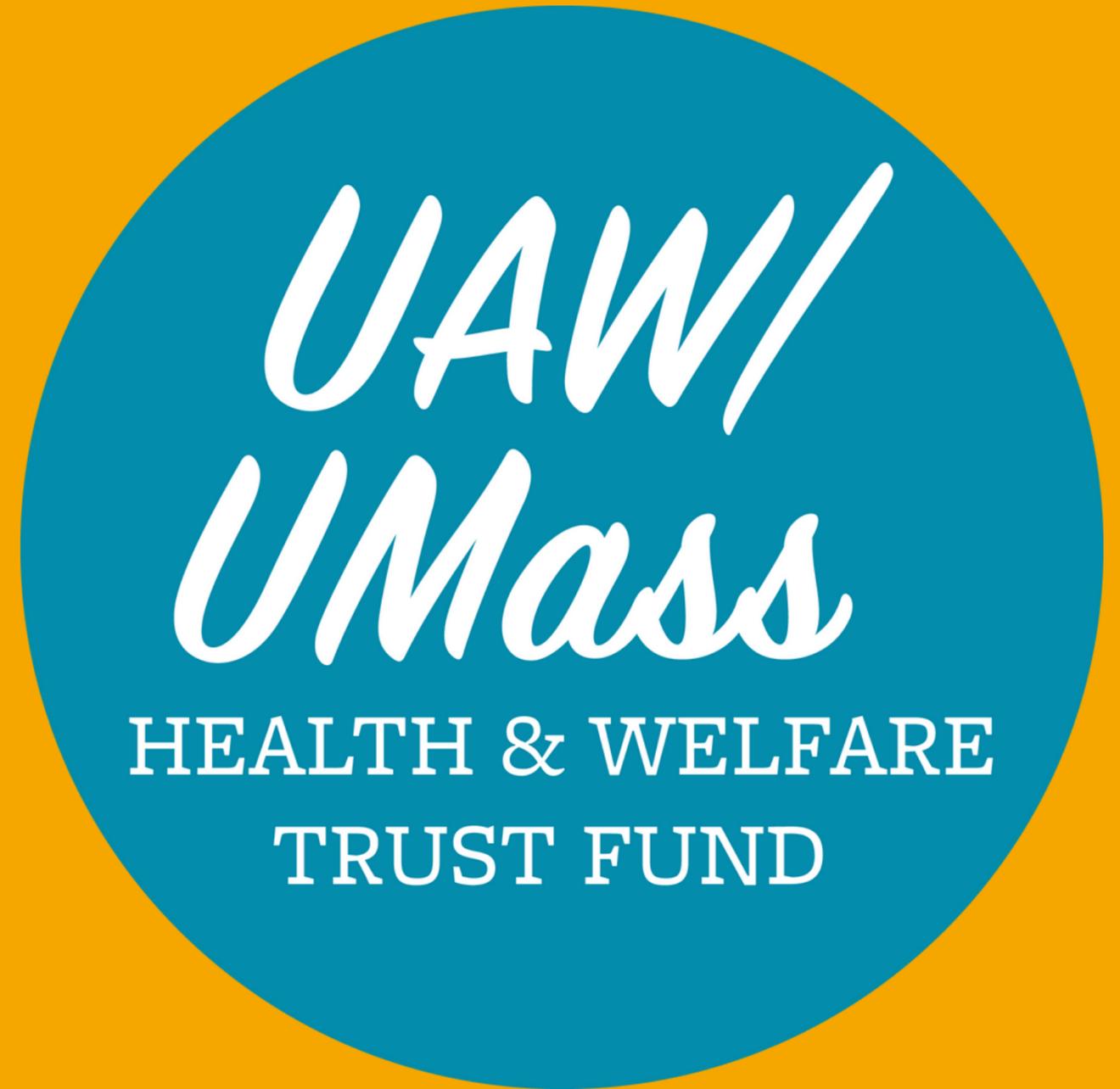


Benefits Fair 2021-22

# Your EyeMed Vision Plan



For Grad Employees  
& Postdocs



# You have a robust vision benefit.

Let's talk about using it!

1

**Apply,  
Confirm &  
Register for ID**

2

**Pick a  
provider /  
schedule appt.**

3

**Vision "top  
off" benefit**

# Apply at [hwtrust.geouaw.org](http://hwtrust.geouaw.org)

## BENEFITS PORTAL

*You're looking for benefits—let's get started!*

### Current Graduate Employees

*If you are a graduate employee, use this section to log in, apply for benefits, and submit wellness center, childcare, or PPE receipts.*

[Review options for graduate students](#)

### Current Postdoc Employees

*If you are a postdoc employee, use this section to log in, apply for benefits, and submit childcare or PPE receipts.*

[Review options for postdocs](#)

- send yourself the secure application link by email or text
- pay attention to the question: are you applying for yourself or a family
- fill out the app, opting in or out of each benefit and don't forget to esign your form!

