Cambridge Public Employees Dental & Vision Fund

Vision Care Plan

125 CambridgePark Drive – Suite 104
Cambridge, MA 02140

Phone: 617-354-1110
Fax: 617-354-3315
Email: info@cdvfund.org

Website: www.cdvfund.org

Dear Participant:

The Cambridge Public Employees Dental and Vision Fund are pleased to include a Vision Care Plan as part of your total health and benefits program. Under this Plan, you may choose any licensed ophthalmologist, optometrist or optician, unless listed otherwise, to provide the vision services you need. There are some limitations, which are set forth in this booklet.

The purpose of this benefit is to provide you and your dependents with comprehensive vision care benefits, which will help maintain vision efficiency and prevent the development of conditions that may result in loss of sight.

We suggest that you discuss these valuable benefits with your family and keep this booklet with your other important papers for future reference. Please note that where the masculine gender is used in the booklet, it shall be understood to include both masculine and feminine genders unless the context specifically requires otherwise.

Should you have any questions, call the Fund Office at 617-354-1110.

Sincerely,

THE BOARD OF TRUSTEES

Who is Eligible?

City of Cambridge, Cambridge School Department, Cambridge Health Alliance, and Cambridge Retirement employees for whom contributions have been made to the Fund are eligible; also, their dependents as defined below are eligible. Questions on eligibility should be directed to the Fund Office at 617-354-1110.

Covered dependents included:

- Your spouse
- Your unmarried dependent children that are financially dependent on you for support, living with you more than half the year, and has no additional coverage are covered until the age of twenty-six (26) – their 26th birthday.
- Totally disabled, handicapped, and mentally disabled children regardless of age. The nineteen (19) and twenty-six (26) year age limit does not apply if the child is permanently disabled and is claimed as a dependent on your federal tax return.

In addition to the member's natural children, dependent children include legally adopted children, foster children or other children who depend on the member for support, provided the member or spouse is legal guardian and the child is claimed as a dependent on your federal tax return.

Employees who are eligible for benefits prior to awaiting a determination for workers' compensation or receiving workers' compensation should contact their Human Resources/Employee Benefits Office for information on continued coverage.

Employees who are eligible for benefits prior to an approved leave of absence should contact their Human Resources/Employee Benefits Office for information on continued coverage while on leave of absence.

Employees, who choose not to continue their coverage, while on workers compensation or leave of absence will again become eligible for benefits on the first day of the month following the date they returned to work, provided they meet the eligibility requirements.

Employees who lose eligibility due to a voluntary change to part-time employee status, and then resume full-time status, will be eligible for dental and vision benefits on the first day of the month following the month when full-time employment resumes.

Additional Eligibility Information and COBRA Continuation Coverage Rights

Loss of Coverage: If the eligible employee dies, terminates employment (including retirement), or reduces his hours of employment, vision coverage for the employee and all covered dependents will be terminated as of the end of the month in which the death, termination or reduction occurred.

COBRA Continuation Coverage: As required by COBRA, employees and/or their dependents have the right to purchase dental and vision benefits, together as a package (not available separately); if plan coverage is lost due to any of the following reasons:

- Employee, Spouse and/or Dependents: The employee's resignation, termination (other than due to gross misconduct), retirement, or reduction in hours;
- Spouse and/or Dependents: The employee's death; the employee becomes entitled to Medicare and his coverage under the Plan terminates; the employee or spouse remarries within 36 months of divorce or legal separation (in which case the Fund will offer COBRA coverage for the remaining balance, if any, of 36 months from the date of divorce or legal separation); the dependent child ceases to qualify as a dependent defined under the Plan.

The employee or family member must inform the Fund Office of the employee's divorce or legal separation or a child's losing dependent status. **Notification must take place within 60 days of the event.**

An 18-month extension of coverage will be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage, for a maximum of 36 months. You must notify the Fund Office within 60 days after the second qualifying event occurs if you want to extend your continuation coverage.

Specific cost information is provided to employees when they become eligible for COBRA continuation coverage.

To elect COBRA, you must complete an election form within 60 days of the qualifying event - cause of loss of coverage. If you do not elect COBRA within this deadline, your benefits will end.

The length of the time that you and/or your eligible dependents may purchase dental and vision benefits under COBRA is as follows:

Qualifying Event	Maximum Length of Continuation
1. Reduction in hours, resignation, or termination	18 months*
2. Your Retirement	18 months*
3. Your Death	36 months
4. You or Your Spouse's Remarriage	36 months
5. Dependent becomes ineligible	36 months

- This period is extended to 29 months for an individual (and family members) who was disabled (as determined by the Social Security Administration) during the first 60 days of COBRA continuation coverage. You (or the family member) are responsible for notifying the Fund Office within 60 days of Social Security's disability determination and the first 18 months of COBRA coverage.

Regardless of which continuation period applies, COBRA coverage will be terminated for any of the following reasons:

1. The premium for continuation coverage is not paid on time (subject to a 30-day grace period each month);
2. The individual becomes covered under any group health plan that does not limit or exclude coverage for that person's pre-existing medical condition;
3. The Plan terminates coverage for all active employees.

