Painting Industry Insurance Fund Statement of Claim for Group Vision Benefits

8257 Dow Circle Strongsville, Ohio 44136

ALL BILLS/RECEIPTS FOR EXAM, LENSES, FRAMES AND CONTACTS MUST BE SUBMITTED WITH CLAIM FORM.

TO BE COMPLETED BY INSURED EMPLOYEE

Name of Employee: _____ SSN: _____ DOB: _____

Address: _____ City : _____ State: _____

Dependent if Applicable: _____ Relationship: _____ DOB: _____

Was this an accident arising out of any employment? If so, please explain: _____

Is this a routine yearly examination that is requested by your employer: yes ⬭ no ⬭

Date: _____ Signature of Insured : _____

DOCTOR'S STATEMENT FOR EYE EXAMINATION (TO BE FILLED OUT BY DOCTOR)

Exam Amount : _____ Date Performed: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Federal ID or SSN: _____ Doctor's Signature: _____

FRAMES AND LENSES DATE PURCHASED: _____

	Single Vision RX	Bi-Focal RX	Tri-Focal RX	Lenticular	Frames
Amount:	Left Right	Left Right	Left Right	Left Right	

CONTACTS DATE PURCHASED: _____

Amount: $ _____

Address: _____ City/State _____ Zip _____

Phone: _____

Federal ID or SSN: _____ Optician's Signature: _____

IV. VISION COVERAGE CHANGES.

The Trustees have changes the format of the vision coverage offered to increase the maximum allowance for lenses, contacts, and frames to a combined limit for every two year period that fluctuates depending on the type of lenses and/or contacts prescribed for the covered person. Prior to this change, there was an annual $125.00 maximum allowanc for frames and separate annual maximum for lenses and contacts that fluctuated depending on the type of lens selected. Now, the Plan will pay a combined $275.00 for single vision lenses and frames: $325.00 for bi-focal lenses and frames; $345.00 for tri-focal lenses and frames; $365.00 for lenticular lenses and frames; and $240.00 for contact lenses.

In addition, the Trustees have determined to extend coverage for LASIK eye surgery, providing a once per lifetime maximum benefit of $750.00 to help defray the cost of LASIK surgery.

Accordingly, effective January 1, 2014, Article III, Section L is deleted and amended to read as follows:

L. VISION EXPENSE BENEFITS

If, while insured, you or your Dependent incur any of the following Covered Vision Charges, you will be paid an amount equal to the Covered Vision Charge but not more than the amount paid.

"Covered Vision Charge" means charges which are for:

a. Examinations performed by a licensed optometrist or ophthalmologist;

ii. Lenses prescribed by such persons;

iii. Frames purchased in conjunction with lenses newly prescribed by such persons.

1. **Covered Services:**

COMPLETE EXAMINATION	Maximum Allowance
Opthalmologist	$75.00
Optometrist	$75.00

There is no maximum allowance for a complete exam of dependents age 18 and under.

LENS, CONTACTS AND FRAMES

The following lists the maximum reimbursement per eligible participant or dependent for every two (2) calendar year period beginning January 1, 2014, for applicable lenses, contacts and frames necessary for the individual:

	Maximum Allowance Every Two Years
Single Vision RX + Frames	$275.00
Bi-Focal RX + Frames	$325.00
Tri-Focal RX + Frames	$345.00
Lenticular + Frames	$365.00
Contact Lenses	$240.00

For example, if a participant is prescribed bi-focal lenses, the participant will have a total of $325.00 of reimbursement for lenses and frames from January 1, 2014 through December 31, 2015. The participant will not be able to receive any further reimbursement beyond the $325.00 until after January 1, 2016.

One LASIK corrective eye surgery per lifetime is also covered for participants and eligible dependents age 19 and over with a maximum coverage of $750.00.

2. **Exclusions**

No vision benefits shall be paid for the following:

a. Examinations, not otherwise excluded under these limitations, in excess of one year per Participant or Eligible Dependent per calendar year.
b. Routine yearly examinations required by an employer in connection with occupation of the insured individual.
c. Vision Expense for Covered Services resulting from an accidental bodily injury arising out of the course of employment or from a disease compensable under any Workers Compensation, Occupational Disease or similar law.
d. Vision Expense for Covered Services in a hospital owned or operated by the Federal Government or for the Covered Services furnished for which the individual is not required to pay.
e. Sunglasses, and the frames therefor, unless they are prescribed to be worn at substantially all times by a licensed Opthalmologist or similar physician, because of an ocular medical condition.