



# FAQ'S ABOUT YOUR VISION CARE BENEFITS

## 1. WHO IS ELIGIBLE FOR VISION CARE BENEFITS?

All eligible active regular and non-construction employees and their dependents are eligible for vision benefits. All eligible retired regular and non-construction employees and their dependents are eligible for vision benefits.

## 2. HOW OFTEN CAN I GET AN EYE EXAM AND VISION SUPPLIES?

If you have the **Kaiser Health Plan** for your medical benefits, you will need to get your vision exam with a Kaiser Facility. If you are eligible, you are entitled to:

Supplies: (1) pair of lenses and frame, or (1) pair of contact lenses every 24 months

\* See exceptions in benefit booklet

If you have the **Hawaii Laborers Self-Insured Plan** for your medical benefits, and eligible, you are entitled to:

Routine Eye Exam: (1) every 12 months

Supplies: (1) pair of lenses and frame, or (1) pair of contact lenses every 24 months

\* See exceptions in benefit booklet

## 3. HOW ARE VISION CARE SERVICES PROVIDED?

You may go to any licensed ophthalmologist (M.D.), optometrist (O.D.), or other vision care provider of your choice. You should choose a provider who can help you obtain the vision care you need at a reasonable cost. Your choice of a vision care provider can make a difference in how much you will owe after vision care benefit payments have been made. To locate a participating provider, call the Customer Service Department at the Trust Fund Office.

## 4. HOW DO I FILE A VISION CLAIM?

Obtain a claim form from the Trust Fund Office, Union Office or participating provider. Complete Part I of the claim form. Have the provider complete Part II and/or Part III.

If you go to a participating provider, the provider will send the form to the Trust Fund Office and payment will be made directly to the provider. However, you must make arrangements to pay the provider for any co-payments that may be required.

If you go to a nonparticipating provider, you will need to submit the completed claim form with the itemized bills to the Trust Fund Office. Your reimbursement check, together with a statement showing charges and amounts paid, will be mailed to you. You must arrange to pay the provider the total charge for the services and/or supplies.

**All claims must be filed within 90 days from the date of service.**

## 5. HOW MUCH WILL THE TRUST FUND COVER FOR SERVICES?

	<u>Eye Examination</u>	
Ophthalmologist (M.D.), Optometrist (O.D.)		\$ 45.00
	<u>Appliances</u>	
Single vision lenses and frames		\$ 90.00
Multifocal lenses and frame		\$110.00
Contact lenses		\$110.00
Frame Only		\$ 40.00

If lenses are replaced without furnishing a new frame, the total allowance for both lenses and frame may be used for the cost of the lenses, if required.

## 6. WHO DO I CONTACT FOR MORE INFORMATION ABOUT MY VISION BENEFITS?

If you are unsure if you are eligible for an eye exam or appliances, you can contact the Trust Fund to check eligibility for your vision benefits. Member Services Department: (808) 441-8700 (888) 520-8078 – toll free