



YOUR **VISION** PLAN





OUR VISION BENEFITS HAVE YOU COVERED SO YOU CAN

FOCUS

ON WHAT'S REALLY IMPORTANT

As a member of the MILA National Health Plan, you are eligible to receive comprehensive vision benefits through EyeMed Vision Care, beginning January 1, 2011.

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Good vision is an important part of your overall health. That's why the goal of the MILA Vision Plan is to provide comprehensive vision benefits — not just eyeglasses. The plan includes generous coverage, including:

- access to thousands of private practitioners and optical retailers — including LensCrafters, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations — through the EyeMed Vision Select network;
- the option to visit any provider — however, the plan reimburses network and out-of-network providers at the same rate and you are responsible for any out-of-network provider fees that exceed this amount;
- coverage for exams, eyeglasses and contact lenses; and
- discounts on laser vision correction surgery.



Introducing the EyeMed Select Plan

Here's How the Plan Works

MILA's Vision Plan, the EyeMed Select Plan, works much like any traditional plan:

- The list of network providers is significant and includes many familiar optical retailers, including LensCrafters, Sears Optical, Target Optical, JCPenney Optical and most Pearle Vision locations. When you visit these or another participating provider, most products and services will be covered after a copay. Plus, network providers will file claim forms for you.
- You'll receive extra savings of 20% on cleaning solutions, cloths, glass lenses, sunglasses, and more when you make these purchases from a network provider.
- You will be covered if you choose to visit an out-of-network provider. However, that provider will be reimbursed at the same rate as a network provider would have been reimbursed for the same product or service. Because of MILA's deep negotiated discounts with network providers, that amount may be lower than might be acceptable to an out-of-network provider and you will be responsible for any excess. In addition, you will have to pay the provider and then file a claim form to be reimbursed by the MILA Vision Plan.
- Although there are limits as to how many pairs of glasses and frames are covered by the Plan, there are ongoing discounts on subsequent purchases, including 40% off a complete pair of eyeglasses and 15% off conventional contact lenses after the annual benefit has been used. Discounts are also available for additional products and services from network providers, including replacement contact lenses from www.eyemedcontacts.com.
- Discounts are available for laser vision correction.



Terms to Know

Allowance: The amount the plan will pay toward the retail price of a product or service. The same allowance is applied to all brands in the same geographic area, except for various brands of premium progressive lenses and for various premium anti-reflective coatings.

Copay: The fixed amount you pay to a network provider at the time a service is rendered.

Covered Expenses: Products and services for which the plan provides a benefit, including exams, frames, lenses and contact lenses.

Network Provider: Providers in the EyeMed Vision network who are contracted to provide services at a negotiated rate and file claim forms on your behalf.

Out-of-Network Provider: Providers who are not contracted with the EyeMed Select network. When you visit an out-of-network provider, you will pay the full cost at the point of service and be reimbursed up to the maximum allowance. You will also be responsible for submitting claim forms.

Out-of-Network Reimbursement: The amount the plan will pay for products and services from a provider that is not contracted with the EyeMed Select network. This is the same amount that would have been paid by the plan to a network provider for the same product or service.

The Network Difference

The MILA Vision Plan allows you the freedom to visit any vision care provider you choose. However, if your focus is on savings, there are significant advantages to visiting a network provider. You'll learn more about the specifics of your benefit coverage as you read this brochure, but here is a chart that compares some of the basic coverage details for network vs. out-of-network providers:

Comparison of Coverage for Network and Out-of-Network Providers

Network	Out-of-Network
You will usually pay the lowest amount for services and receive the highest level of benefits.	You are responsible for the difference between the amount the plan pays and the amount your out-of-network provider charges for the product or service. You will usually have higher out-of-pocket costs when you visit an out-of-network provider.
You will be charged for only your share at the time a service is rendered. EyeMed will pay its portion directly to the provider.	You will pay the out-of-network provider for the full cost of the service at the time it is performed.
Network providers will complete claim forms and submit them at no charge.	You will be responsible for filing your claim form to receive reimbursement.

