

ATU LOCAL 726 BENEFITS FUND

VISION BENEFITS

IN-NETWORK

Benefit	Description	ATU Co-Pay	Frequency
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Vision Exam	Focus on your eyes and overall wellness	0	Every 12 Months
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Benefit	Description	ATU Co-Pay	Frequency
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Frames	\$275 allowance for the 1st year, \$300 for the 2nd year and \$325 for the 3rd year from a wide selection of frames in the GVS collection	0	Every 12 Months
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Lenses	Single Vision	0	Every 12 Months
	Lined Bifocal	0	
	Lined Trifocal	0	
	Blended Bifocal	0	
	Progressive Lenses	0	

Lens Options	Tints	0	
	Scratch Guard Coating	0	
	Ultra Violet Coating	0	
	Polycarb Lenses for children 19 and under	0	
	Anti-reflective Coating	0	
	Polycarb Lenses over 19 (SV & BF)	\$30.00	
	Transition SV	\$60.00	
	Transition BF	\$80.00	
	Transition Varilux or similar	\$210.00	
	Varilux Comfort Progressive or similar	\$150.00	
	Hi Index SV	\$75.00	
	Hi Index BF	\$75.00	
	Hi Index 1.6 SV	\$69.00	
	Hi Index 1.66 MF	\$75.00	
	Premium AR	\$48.00	
Ultra AR	\$60.00		
Polarized	\$74.00		

Benefit	Description	ATU Co-Pay	Frequency
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Contact Lenses	One Year Supply of Disposables 1st year - \$150 allowance for upgraded contact lenses 2nd year - \$175 allowance for upgraded contact lenses 3rd year - \$200 allowance for upgraded contact lenses Exam/fitting fee included	0	Every 12 Months
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Additional Savings 40% off additional glasses and sunglasses, including lens options above that are not covered.
25% discount for members/dependents for eyeglass cases, cleaning cloths, eyeglass chains etc. (where applicable)

OUT OF NETWORK

(Reimbursements will increase by 10% the second year and 10% the third year over the 3 year contract)

Benefit	Description	Out of Network Reimbursement	Frequency
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Vision Exam		\$20.00	Every 12 Months
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Benefit	Description	Out of Network Reimbursement	Frequency
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Frames		\$30.00	Every 12 Months
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Lenses	Single Vision	\$25.00	Every 12 Months
	Lined Bifocal	\$30.00	
	Lined Trifocal	\$30.00	
	Progressive Lenses	\$30.00	

Benefit	Description	Out of Network Reimbursement	Frequency
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Contact Lenses		\$60.00	Every 12 Months
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