

# LABORERS' NATIONAL HEALTH & WELFARE FUND

5565 Sterrett Place, Suite 210

Columbia, MD 21044

800-235-5805

## Vision Benefits

- A. The Plan will pay 100% of the actual cost of covered care services, treatment, equipment or supplies up to a maximum of one hundred twenty-five dollars **(\$175.00)** in a calendar year per Covered Individual (you and, if you have Family Coverage, each of your dependents).

Covered vision care services, treatment, equipment and supplies are examinations and other services performed by a licensed optometrist, ophthalmologist or optician, prescribed eyeglass lenses, frames and prescribed contact lenses.

You are responsible for any portion of the cost not paid by the Fund under the Plan.

- B. **Filing Claims for Vision Benefits** – Vision benefits are payable only upon submission of a claim for reimbursement to the Fund Administrator with 180 days of services rendered.

All vision claims are to be sent to:

Laborers' National Health & Welfare Fund  
5565 Sterrett Place, Suite 210  
Columbia, MD 21044

As always, if you have any questions regarding the contents of this notice or your benefits in general, do not hesitate to contact the Fund Office 1-800-235-5805.