EQUITABLE

Group name: CHICAGO FIRE FIGHTERS UNION LOCAL NO. 2
Policy number: 028295
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Protection you have to see to believe

Vision insurance benefit summary

Did you know?

An estimated 93 million adults in the United States are at high risk for serious vision loss, but only half visited an eye doctor in the past 12 months.[1]

Watch this quick video to learn more.

Benefit plan and features

Class definition: Class 1 – All Retired Employees

Coverage Details	In-Network Benefit	In-Network Copay	Out-of-Network Benefit	Frequency*
Eye Examination	Covered in full	$5	Up to $45 allowance	Every 12 months
Prescription Eyeglasses		$5		
Frames	** $130 allowance	Included in prescription eyeglass copay	Up to $70	Every 24 months
Lenses				
Single Vision	Covered in full	Included in prescription eyeglass copay	Up to $30	Every 12 months
Lined Bifocal			Up to $50	
Lined Trifocal			Up to $65	
Lenticular			Up to $100	
Polycarbonate Lenses for Dependent Children			N/A	
Elective Contact Lenses (in lieu of prescription eyeglasses)	$130 allowance for contacts	$0	Up to $105	Every 12 months
	Contact Lens Exam (fitting and evaluation)	Up to $60 (discounted benefit)		

Benefit plan and features

Necessary Contact Lenses (in lieu of prescription eyeglasses)	Covered in Full	$5	Up to $210	Every 12 months

*Frequency is calculated from last date of service/last date of purchase.
**Costco in-network frame allowance is $70.

For Laser Vision Surgery, you will receive an average of 15% off the regular price or 5% off the promotional price when you visit a VSP contracted laser center. These are discounted, not insured services, and are not available for out-of-network providers, at Costco and Walmart or other in-network providers that are not VSP contracted laser centers.

Provider Network
We partnered with a vision network, VSP®, so you can choose a credentialed provider at any of the 114,000 access points and over 22,000 retail chain locations. You can locate an in-network provider by visiting: www.equitable.com/findvision

Understanding your benefits

Commonly Used Terms

Frequency:	How often a member can use their exam and materials benefit. Benefits are calculated from date of service.
Co-pays:	What a member is expected to pay out-of-pocket at time of service to the provider
In-network:	Eye care providers that have agreed to provide eye care services at discounted rates for participants.
Out-of-network:	Eye care providers who have not agreed to provide eye care services at discounted rates for participants.

Frequently Asked Questions

Am I covered for severe visual problems not correctable with regular lenses?	Yes, this is referred to as Low Vision benefits. You are covered for $1,000 individual maximum every 2 years in and out of network combined for all Low Vision services and materials. There is no deductible. There are two different benefits included – Supplemental Testing and Supplemental Aids. Refer to your certificate of insurance for full details.
When can I enroll?	You can enroll when you are initially eligible for benefits and during any subsequent annual enrollment period defined by your employer or if there is a life status change, such as involuntary termination under another policy.
Are my dependents eligible for coverage?	Your dependent children are eligible up to end of the month they reach age 26.
How do I find an in-network provider?	To find a provider near you, please visit www.equitable.com/findvision .
Are there major retailers in-network?	Yes, the VSP network includes retail chain locations like Walmart/Sam's Club, Costco Optical® and Cohen's Fashion Optical®, RX Optical, Wisconsin Vision, Eyeconic. Visionworks, while not a retailer, is also in-network.
Can I see a provider outside of the network?	Yes, you can see a provider outside of the network, but your out-of-pocket cost will likely be higher as out-of-network providers have not agreed to discounted rates on their materials or services.
If I get frames, can I get contacts too?	Frames are in lieu of contact lenses. You are not eligible to receive both in the same benefit period.
How do I learn more about my benefits?	Go to www.equitable.com/employeebenefits and log on to EB360® to view your account details.

If I have additional questions, who can I talk too?	Please don't hesitate to contact us at 1 (866) 274-9887.
Will I receive a vision ID card?	No because providers only require the employees name, SS# and DOB to verify benefits. However, if you would like to do so, you can go to www.vsp.com/create-account or vsp.com/register.html to register with VSP and obtain an ID card.
Does the lower Costco in-network frame allowance mean a higher out-of-pocket cost to me?	No, this is because Costco's model is closer to wholesale pricing with minimal mark-up as compared to our other in-network providers. So, although Costco frame allowances are lower, you do not incur any additional out-of-pocket expense by visiting a Costco provider. The Costco in-network providers just agree to accept a lower fee as payment in full.
Does my plan offer any additional discounts?	Yes, there are discounted benefits and special offers included as value adds to your plan if you visit an in-network provider. Note that these discounts are not applicable to Walmart or Costco, except as noted. These discounts are subject to VSP change.

• Service	Discounted Member Payment
• Retinal Imaging	$39
• Transitions/ Photochromatic	$75
• Solid Tints (Pink I & II)	$0
• Solid Tints (Other than Pink I & II)	$15
• Gradient Tint	$17
• UV Protection	$16
• Scratch Resistant	$33 (fully covered at Walmart)
• Polycarbonate for adults	$31 - $35
• Anti-Reflective	$41
• Standard Progressive	$55
• Premium Progressive	$95 - $105
• Custom Progressive	$150 - $175
• Other Add-ons and Services	20% off retail
• Additional Pairs of Eyeglasses	20% off retail
• Eyewear Accessories	No discount
• Elective Contact Lenses Fit & Follow up Fee	$60 copay on first set, and 15% discount on each additional. Copay only applies to elective contact lenses. Additional fit and follow up fee is not applicable to necessary contact lenses. ($60 copay on first set at Walmart but no extra discount on additional services.)
• Laser Vision Surgery	Average 15% off the regular price or 5% off the promotional price
• Other Special Offers	$20 - $40 feature frame coupons available at https://www.vsp.com/offers/special-offers/glasses-sunglasses

Cost Summary

Cost Summary for Vision	Monthly Premium
Employee Only	$6.59
Employee + 1	$12.52
Employee & Family	$18.27

Email: Customer Service at EBCustomerService@equitable.com.

Contact us at (866) 274-9887 with any questions you may have.

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

Visit equitable.com/employeebenefits and log on to EB360® to view your account details.

[1] Center for Disease Control and Prevention. Fast Facts of Common Eye Disorders. Retrieved from: https://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm

Important Information

Limitations and exclusions: For complete plan details, please refer to your Equitable policy documents. This summary is not a guarantee of coverage. This summary is for highlight purposes only and does not include all plan features, limitations, or exclusions. If there is a discrepancy between this summary and the policy, the policy will prevail. Insurance coverage may be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that the insurance would otherwise become effective.

This policy provides vision care benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Please read your certificate carefully for complete details regarding your benefits, reductions, limitations and exclusions. Policy Form MOEBP15VN; AXEBP15VN; and state variations.

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