

**PART B: ADDITIONAL RULES AND INFORMATION APPLICABLE TO
VISION CARE BENEFITS**

**SUMMARY OF VISION CARE BENEFITS
FOR THE
SEIU HEALTHCARE PENNSYLVANIA
HEALTH AND WELFARE PLAN**

NOTE: This Booklet supplements, and is considered “PART B” of, your “Summary Plan Description” Booklet from the Plan. If you have not received or have lost any other portion of your Summary Plan Description, contact the Plan’s Contract Administrator, MCA Administrators, Inc., at 1-800-877-6490.

(Rev. 10/1/14)

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PART B: ADDITIONAL RULES AND INFORMATION APPLICABLE TO VISION CARE BENEFITS

For any eligible Participant whose "Benefit Class" provides for Vision Care Benefits, such benefits are subject to the rules in this Part B, in addition to the general rules in Part A of this SPD Booklet. (In order to determine your Benefit Class and what types of benefit coverages apply to your Benefit Class, refer to your collective bargaining agreement and page "i" of this SPD Booklet.)

Vision Benefits, which are provided on a self-insured basis by the Plan, are administrated by the Plan's Contract Administrator, MCA Administrators, Inc., Suite 400, Gateway Corporate Center, 6345 Flank Drive, P. O. Box 6250, Harrisburg, Pennsylvania 17112 (717) 652-8040, Toll Free: 800-877-6490.

COVERED SERVICES

Vision Care expense benefits are payable for each service or supply listed below in the Schedule of Vision Care Benefits. Benefits are payable up to the maximum allowance that applies to each service or supply.

SCHEDULE OF VISION CARE BENEFITS

DESCRIPTION	MAXIMUM PAYMENT
Complete Eye Examination and Refraction	100% of Reasonable and Customary
Post-Refractive Services: Lenses and Frames (Combined)	\$200.00

Benefits are not payable for more than:

- a. one visual analysis or vision survey; or
- b. one pair of lenses,

in any twenty-four (24) month period per eligible adult. Children, up to age nineteen (19), are eligible for this benefit every twelve (12) months. If you want to make sure that twenty-four (24) or twelve (12) months in the case of an eligible child under age nineteen, months have passed since your last claim, you can check by contacting the Contract Administrator's office.

LIMITATIONS AND EXCLUSIONS

A. LIMITATIONS.

Payment for Covered Expenses will be limited in the following manner:

1. Payment for an eye examination and refraction is limited to: (a) one during a 12-month period for individuals under 19 years of age; and (b) one during a 24-month period for individuals 19 years of age and older.

2. Payment for post-refractive services is limited to (a) one during a 12-month period for individuals under 19 years of age; and (b) one during a 24-month period for individuals 19 years of age and older.
3. Payment for initial pair of lenses will be made only when there is an axis change of 20 degrees or .50 diopter sphere or cylinder change, and these lenses must improve vision acuity by at least one line on the standard chart. (Adherence to this general standard is subject to professional judgment on an individual case basis.)

Payment for the subsequent change in lenses will be made only if the criteria established above is met and will not be made more than once every 12 months for individuals under 19 years of age and not more than once every 24 months for individuals 19 years of age or older.

4. In cases involving services in which the provider and patient elect to utilize photo-gray or light sensitive lenses, the Plan will provide benefits, but will not provide any additional payment in excess of the amount listed in the Schedule of Benefits for lenses.
5. Payment for lenses will be made only when prescribed by a physician or optometrist.

B. EXCLUSIONS

In addition to the Exclusions set forth in Part A of this Summary Plan Description that are applicable to all types of benefits, there are also some special exclusions that apply specifically to Vision Care Benefits. Under those special rules, no Vision Care Benefits are provided for:

1. any lenses which do not require a prescription;
2. replacement of lost, stolen, broken or damaged lenses;
3. sunglasses, whether or not requiring a prescription (tinted glasses with a tint other than Number 1 or Number 2 are considered to be sunglasses for the purpose of this exclusion), industrial safety glasses and safety goggles;
4. medical or surgical treatment of the eye;
5. diagnostic services; or
6. orthoptics (which may be a Covered Expense under the physical therapy provision of your Medical Expense Benefit), vision training or subnormal vision aides.

Other exclusions are set forth in the EXCLUSIONS section of Part A of this SPD Booklet. Any excess of a Covered Vision Expense is not eligible for payment under the Blue Cross and Blue Shield Medical Benefit provisions referred to in Part D of this SPD.

OVERAGES

Charges for materials and services not covered under the Plan provisions and Schedule of Benefits described above will be the sole responsibility of the patient.

CLAIMS PROCEDURE

In addition to the general rules concerning how to make a claim for benefits set forth in Part A, Section 26 of this Booklet, the following specific rules apply to Vision Care Benefits:

Vision Care Benefits under the Health and Welfare Plan are obtained by submitting a Vision Benefits Claim Form to the Contract Administrator. To claim Vision Care Benefits under the Plan, you should do the following:

1. Obtain a Vision claim form from the Administrator. Be sure to specify that it is a vision claim which you would like to file.
2. Be sure you and your provider (optometrist, ophthalmologist or optician) have fully completed the form.
3. Claims must be filed with the Contract Administrator, MCA Administrators, Inc., at the address on the front of this Booklet, within one (1) year following the date on which charges were incurred.