Local 246 SEIU

Active Members & Dependents
VISION BENEFIT *Through CPS Optical*

PROUDLY SERVING UNION MEMBERS AND THEIR FAMILIES FOR 45 YEARS!

HOW OFTEN AM I ELIGIBLE FOR MY VISION BENEFIT?

- An annual cap of three (3) vouchers per family, per year.

Not sure if you're eligible? Call CPS Optical at (212) 675-5745

WHAT IS COVERED IN FULL UNDER MY BENEFIT?

- **Eye exam**
- **Frames** - choose from a selection of frames, plastic or metal, up to a retail value of $175
- **Prescription Plastic Lenses** - Single Vision, Bi-Focal: TK, Flat Top 25/28 Executive or Invisible line, Trifocal FT-7, Standard or Premium Progressive, Sunglasses, or Oversize.
- **MEMBER ONLY** - Safety Glasses *(SV or FT BiFocals)*
- **Coatings** - Cosmetic Tint, Scratch Resistant, & Ultra Violet.
- **Contacts** - In lieu of glasses choose from A Pair of Conventional Contacts (2 Lenses), Or Two Week Disposable Contacts, a 3-month supply.

(single vision, non-cosmetic, non-astigmatism)

Exam, fitting, & follow-up visits included.

WHAT DISCOUNTS AM I ELIGIBLE FOR?

- A **credit of $150** towards the purchase of **non-covered prescription contact lenses or upgraded frame.**
- A **30% discount** will be applied toward **non-covered items**, including a second pair of eyeglasses, excluding sale or discounted items
- **Hi-Index 1.60 Plastic:** SV $75, BiFocal FT28 $150, Kodak Concise $249, Varilux Prog $265
- **Varilux Progressive Lenses**: Comfort $90, Panamic $150
- **Kodak Concise Progressive** $150
- **Polycarbonate Lenses:** SV $40, BiFocal FT 28 $70, Navigator Prog $150, Kodak Prog $220, Varilux Prog $220

HOW DO I USE MY VISION BENEFIT?

Schedule an appointment with a CPS Optical Provider
ID yourself as a Local 246 Active member or dependent

WHAT IF I DECIDE TO USE AN OUT-OF-NETWORK OPTICAL PROVIDER?*

- Download claim form from the CPS website using member login details below.
- Send completed form with a copy of your itemized paid receipts for your eye exam & eyewear services to:
  CPS Optical. 11 Hanover Sq. 8th Floor. New York. NY 10005 ATTN: Refunds
- You will receive a reimbursement check for the optical allowance pertaining to the services rendered.

Please note, reimbursement is partial. The maximum reimbursement is $80, $40 for exam only, $40 for frame only, $40 for lenses only, Frame & lenses or contacts $80.

CPSOPTICAL

To find a provider, visit our site: **CPSOptical.com**

- Click on **Member Login**
- Use the Plan ID **L246A** to login
- Or just use the QR Code to the right