



TEAMSTERS LOCAL UNION 77

HEALTH & WELFARE FUND

P.O. BOX 9 • COLLINGSWOOD, NJ 08108

Contacts list & Guidelines 7/01/2020

Dental • DOMINION • GROUP: #208142 - PLAN: CHOICE PPO

- 1) Questions regarding your benefits, claims status, or finding a network dentist
- 2) **Contacts:** • **Member Services:** (888) 518-5338; **Claims:** (888) 518-5338; **Online:** <https://DominionMembers.com>
- 3) **Find a Network Dentist:** Logon to Dominion, click on "Find a Dentist" and search for dentists in your zip code, or search for your current dentist. If he/she is not listed in the network, then either use your out-of-network dentist (see out-of-network below), or select a dentist in the network.
- 4) **Out-of-Network Dentist:** Ask a Dominion service representative to have someone contact your dentist and ask he/she to join the network, or contact ASP, Inc., Fund Manager, (856) 382-2421, who will contact Dominion for you.
- 5) **Claim Status or Problem:** Register online to receive email alerts on claim status, explanation of benefits (EOB) or check claim status, and claims history. After you speak to a Dominion service representative and you still need further assistance contact ASP, Inc., Fund Manager, (856) 382-2421.
- 6) **Out-Of-Network Claim:** Member may obtain a Dental Claim Reimbursement Form from Dominion by phone or online. Dominion also includes a detailed list of procedures to follow in order for the member to be reimbursed in accordance with the Plan provisions.

Vision • EYEMED • PLAN ID's: VISION #9913534 - SUNGLASSES #9913583

- 1) Questions regarding your benefits, claims status, or finding a network provider
- 2) **Contacts:** • **By Phone:** (866) 939-3633 • **Online:** www.eyemedvisioncare.com • **Plan Network:** Insight
- 3) **Find a Network Provider:** Logon to EyeMed, click on "Find a Provider" and search for providers in your zip code, or search for your current provider. If he/she is not listed in the network, then either use your out-of-network provider (see out-of-network below), or select a provider in the network.
- 4) **Out-of-Network Provider:** Ask an EyeMed service representative to have someone contact your provider and ask he/she to join the network, or contact ASP, INC., Fund Manager, (856) 382-2421, who will contact EyeMed for you
- 5) **Claim Status or Problem:** Register online to receive email alerts on claim status, explanation of benefits (EOB), check claim status, and claims history. If you speak to an EyeMed service representative and you still need further assistance contact ASP Inc, Fund Manager, (856) 382-2421..
- 6) **Out-Of-Network Claim:** Member may obtain a Vison Services Claim Form from EyeMed by phone or online. EyeMed also includes a detailed list of procedures to follow in order for the member to be reimbursed in accordance with the Plan provisions.

Administrative Changes • PA Turnpike (PTC) • (717) 831-7198

This applies to Teamsters Local Union 77 members currently employed by PTC. Notify PTC HR Department, to change address, marital status, name, and to add or delete dependents including spouse or domestic partner, and add or delete dependents ages 19 - 26

Fund Manager • Administrative Service Professionals, Inc. (ASP) • (856) 382-2421

Fund Management and Continuation of Benefits (COB): While employed by PTC, contact ASP with questions concerning your eligibility and dental or vision benefits. If you are on a leave of absence or no longer employed by PTC, contact ASP concerning your rights to continue benefits under COB regulations, premiums status and other issues processed by the Fund.



**More,
for less...**

40% OFF

Complete pair
of prescription
eyeglasses

20% OFF

Non-prescription
sunglasses

20% OFF

Remaining balance
beyond plan coverage

These discounts are for
in-network providers only

**Hello,
Neighbor**

- You're on the INSIGHT Network
- For a complete list of providers near you, use our Provider Locator on www.eyemed.com and choose the INSIGHT network or call 1-866-804-0982.
- For Lasik providers, call 1-877-5LASER6 or visit eyemedlasik.com.

Vision Care Services

In-Network Member Cost

Out-of-Network Reimbursement

Exam With Dilation as Necessary	\$0 Copay	Up to \$40
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$130 allowance; 80% of charge over \$130	Up to \$50
Standard Plastic Lenses		
Single Vision	\$0 Copay	Up to \$40
Bifocal	\$0 Copay	Up to \$50
Trifocal	\$0 Copay	Up to \$75
Standard Progressive Lens	\$65 copay	Up to \$75
Premium Progressive Lens ⁴	\$85 Copay - \$110 Copay	
Tier 1	\$85 Copay	Up to \$75
Tier 2	\$85 Copay	Up to \$75
Tier 3	\$110 Copay	Up to \$75
Tier 4	\$65 Copay; 80% of charge less \$120 Allowance	Up to \$75
Lenticular	\$0 Copay	Up to \$100
Lens Options (paid by the member and added to the base price of the lens)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ⁴	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	60% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses		
Conventional	\$0 Copay; \$180 allowance; 15% off retail price over \$180	Up to \$150
Disposable	\$0 Copay; \$180 allowance; plus balance over \$180	Up to \$150
Medically Necessary	\$0 copay, Paid in Full	Up to \$210
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

⁴Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.



**More,
for less...**

**20%
OFF**
Non-prescription
sunglasses

**20%
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Remaining balance
beyond plan coverage

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- For Lasik providers, call 1-877-5LASER6, or visit eyemedlasik.com.

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Rx Sunglasses – Employees Only	\$0 Copay, \$130 Allowance, 20% off balance over \$130	N/A
Standard Plastic Lenses		
Single Vision	\$0 Copay	N/A
Bifocal	\$0 Copay	N/A
Trifocal	\$0 Copay	N/A
Lenticular	\$0 Copay	N/A
Standard Progressive Lens	\$65 Copay	N/A
Premium Progressive Lens ^a	\$85 Copay - \$110 Copay	N/A
Tier 1	\$85 Copay	N/A
Tier 2	\$90 Copay	N/A
Tier 3	\$110 Copay	N/A
Tier 4	\$65 Copay, 80% of charge less \$120 Allowance	N/A
Lens Options (paid by the member in addition to the price of the lenses)		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating ^a	\$57 - \$68	N/A
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Frequency		
Lenses	Once every 24 months	
Frame	Once every 24 months	

^aPremium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.