

COMPREHENSIVE VISION BENEFITS

SCHEDULE OF COVERAGE

C. A. D. A. Group Health Plan

SERVICES & MATERIALS

	<u>Union Eye Care Network Coverage</u>	<u>Out-of-Network Reimbursement</u>
<u>Vision Testing Services (one every 12 rolling months)</u>		
Eye Examination (routine for eyeglasses)	Fully Covered After \$10 Co-pay	\$30 Allowance
Eye Examination (for contact lenses & follow-up care) Allowance	\$35 Allowance	\$30
<u>Materials; Lenses and/or Frame (one pair of lenses every 12 rolling months)</u>		
Single Vision Lenses Allowance	\$75 Allowance	\$50
Bifocals Lenses Allowance	\$75 Allowance	\$50
Trifocal Lenses Allowance	\$75 Allowance	\$50
Lenticular Lenses Allowance	\$75 Allowance	\$50
Frame	-----Included with Lenses-----	
Contact Lenses - (per pair during a 12-month period) Allowance	\$75 Allowance	\$50

COVERED EXPENSES

1. Eye examination limited to one examination per rolling 12-month period. The Plan shall include the following services when performed as part of such eye examination:
 - a case history;
 - an external examination of the eye and adnexa;
 - an ophthalmoscopic examination;
 - a determination of refractive status;
 - binocular balance testing;
 - tonometry (glaucoma check), as needed;
 - gross visual fields;
 - color vision testing;
 - summary findings; and
 - recommendations including prescribing Lenses.

2. Frames will be covered once every rolling 12-month period if the frame is to be used with lenses prescribed as a result of an eye examination which was made on or after the effective date of the Plan Member's coverage under this Plan. If the allowance for frames specified in the Schedule is to be applied to the cost of a frame; the date on which the frame is ordered shall be considered to be the date on which the expense is Incurred.

3. Lenses, including single vision, bifocal, trifocal, lenticular or contact lenses. Benefits will be paid as specified in the Schedule of Coverage, if the lenses are prescribed as a result of an eye examination made on or after the effective date of the Plan Member's coverage and such purchase is made within 12 months of the examination. The date on which the lenses are ordered shall be considered to be the date on which the expense is incurred.

VISION EXCLUSIONS

Benefits will not be provided:

1. Which are not received from a Provider acting within the scope of his or her license.
2. For diagnostic services and drugs or medications not part of a vision examination.
3. For Medical or surgical treatment.
4. Those that we determine are special or unusual, such as orthoptics, vision training, and low vision aids.
5. For the replacement of Lenses or Frames, except as shown in the Schedule of Coverage.
6. For any Lenses that are not prescribed or which can be purchased without a physician's order.
7. For safety glasses and safety goggles.
8. For tint other than Number 1 or Number 2 or a tint with photosensitive or anti-reflective properties.
9. For eye examinations which occurred before your Effective Date of Coverage or for material ordered as a result of any eye examination which occurred before our Effective Date of Coverage.
10. Services Incurred or received after your cancellation date.
11. Services which are not specified in this Plan as Covered Services.

**It is not necessary to complete this form unless you intend to go
out-of-network.**

**Please be sure to enter the PLAN NAME / NO.,
in the space provided in the Employee's Section. Enter all patient
information.**

For reimbursement you must attach and submit originals of all bills.

Please make copies for your records.

Mail this form and all attachments to:

**VISION CARE ADMINISTRATOR
UNION EYE CARE CENTER, INC.
4750 BEIDLER ROAD
WILLOUGHBY, OHIO 44094**

PHONE: 1 (800) 443-9699 1 (216) 986-9700

FAX: 1 (216) 986-1996



VISION CARE BENEFITS

Who is Covered?

Participating members of the Greater Cleveland Automobile Dealers Association Group Health Plan (GCADA), are eligible for benefits up to the maximums as indicated below. GCADA will determine participant eligibility in accordance with the Plan Description. Eligible dependents will include the spouse and dependent children up to the age of 26 or up to the age of 28 if the member elects the optional dependent child coverage.

What is covered?

Eye Examination • Prescription Lenses • Frame

FREQUENCY OF SERVICE: Once every 12 months		
Benefit Type	Union Eye Care Network Benefit	Out-of-Network Reimbursement
Eye Exam <small>routine for eyeglasses & pressure check</small>	Fully Covered after \$10 Co-pay	\$30.00 Allowance
Lenses & Frame or Contacts	\$75.00 Allowance	\$50.00 Allowance

Where do I get services?

