to max of \$95 Paid
Contact Lens	In lieu of lenses and frames	100% up to \$181.50 every 24 months.
<b>EXCLUSIONS</b>		
Contact Fitting Fee	Scratch Resistance	Anti-Reflection
Sunglasses	Tints	Safety Glasses