The EyeMed Select network is always growing and provider locations are subject to change. That's why we recommend using the Provider Locator service through EyeMed's website, www.eyemedvisioncare.com (choose the Select network) or by calling EyeMed's Customer Care Center at 1-866-723-0514 to locate the EyeMed provider closest to you.



Network Savings Example

Here's an example of how using a provider in the EyeMed Select network can result in significant savings. Let's say Steve schedules his annual vision exam. By visiting a network optometrist, he pays just his \$10 copay for the exam. He wears contact lenses, and it's time for a new pair. He pays \$16.50 less for these lenses from his network provider than he would have paid an out-of-network provider. Finally, when it's time to be fitted with his new contacts, the plan pays the full cost of this visit.

Steve saved \$36.50 by visiting an EyeMed Select network provider!

Vision Service	Retail Price	Discounted Price	Member Cost		Member Savings
			Network	Out-of-Network	
Exam	\$50	\$40	\$10 copay	\$20 (plan pays \$30)	\$10
Conventional Contact Lenses	\$110	\$93.50 (85% of retail price)	\$18.50 (on first \$100, MILA discount is 15% and member pays \$10 copay plus 85% of charge over \$100)	\$35 (plan pays \$75)	\$16.50
Standard Fit and Follow-Up	\$50	\$40	\$0	\$10 (plan pays \$40)	\$10
Total Savings					\$36.50

Exams

Annual eye exams are important. Not only do they help correct vision problems — comprehensive eye exams can also reveal the warning signs of more serious undiagnosed health problems such as hypertension, cardiovascular disease and diabetes.

That's why the MILA Vision Plan encourages members to get a comprehensive eye exam every year. And to make focusing on wellness affordable, you pay only a \$10 copay for the exam when you visit a network provider.



Benefit Highlights — Eye Exams

	Network	Out-of-Network*
	Amount you pay	Amount you will be reimbursed from the plan
Exam	\$10 copay	Up to \$30

* It is your responsibility to pay an out-of-network provider in full at the time of service and then submit an out-of-network claim form for reimbursement. You will be reimbursed up to the amount shown on the chart.

Exam Frequency	Once every 12 months (with dilation and refraction as necessary)
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No matter what the age, eye exams are important to our productivity and health.

Making an Appointment

When making an appointment, identify yourself as a MILA EyeMed member by providing your name and the ID number located on the front of your ID card. Confirm the provider is a member of the EyeMed Select network. Always present your MILA EyeMed Vision Care ID card for service and to verify your eligibility. Remember, when you receive services at a network provider, claims will be filed on your behalf. Keep in mind, you will have to pay the cost of any services or supplies that you purchase from a network provider that are not covered in the MILA Vision Plan or that are discounted for plan participants.

Did You Know?

Less than 50% of Americans get eye exams more frequently than every two years, despite the fact that most adults consider vision their most important sense.

One in five people are at risk for vision loss, and many of the problems could have been addressed through preventive care.



Eyeglasses

Benefit Highlights — Eyeglasses

	Network	Out-of-Network*
	Amount you pay	Amount you will be reimbursed from the plan
Frames	\$15 copay, plus 80% of balance over \$100	Up to \$40
Standard Plastic Lenses		
■ Single Vision	\$10 copay	Up to \$25
■ Bifocal	\$10 copay	Up to \$45
■ Trifocal	\$10 copay	Up to \$80
■ Lenticular	\$10 copay	Up to \$80
■ Standard Progressive	\$10 copay	Up to \$110
■ Premium Progressive (scheduled)	\$36 – \$48 copay	Up to \$110
■ Premium Progressive	\$10 copay, plus 80% of charge less \$120 allowance	Up to \$110
Lens Options		
■ Standard polycarbonate	\$0 (paid in full by plan)	\$40
■ Standard anti-reflective coating	\$45 copay	\$0
■ Premium anti-reflective coating	\$57 – \$68 copay	\$0
■ Photochromic/Transitions	\$75 copay	\$0
■ UV treatment	\$15 copay	\$0
■ Tint (solid and gradient) and/or standard scratch resistance coating	\$0 (paid in full by plan)	Up to \$15 for each
Additional Savings		
Other add-ons and services**	80% of retail price	\$0
Savings on additional pairs	60% of the cost for a complete pair of eyeglasses once the funded benefit has been used	\$0

* It is your responsibility to pay an out-of-network provider in full at the time of service and then submit an out-of-network claim form for reimbursement. You will be reimbursed up to the amount shown on the chart.

