

## Union Trustees

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## Teamsters Union 25 Health Services & Insurance Plan

### TeamstersCare

Schrafft's City Center  
529 Main Street, Suite 209  
Charlestown, MA  
02129

### Telephone

*local:* 617-241-9220  
*in MA:* 800-442-9939  
*outside MA:* 800-225-6135

**Fax:** 617-241-8168

[www.teamsterscare.com](http://www.teamsterscare.com)



## TeamstersCare Vision Benefit

Dear TeamstersCare Member:

Here are some basic facts about the TeamstersCare vision benefit. A more detailed description of the vision plan can be found in the Summary Plan Description.

- **Services are provided only through a participating Davis Vision network provider and you must select eyewear from the Davis Vision Collection.**
- Be sure to inform the provider that you are covered under Teamsters Union 25 Health Services & Insurance Plan through Davis Vision.
- To schedule an appointment, simply call a provider in the Davis Vision network (see attached listing). To verify benefits, you may refer to the TC number on your ID card or the social security number of the member/retiree.
- Vision benefits are available every 24 months for you and your covered spouse and every 12 months for eligible dependent children.
- Routine eye exams are covered at 100% and, if the provider dispenses eyewear, **all eyeglasses and/or contact lenses must be ordered at the same time as the vision exam – they cannot be ordered at a later date.**
- **Additional charges may apply for optional lens types and coatings; please see the detailed Vision Plan Benefit Summary included in your benefits package.**

**TeamstersCare Members** may obtain up to three pairs of glasses if needed. Two of the three pairs can have any combination of special lenses, but the third pair must be single vision lenses or plano (non-prescription). Safety glasses may be substituted.

**TeamstersCare Spouses** may obtain up to two pairs of glasses with any type of lens, except non-prescription or safety glasses.

**Eligible Retirees and Spouses** may obtain up to two pairs of glasses with any type of lens, except non-prescription or safety glasses.

**Eligible Dependent Children** may obtain one pair of glasses with any type of lens, except non-prescription or safety glasses.

**Contact Lenses** – In lieu of all glasses, contact lenses from Davis Vision's Collection may be obtained for a \$25.00 copay. Coverage includes a supply of Planned Replacement or Disposable contacts, or an Allowance of \$150.00 toward toric or gas permeable contacts from the provider's supply. Additional lenses may be purchased online at [www.davisvisioncontacts.com](http://www.davisvisioncontacts.com).

Eyewear is fully guaranteed and may be exchanged or returned for any reason within thirty days. Eyeglass lenses and frames are guaranteed against breakage for one year from date of receipt. There is no guarantee or coverage for lost or stolen glasses.

If you have any questions about the vision benefit, please contact Member Services at (617) 241-9220 ext. 2, visit [www.teamsterscare.com](http://www.teamsterscare.com), or contact Davis Vision directly at (800) 999-5431 or [www.davisvision.com](http://www.davisvision.com).