Your plan allows for a choice of Network (Union Eye Care) or Out-of-Network services. If you elect to go to Union Eye Care Network locations, you are eligible for improved benefits as described below.

OBTAINING YOUR BENEFITS

through

Union Eye Care

If you need an eye examination and wish to use a Network location, simply call any **Union Eye Care** office listed on the back of this brochure or on your member identification card. Inform the receptionist that you are eligible for the **GCADA** vision benefit. **Please have the following information available.**

- ✓ **EMPLOYEE'S NAME**
- ✓ **EMPLOYEE'S ID NUMBER or SSN**
- ✓ **DEPENDENT'S NAME**
- ✓ **DEPENDENT'S DATE OF BIRTH**

If you currently have a valid eyewear or contact lens prescription and wish to duplicate it, you will not need an appointment. Just bring your prescription to any network location and have it filled.

Union Eye Care NETWORK COVERAGE

(see back panel for locations)

Union Eye Care Accepts Assignment ...

Union Eye Care Centers and their affiliated Network locations are the network, and agree to accept assignment of your vision care benefits, i.e. if you use a **Union Eye Care Network** location, you will not be required to pay the covered portion of your benefit to your **NETWORK PROVIDER** and wait for reimbursement from the GCADA Group Health Plan.

Your Union Eye Care Network Advantage ...

- ✓ Eye examination (routine) for eyeglasses... fully covered after a \$10 co-payment
- ✓ Eye examination for contacts... \$35 allowance
- ✓ \$25 or more in additional member eyewear benefits
- ✓ Union Eye Care accepts assignment of your benefits
- ✓ Discounts are applied before your benefit
- ✓ No need to wait for your reimbursement check
- ✓ No lengthy paper claims to complete
- ✓ Quality Service
- ✓ Guaranteed value
- ✓ Satisfaction guaranteed!

Network Benefit -

Remember, your **Network benefit is greater** than your out-of-network benefit.

Eye Examination - routine for eyeglasses by independent doctors

Fully Covered...
after a \$10 copay

Lenses Frames or Contact Lenses

\$75 Allowance....
that's a 50% increase in benefits per participant

What does the Union Eye Care Network provide?

Eye Examinations

Eye doctors are available at each location to serve a wide range of your needs, from standard eyeglass lens exams and glaucoma checks, to specialized contact lens eye exams and fittings. Eye examinations include tonometry (pressure check) and dilation when indicated. Be sure to call for an appointment.

Eyeglasses and / or Contact Lenses

Licensed opticians fill all of your eyewear prescription needs. They are trained for expert fitting of eyeglasses and contact lenses.

Out-of-Network Coverage

You may elect to go to your current doctor or optician, then submit for reimbursement directly to **Union Eye Care**. However, be aware that you will receive reduced benefits.

Out-of-Network - Out-of Network benefits are as follows ...

<u>BENEFIT TYPE</u>	<u>MAXIMUM REIMBURSEMENT</u>
Eye examination	\$30.00
Lenses, frames or contacts	\$50.00

You may elect to you receive your examination Out-of-Network, and choose to have your prescription filled by a **NETWORK PROVIDER** to maximize your benefits.

Conversely, you may choose to be examined by a **NETWORK PROVIDER** and purchase your eyewear elsewhere.

A. How To Obtain Your Reimbursement Claim Form
Reimbursement forms are available from the GCADA Insurance office, or you may call or write Union Eye Care to obtain claim forms. You must attach originals of your bills to the claim form.

B. Submit Your Reimbursement Claim Form(s) to:

Vision Care Administrator Union Eye Care

4750 Beidler Road

Willoughby, Ohio 44094

(216) 986-9700 or (800) 443-9699 ext. 17 or 19

Fax: (216) 986-1996

Visit us on the web at <http://www.unioneyecare.com>

PROGRAM EXCLUSIONS

- A.** Lenses not requiring prescription
- B.** Medical surgical treatment of eyes
- C.** Drugs or medication not administered for the purpose of a vision testing examination
- D.** Special or unusual procedures, such as orthoptics perimetry, tonography, vision training, sub-normal vision aids, aniseikonic disease or injury
- E.** Expenses resulting from an occupational injury or disease covered under any workers' compensation law or similar legislation