** The member will receive a 20% discount on items not covered by the plan at network providers. These discounts cannot be combined with any other discount or promotional offer, if applicable. Discounts do not apply to the EyeMed provider's professional services or to contact lenses. Benefit allowances, if not fully used in a specific purchase, provide no remaining balance for future use. Certain brand name vision materials are not eligible for the discount because the manufacturer has imposed a "no discount" policy upon the provider. Other plan limitations and exclusions may apply. See the discussion of some of these provisions under the specific topic in this brochure or on page 10.

Frames Frequency	Once every 24 months
Lenses Frequency	Once every 12 months



Terms to Know

Anti-reflective Coating: A thin film of transparent material used to increase visibility and decrease reflection.

Frames: A standard eyeglass frame into which two lenses are fitted.

Lens or Lenses: Ophthalmic corrective lens or lenses, glass or plastic, ground or molded, as prescribed by an ophthalmologist or optometrist, to be fitted into a frame.

Lenticular Lenses: An antiquated technology used in situations requiring such high plus power that a full field meniscus lens would be impractical (because of thickness, weight and fit).

Photochromic/Transitions Plastic Lenses: Lenses engineered to be clear (or nearly) indoors and darken in response to sunlight outdoors. They also protect against UV rays.

Premium Progressive Lenses: Progressive lenses that include premium properties such as Anti-Reflective, UV coating, etc. and could be made with Polycarbonate or High Index lenses.

Progressive Lenses: Often referred to as “no-line” bifocals or trifocals. These lenses have many advantages over bifocals and trifocals because they allow the wearer to focus at many different distances.

Standard Polycarbonate Lenses: Polycarbonate is lighter in weight than normal plastic and it blocks UV rays. It is also shatter resistant, making it popular in sports glasses and glasses for children and teenagers. Because polycarbonate is soft and will scratch easily, scratch resistant coating is typically applied after shaping and polishing the lens.

Tint: A light color (solid or gradient) applied to a lens.

Ultraviolet (UV) Coating: A thin film of transparent material used to reduce the transmission of light in the ultraviolet spectrum.

Contact Lenses

Benefit Highlights — Contact Lenses

	Network	Out-of-Network*
	Amount you pay	Amount you will be reimbursed from the plan
Contact Lenses**		
■ Conventional	\$10 copay, plus 85% of balance over \$100	Up to \$75
■ Disposable	\$10 copay, plus 100% of balance over \$100	Up to \$90
■ Medically necessary	\$0 copay, plus 100% of balance over \$500	Up to \$475
■ Standard Fit and Follow-Up	\$0 (paid in full by plan)	Up to \$40
■ Premium Fit and Follow-Up	\$0 copay, 90% of retail price less \$40	Up to \$40
Additional Savings		
Other add-ons and services	80% of retail price	\$0
Savings on additional pairs	85% of the cost for conventional contact lenses once the funded benefit has been used	\$0

* It is your responsibility to pay an out-of-network provider in full at the time of service and then submit an out-of-network claim form for reimbursement. You will be reimbursed up to the amount shown on the chart.

** For prescription contact lenses for only one eye, the Vision Plan will pay one-half of the amount payable for contact lenses for both eyes. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

Contact Lenses Frequency	Once every 12 months
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Terms to Know

Conventional Contact Lenses: Contact lenses designed for long-term use (up to one year).

Disposable Contact Lenses: Contact lenses designed to be discarded daily, weekly, bi-weekly, monthly or quarterly.

Medically Necessary Contact Lenses: Contact lenses are defined as medically necessary if the individual is diagnosed with:

- Keratoconus not correctable to 20/30 in either/both eyes using standard spectacle lenses
- High Ametropia exceeding -10D or +10D in spherical equivalent in either eye
- Anisometropia of 3D in spherical equivalent or more
- Patients whose vision can be corrected two lines of improvement on the visual acuity chart, when compared to best corrected standard spectacle lenses correction

Medically necessary contact lens requests must be submitted by the provider for review and approval before claim processing.

