



Law Enforcement Health Benefits

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Law Enforcement Health Benefits, Inc. Member Vision Benefits

Members will continue to be **COVERED** as long as they are in **ACTIVE STATUS**. **BENEFITS** will **TERMINATE** due to a **Resignation, Dismissal, or ALL Leave of Absences, except for Family Medical Leave of Absence & Military Leave of Absence (Post 911) War on Terrorism.**

RETIRED Police Officers and Eligible Dependents are **COVERED** for **FIVE (5) YEARS** plus any additional years converted from sick time.

DEPENDENTS ELIGIBLE FOR ENROLLMENT

Your legal spouse and all biological or adopted children under 26 years of age are eligible for enrollment. LEHB requires a copy of the birth certificate or adoption papers listing the covered member's first and last name. A dependent child's benefits will terminate the last day of the month of their 26th Birthday.

A child, who is physically or mentally incapable of self-support prior to attaining age 19, may be continued under the plan while remaining incapacitated, subject to your own coverage continuing in effect. A letter of verification (Independence Blue Cross disability form) is required on an annual basis from the dependent's physician.

VISION BENEFITS

The L.E.H.B. Vision Fund helps promote you and your family keeping good eyesight. It also aims to minimize the development of more severe vision problems, which could lead to blindness and/or other long-term deficiencies. The L.E.H.B. Vision Fund strongly urges you and your family to maintain routine vision check-ups.

FREE CHOICE OF VISION CARE PROVIDERS

By selecting an L.E.H.B. participating vision provider you minimize your out of pocket expense and are guaranteed to receive the highest level of care by maximizing the vision benefits.

We currently have approximately 350 participating vision offices. The participating providers have agreed to accept the L.E.H.B. vision payment as payment in full, except on frames, contact lenses, contact lens fitting, and excluded lens options. A separate booklet identifies L.E.H.B. vision providers.

FREQUENCY OF BENEFITS

All eligible employees, spouses' and eligible dependent children are eligible for the following vision benefits:

- Vision Exam
 - Once every 12 months to the day.
 - Each exam shall consist of but not be limited to:
 1. A complete history of patient
 2. External examination of the eyes and adnexa, papillary reflexes, cover test ocular motilities, convergence near point
 3. Ophthalmoscopy
 4. Biomicroscopy
 5. Tonometry
 6. Refraction
 7. Stereopsis testing
 8. Color vision testing
 - Ophthalmologist \$57.00
 - Optometrist \$50.00

VISION FEE SCHEDULE SERVICE MAXIMUM ALLOWANCE

Frames—once every 12 months to the day

- Wholesale cost \$50.00

*Each participating provider should offer a selection of frames for the \$30.00 allowance so no out-of-pocket cost is required by member.

Lenses—once every 12 months to the day

- Single vision \$40.00
 - Bifocal \$50.00
 - Trifocal \$60.00*
 - Progressive \$100.00*
- *submitted with lab bill*

Contacts—once every 12 months to the day in lieu of frames and lenses

- L.E.H.B. will reimburse member
 - Contact lenses \$100.00
 - Therapeutic Contacts \$175.00 (with prior approval)

Lens Options

- Polycarbonates \$15.00

If you choose a non-participating doctor you will be reimbursed 75% of the above rates when your completed forms are submitted with a paid receipt.

VISION PLAN EXCLUSIONS

NO PORTION of the materials of related fees will be paid under this plan for the following:

- Field Vision Test
- Medical or Surgical treatment for the eyes
- Repair Charges
- Retinal Photography
- Replacement of scratched, lost or broken lenses or frames
- Sunglasses

The following lenses or lens options are not covered under your vision plan. You are urged to discuss the costs of these items prior to making your selection, since you are responsible for full payment directly to the provider.

- Plano Lenses (non-prescription)
- Anti-reflective lenses or coating
- Polarized lenses
- Mirror coated lenses
- Ultra violet coating
- Faceted edging
- Oversized lenses 58 eye size and above or E.D. 64mm/over
- Tinting
- Scratch coating

IMPORTANT NOTE:

- Glasses will not be funded unless the prescription is a **.50 DIOPTRER OR GREATER** in any one field, sphere, cylinder or both.