GROUP HEALTH VISION PLAN

through

Union Eye Care

Quality • Vision • Value

CONVENIENT NETWORK LOCATIONS

AKRON
 Union Eye Care
 Dr. Mark Demman, & Assoc.
 1948 Buehler Blvd.,
 Chapel Hill Square Mall, Akron, OH
 (330) 633-9700

AMHERST
 Amherst Vision Center, Inc.
 Dr. Steven Koon, & Assoc.
 1927 Cooper Foster Park Rd. W. Amherst, OH
 (440) 282-6100

BRUNSWICK / MEDINA
 Union Eye Care
 Dr. Chelsley Clemons, & Assoc.
 Rt. 303 & E-71, K-Mart Plaza
 1333 N. Carpenter Rd., Brunswick, OH
 (330) 273-3333

CLEVELAND/DOWNTOWN
 Union Eye Care
 Dr. Matthew Grucella, & Assoc.
 2020 Carnegie Ave., Cleveland, OH
FREE PARKING
 (216) 241-3210

CLEVELAND CLINIC - Cole Eye Institute
 Union Eye Care
 2022 East 105th Street, 1-29, Cleveland, OH
 (216) 444-5884

GARFIELD HEIGHTS
 Union Eye Care
 Dr. Jason Marcellus, &
 Dr. David A. Arthur
 9571 Vista Way (off I-480 at Transportation Blvd.)
 Garfield Hts., OH
 (216) 663-4060

MENTOR
 Union Eye Care
 Dr. Ronnie J. Sluss, & Assoc.
 7593 Mentor Ave., Mentor, OH
 (440) 942-7714

NORTHOLMSTED
 Union Eye Care
 Dr. Ernest Brazina, & Assoc.
 23150 Lorain Road, No. Olmsted, OH
 (440) 779-8150

PARMA
 Union Eye Care
 Dr. Mark Hassinger, &
 Dr. Kenneth Guzik
 5370 Pearl Road, Parma, OH
 (440) 842-6996

TOLEDO
 Westgate Optical
 Drs. Michael A. Cooper &
 Dr. David B. Levine
 4011 Secor Rd., Toledo, OH 43623
 (419) 474-8833

WILLOUGHBY HILLS
 Union Eye Care
 Dr. Beth Yoder, & Assoc.
 28112 Chariton Road,
 Willoughby Hills, OH
 (440) 944-8333

YOUNGSTOWN
 Union Eyes Optical, Inc.
 Dr. Ronald Mihalko &
 Dr. Benson Bauer
 229 Churchhill Hubbard Rd.
 Youngstown, OH 44505
 (330) 759-7846

YOUNGSTOWN
 Optical Vision of Youngstown, Inc.
 2959 Canfield Road
 Youngstown, OH 44511
 (330) 792-7045

University/Hospitals Dept. of Ophthalmology
Eye examinations available. Call for appointment.
 Dr. David S. Bardenshein, MD, Dr. Julie K. Belkin, MD, Jeffrey N. Bloom, MD,
 Edward N. Burney, MD, Thomas Chi, MD, Suber S. Huang, MD, Jonathan H. Lass,
 J.W. Stokkemans, OD, Johnny Tang, MD, Robert L. Tomask, MD, Thomas Webb,
 MD, Loretta Szocika-Flynn, O.D.
 (216) 844-3601 or (800) 323-3601
 University Hospitals of Cleveland
 11100 Euclid Ave., Botwell Health Center, Ste. 3200, Cleveland, OH 44106
 5850 Landerbrook Drive, Ste. 306, Mayfield Hts., OH 44124
 950 Clagare Road, Westlake, OH 44145
 4212 State Route 306, Ste. 120, Willoughby, OH 44094

The Greater Cleveland Automobile Dealers Association Group Health Plan has authorized **Union Eye Care** Center to maintain eligibility, dependent and utilization data on file as may be necessary to administer vision examination and optical services to eligible members in accordance with the plan description.

APPOINTMENTS

Call the nearest
Union Eye Care
 or
affiliated location
 for an appointment today.

NOTICE

If there are any discrepancies between this brochure and the Plan Document, the Plan Document will prevail.

Visit Us On The Web At ...

<http://www.unioneyecare.com>