Premium Contact Lens Fit and Follow-Up: More complex applications, including toric (astigmatism .75D or higher), bifocal/multifocal, cosmetic color, post surgical and gas permeable. Does include extended/overnight wear for any prescription.

Standard Contact Lens Fit and Follow-Up: Applications of clear, soft, spherical (astigmatism less than .75D), daily wear contact lenses for single vision prescriptions. Does not include extended/overnight wear.

Contact Lens Mail Order Replacement Program

After your initial contact lens purchase, you may obtain replacement contact lenses via the internet at substantial savings and they will be mailed directly to you. The contact lens benefit allowance is not applicable to this service. For more information, visit www.eyemedcontacts.com.

Additional Savings

The MILA Vision Plan includes a discount on many products and services not covered by the plan at network providers. You can earn extra savings of 20% off the cost of cleaning solutions, cloths, glass lenses, sunglasses and more.

Savings on Laser Vision Correction

EyeMed works with LCA-Vision and the U.S. Laser Network to offer discounts to members interested in Lasik and PRK. Members receive a discount (15% off retail or 5% off promotional price) when using a US Laser Network provider. There are many locations nationwide. It's easy to take advantage of this benefit:

- To locate a network provider, visit www.eyemedlasik.com or call **1-877-5LASER6**.
- Contact your US Laser Network provider of choice and identify yourself as an EyeMed member. Schedule a consultation to determine if you are a good candidate for laser vision correction. If you are a good candidate and schedule treatment, call the US Laser Network again at **1-877-5LASER6** to activate the discount.
- At the time treatment is scheduled, you will be responsible for an initial refundable deposit to US Laser Network. Upon receipt of the deposit, US Laser Network will issue an authorization number to the member and the provider.
- Once you receive treatment, the deposit will be applied to the total cost of the treatment. You then pay or arrange to pay the balance of the fee on the day of treatment. Should you decide against the treatment, your deposit will be refunded.



QUESTIONS ? ?

Contact MILA

- call: (212) 766-5700
- email: info@milamhctf.com

Exclusions and Limitations

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Aniseikonic lenses
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under the plan
- Services provided as a result of any workers' compensation law
- Plano (non-prescription) lenses and non-prescription sunglasses (except for 20% discount)
- Two pairs of glasses in lieu of bifocals
- Services or materials provided by any other group benefit plan providing vision care; or except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the covered person are within 31 days from the date of such order
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available
- Discounts on frames where the manufacturer prohibits discount, including but not limited to: Bvlgari, Cartier, Chanel, Gold & Wood, Maui Jim and Pro Design
- Applicable taxes
- Visual Display Terminal (VDT) Exam

Please see the Summary Plan Description for a complete list of limitations and exclusions.

Coordination of Benefits

MILA's Coordination of Benefits provision is designed to settle the order for payment of a benefit when a person is covered by two or more plans. It also will prevent duplicate payment for the same product or service. In this way, members and/or providers can be paid quickly and Fund monies can be conserved in order that they will be paid as the Trustees of the Fund have intended.

When two or more vision plans cover the participant for a specific product or service, the plan which must pay first (the primary plan) must be identified. The rules for determining which plan is primary and the order of payment for any additional plans are the same in the Vision Plan as they are in the Medical Plan.

Once the order is determined, if MILA is primary, it pays its benefits in full. If it is secondary, the primary plan or plans will pay first. Then, MILA will pay any difference in benefit necessary to increase your total benefit to what the MILA Vision Plan would have paid if it had been the only plan paying a benefit.



Tools and Resources

It's Easy to Manage Your Benefits

Register at www.eyemedvisioncare.com to:

- Search for a network provider by zip code and find maps and directions
- Learn about vision wellness
- Review who is covered by your plan
- Check claims and review statements
- Print a temporary ID card and request a replacement card
- Contact Customer Service

Vision Health Information at Your Fingertips

Visit the Wellness 101 page at www.eyemedvisioncare.com for information on the importance of eye exams, disease awareness and even how to choose the perfect eyewear. You'll even find videos to help you and your children prepare for an eye exam.