# Confirm--we'll email you a confirmation!

## Confirmation of 2021-22 Eligibility & Enrollment

Hi there!

**This email confirms you are eligible for benefits through the Health & Welfare Trust Fund.** If you applied for dental & vision benefits, please reference the information below to access your benefits. Your enrollment may not yet be visible in the Ameritas/EyeMed systems--do not be alarmed as this email confirms your information has been sent to the relevant insurance companies. These plans are completely separate from your student health insurance plan. You can learn more about the differences between the Trust Fund benefits and your student health plan [here](#).

If you applied for the wellness reimbursement, we will begin distributing reimbursements soon in the order receipts were received--reimbursement can take 4-6 weeks.

Please let us know if you have any questions.

### 1) HOW TO USE YOUR COVERAGE

# Register at eyemed.com

## Member Web Registration

Let's get started – enter your information below.  
Required fields are marked with an asterisk (\*).

First name \*

Last name \*

Date of birth (MM/DD/YYYY) \*

# Pick a Provider!

eye  
Med

English

AAA

## Find an eye doctor



[Search by location](#)



Search by doctor



Online & Lasik

Network

Choose your network



USE MY LOCATION

OR

Zip code



SEARCH BY ZIP

# What's covered...

## UAW/UMass H&W Trust Fund

Grad Employee Unit, group #9794348

### SUMMARY OF BENEFITS

#### Vision Care Services

#### In-Network Member Cost

#### Out-of-Network Reimbursement

Exam With Dilation as Necessary

\$10 Co-pay

Up to \$50

#### Frames

\$0 Co-pay, \$150 Allowance, 20% off balance over \$150

Up to \$90

#### Standard Plastic Lenses

Single Vision

\$10 Co-pay

Up to \$42

Bifocal

\$10 Co-pay

Up to \$78

Trifocal

\$10 Co-pay

Up to \$130

Standard Progressive Lens

\$10 Co-pay

Up to \$78

Premium Progressive Lens<sup>A</sup>

\$30 Co-pay - \$55 Co-pay

Tier 1

\$30 Co-pay

Up to \$78

Tier 2

\$40 Co-pay

Up to \$78

Tier 3

\$55 Co-pay

Up to \$78

Tier 4

\$10 Co-pay, 80% of charge less \$120 Allowance

Up to \$78

**Contact Lens Fit and Follow-Up** (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)

Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail price	N/A

**Contact Lenses** (Contact lens allowance includes materials only.)

Conventional	\$0 Co-pay, \$150 Allowance, 15% off balance over \$150	Up to \$120
Disposable	\$0 Co-pay, \$150 Allowance; plus balance over \$150	Up to \$120
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$210

# Extra Discounts!

**40%**  
OFF

Complete pair  
of prescription  
eyeglasses

**20%**  
OFF

Non-prescription  
sunglasses

**20%**  
OFF

Remaining balance  
beyond plan coverage

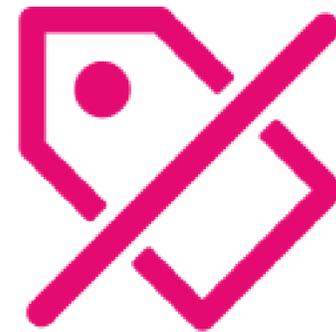
# Extra Ways to Save!

BOOST YOUR SAVINGS

**\$20 OFF**

at **ContactsDirect.com**

Good things happen when you use your EyeMed benefits at ContactsDirect.com



**Any frame, any price  
for \$0 out-of-pocket**

at Target Optical®  
PLUS ENJOY SAVINGS ON LENSES

#### HOW TO REDEEM

Take this flyer to any Target Optical®.  
They'll handle the rest. OFFER CODE: 755288