Additional Coverage: The Fund allows spouses receiving a survivor's benefit and their dependent children, as well as certain retirees, to continue their dental and vision coverage beyond the maximum COBRA period by paying an annual premium to the Fund. (This extended coverage will cease for both the surviving spouse and the children when the surviving spouse remarries.) The annual premium must be paid within 30 days following notice from the Fund of your right to purchase coverage beyond the COBRA continuation period. The amount of the annual premium is subject to periodic review by the Board of Trustees. Specific cost information will be provided to you when the COBRA continuation period ends.

Retired employees are eligible to purchase dental and vision benefits beyond the COBRA continuation period **only** if they were covered as an active employee and were eligible for dental and vision coverage through the Fund Office at the time of their retirement. *No other retirees may purchase coverage beyond the maximum COBRA coverage period*

How Do I Use This Plan?

1. All eligible Fund members are entitled to the benefits described in this booklet. **IF YOU HAVE ANY QUESTIONS REGARDING YOUR ELIGIBLITY OR THE LAST TIME YOU OR A MEMBER OF YOUR FAMILY UTILIZED THE PLAN, PLEASE CALL THE FUND OFFICE AT 617-354-1110 OR EMAIL INFO@CDVFUND.ORG BEFORE YOU OBTAIN VISION SERVICES.**
2. When you or your dependents receive vision care, please be sure to obtain the following:
    A. A separate itemized bill/statement from the provider for each person, listing all materials received, the charge for each item and the date(s) that the materials were ordered; and
    B. Verification of Payment (paid receipts, charge slips, copy of canceled check, or credit card/bank statement). The words "paid in full" written, stamped, etc. on the itemized bill are not acceptable as verification of payment.

    NOTE: You must pay for all materials received. The Fund will reimburse the Fund member only. Payments will not be made directly to providers.
3. A claim form can be obtained from the Fund Office directly or through the Fund's website at www.cdvfund.org. A separate form is required for each person and each form must be signed by the member. Follow all the steps listed on the claim form and sign; and attach an itemized paid bill and verification of payment.
4. Submit vision claim by mail or email to the Fund Office. **To submit claims by email you must SCAN and ATTACH** claim form, itemized bills, and receipts. Format must be pdf, jpg, or gif. **Email vision claims to** visionclaim@cdvfund.org.
5. Vision claims must be submitted within 12 months from the first date of service and in its entirety. You may only submit (1) one claim every "*eligibility period*" per a person.
6. If purchasing more than (1) one of any combination of lenses, frames, or contact lenses it must be purchased within 30-days of the first purchase and submitted at (1) one time.

What Are Your Benefits Under The Plan?

You and your eligible dependents will each be entitled to receive a total reimbursement of up to $300 towards any combination of lenses, frames and/or contact lenses, during each eligibility period (as defined below). There are no limits on the number of lenses, frames or contact lenses that you may receive during your eligibility period – the $300 reimbursement will serve as your benefit limit.

- **You and your eligible dependents age fourteen (14) and over** are eligible for vision benefits for lenses, frames and contact lenses once every twenty-four (24) month eligibility period. If the dates of service for your lenses, frames, or contact lenses are different, the twenty-four (24) month eligibility period will be measured from the first date of service – that is, the earliest of the dates of service starts the twenty-four (24) month period.

- **Dependent children under fourteen (14) years of age** are eligible for vision benefits once every twelve (12) months. If the dates of service for your child's lenses, frames, or contact lenses are different, the twelve (12) month eligibility period will be measured from the first date of service for your child – that is, the earliest of the dates of service starts the twelve (12) month eligibility period.

Once a dependent child attains fourteen (14), he/she will be entitled to benefits for lenses, frames, and contact lenses once every twenty-four (24) months measured from his/her last eligibility date. If the dates of service for the child's lenses, frames, or contact lenses are different, the twenty-four (24) month eligibility period will be measured from the first of those dates.

The vision benefit must be used within thirty (30) days of the first date of service for any combination of lenses, frames, or contact lenses. You must only submit one claim for all items purchased within the thirty (30) day period for yourself or each eligible member of your family. Any portion of the allowable $300 benefit that is not utilized by your or your family member during your eligibility period will be forfeited and cannot be carried over to your next eligibility date.

IF YOU ARE UNCERTAIN WHEN YOU OR A MEMBER OF YOUR FAMILY LAST UTILIZED THE PLAN OR WHEN YOU OR YOUR DEPENDENTS WILL BE ELIGIBLE FOR REIMBURSEMENT, CONTACT THE FUND OFFICE BEFORE OBTAINING SERVICES AT PHONE: 617-354-1110 OR EMAIL INFO@CDVFUND.ORG.

LIMITATIONS

No benefit for professional services or materials connected with:

1. Eye examination, contact lens fitting, medical, or surgical treatment of the eyes. These services may be covered by your health plan. Please consult your health insurance representative for more information.

2. Orthoptics or vision training and any associated supplemental testing

3. Plano lenses - plain non-prescription glasses or non-prescription sunglasses and cosmetic non-prescription contact lenses

4. Corrective eyewear required by your employer as a condition of employment, e.g., safety-wear

5. Non-prescription eyewear for sports

6. Lenses not prescribed by an optometrist, ophthalmologist, or optician

7. Materials purchased from a non-licensed provider

8. The cost of warranties or replacement insurance

9. Materials provided by International Optical Company

Who Administers The Fund?

The following members of the Board of Trustees administer the Cambridge Public Employees Dental and Vision Fund.

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