No computer? No problem! Call Customer Service at the number on your ID card.



Identification Cards

In January, you'll receive an identification (ID) card and one additional family card for dependents that enroll. The ID card includes plan information, the closest provider locations and the telephone number and Web address for contacting EyeMed Vision Care.

Sample card:



Filing Claims

When you visit a provider in the EyeMed Select network, claim forms will be filed for you. To receive your out-of-network reimbursement when you visit an out-of-network provider, you will need to complete and sign an out-of-network claim form, attach your itemized receipts and send to:

- EyeMed Vision Care
Attn: OON Claims
P.O. Box 8504
Mason, Ohio 45040-7111

For your convenience, an EyeMed out-of-network claim form is available for download at www.eyemedvisioncare.com or by calling EyeMed's Customer Care Center at 1-866-723-0514.

Denials and Appeals

If a claim for benefits is denied, EyeMed will notify you in writing of the specific reasons for the denial. You may then request a full review by EyeMed within 180 days of the denial date. The plan will then take up to 60 days to respond. Your written letter of appeal should include:

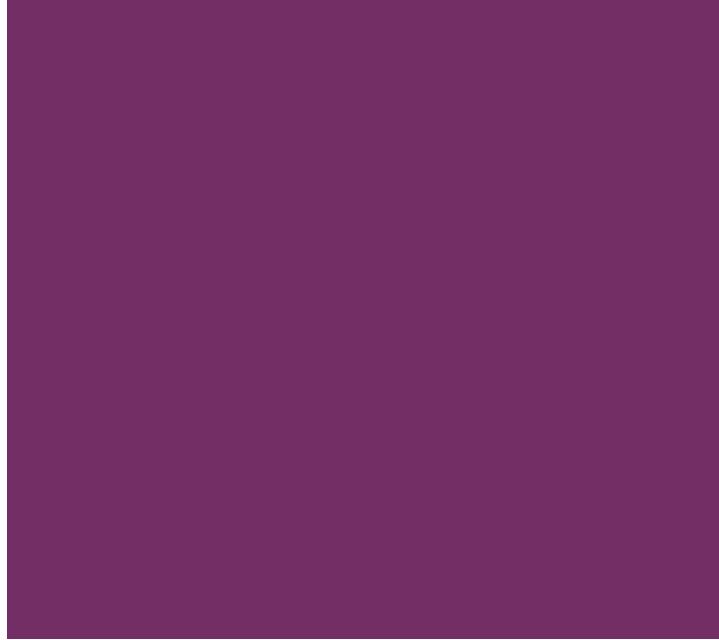
- The applicable claim number or a copy of the EyeMed Vision Care denial information or Explanation of Benefits, if applicable.
- The item of your vision coverage that you feel was misinterpreted or inaccurately applied.
- Additional information from your provider that will assist EyeMed in completing its review of your appeal, including documents, records, questions or comments.

To submit your appeal, mail or fax these documents to:

- EyeMed Vision Care
Attn: Quality Assurance Dept.
400 Luxottica Place
Mason, Ohio 45040-7111
Fax: 1-513-492-4999

Claims Timeline

Activity	Timeline
Time the Plan Takes for its Initial Determination	
■ Initial Review Decision	30 calendar days
■ Extension Period, including extension for plan notice of missing information	15 calendar days
Time the Member Takes to Respond	
■ Provide Additional Information	45 calendar days
■ Comply with Required Filing Procedure	45 calendar days



About This Brochure

The benefits summarized in this brochure are governed by the official Plan Document. If there is any conflict between the information presented in this brochure and the official Plan Document, the Plan Document will prevail. This brochure does not represent a promise of benefits nor does it represent that you are eligible for benefits. In addition, the Board of Trustees reserves the right, in its sole and absolute discretion, to amend or end the Plan, including vision plan benefits, at any time, subject to the terms of the applicable collective bargaining agreements. Finally, the parties to the Master Contract reserve the right to amend or end the Plan, including vision plan benefits, at any time.