# Your benefit is flexible

1

**You can use  
your benefits  
online**

2

**You can also  
use your  
benefits  
nationwide**

3

**You can use  
benefits out of  
network if you  
need to**

4

**You can get  
glasses &  
contacts in the  
same 12  
months**

# Last but not least...

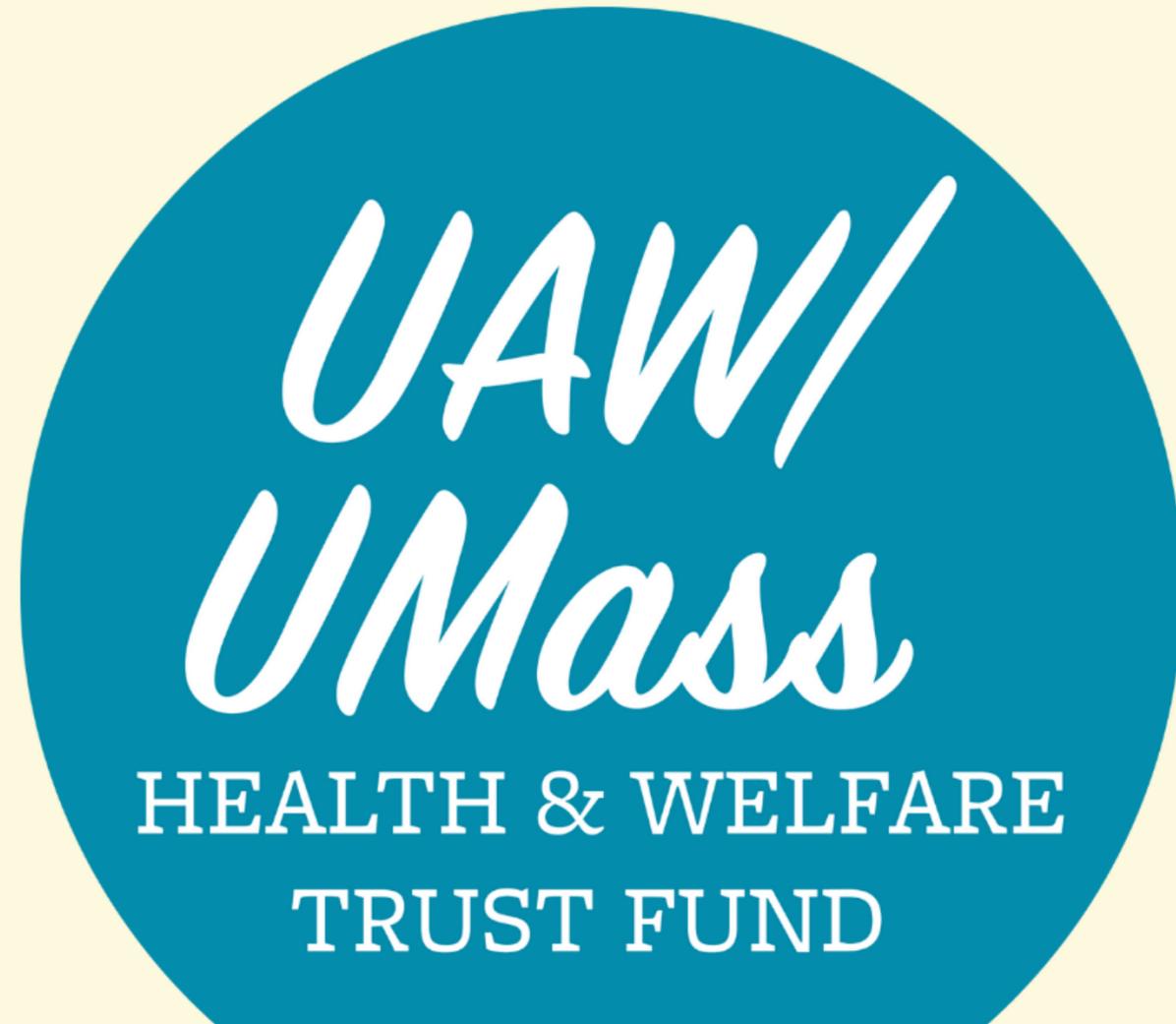
- The vision plan is **free for employees AND for their families**
- Can be used **on or off campus**
- Plan works on point-of-service basis--you're eligible to get frames or contacts 12 months from the last time you used the benefit
- You can "top off" your vision plan with the \$150 Ameritas Vision Materials Reimbursement

**Fusion Eye Care Summary** – *You can use part of your dental plan year maximum towards vision materials costs.\**

**Each member of the dental plan is eligible for up to \$150 per plan year reimbursement on out of pocket vision materials expenses. (i.e.: contact lenses, eye glass frames and eye glass lenses).**

**\*Any amounts reimbursed are deducted from your dental plan year maximum.**

# Your plan details!



Vision Plan (EyeMed)

GEO Group # 9794348

Postdoc Group # 9878760

Member ID: your SSN

Customer Service: 866-933-3633

Network: Select

Find a provider: [eyemed.com](http://eyemed.com)