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GROUP VISION PLAN

<u>Benefit:</u>	<u>Allowance (up to)</u>
Eye Exam only	\$ 70
Single vision lens and frame with exam	\$ 215
Bifocal lens and frame with exam	\$ 285
Any other lens, frame, contacts with exam	\$ 360

Monthly Rate:
Single \$7.66
Family \$19.38

Other Plan Options
Are Available

Minimum Group Size 5
Non Contributory
100% participation by Group or Class

- ★ Plan is pure reimbursement - choose your own provider
- ★ Employees and dependents are entitled to benefits every year
- ★ Submit the bill and you will be reimbursed the lesser of the bill or the allowance shown above

For more information please contact Moishe Miller at 718-535-7066 or
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GROUP VISION PLAN – Frequently Asked Questions

Q. Can I see any doctor?

A. The plan covers any optometrist or ophthalmologist.

Q. Does the vision plan cover vision therapy as well?

A. No. Only 1 exam per year at an optometrist or ophthalmologist is covered.

Q. Is there a limit as to how many dependents can be covered (if someone has eight children, is it still the family rate)?

A. There is no limit; all eligible dependents are covered.

Q. At what age does a dependent stop qualifying for the plan?

A. The policy will cover any dependant less than 19 years of age. When a dependant hits 19 years of age the dependant's coverage will terminate at the end of their birthday month. So coverage terminates at the end of the month of their 19th birthday. A full time student's coverage extends to age 25 and terminates at the end of the month of their 25th birthday.

Q. If a company's medical insurance offers a vision benefit, can the employer still offer this plan to supplement? If so, what are the rules governing who pays first? Can the employee "double-dip" (get coverage from both plans)?

A. This group vision plan may be offered in conjunction with other insurance and will pay the balance of eligible expenses incurred. For example, if an employee incurs expenses of \$300 for an exam and single-vision glasses and the medical insurance offers an annual \$100 benefit, the group vision plan would pay an additional \$200 (utilizing the options illustrated in this flyer). You may not double-dip – be paid by both providers for the same dollar-for-dollar expense.

Q. Does the vision benefit require 100% participation?

A. Yes, but it can be 100% of a sub-population – a specific class (i.e.: all executives)

Q. Must it be employer paid?

A. Yes.

Q. Can a company pay the single rate for all employees and give the employee the option to pay the extra \$11.72 if they have family?

A. No. When offered on a non-contributory basis, it applies to both single and family coverage.

Q. How often can I claim the benefit?

A. You can get reimbursed for one eye exam and either lenses & frames or contact lenses every 12 months, anytime during the policy period.

Q. In what states is the benefit offered?

A. Connecticut, Delaware, DC, Illinois, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New York, Pennsylvania, Rhode Island, South Carolina, Tennessee

Q. Does the vision benefit require me to use a network provider?

A. No, there is no network with this plan. It is a reimbursement plan. There are no discounts, deductibles or schedules to figure out.

Q. How am I reimbursed?

A. Send a claim form to First Rehab with appropriate documentation and you will receive reimbursement of eligible expenses.