

2008 Vision Benefits Summary

Active and Retired Managerial

Active and Retired Non-Rep C & S (after 6/01/99)

Active and Retired Organization of Staff Analysts (after 7/01/02)

Choose an in-network provider on the Cole Managed Vision (CMV) website at www.cmvc.com by entering plan number **30457** and your **Postal (Zip) Code**. You can also get a list of providers by calling CMV at (800) 334-7591. When you visit an in-network provider, identify yourself as an MTA New York City Transit member. It's fast, it's easy and there's no paperwork involved!

If you visit a non-network provider, you will have to pay the full cost of service and then submit a Vision Care Out Of Network Claim Form to CMV to receive a reimbursement according to the schedule below.

PLAN NUMBER:	IN-NETWORK PROVIDERS		OUT-OF-NETWORK BENEFITS:	BENEFIT FREQUENCY:
30457	Below represents the amount that you will pay out-of-pocket .	Additional glasses or contact lenses: Below represents the amount that you will pay out-of-pocket .	You pay the full cost of service and then submit a claim form to receive the following REIMBURSEMENT .	There is only one eye exam for eyeglasses or contacts lenses within a calendar year.
EYE EXAM (Eyeglasses):	\$0	\$0	Up to \$40	Once Every Calendar Year
EYE EXAM (Contact Lenses):	\$0*	\$0*	Up to \$40	Once Every Calendar Year
FRAMES:				Once Every Calendar Year
Priced up to \$60 retail	Retail less \$90	\$25	Up to \$45	"
Priced from \$61 to \$80 retail	Retail less \$90	\$35	Up to \$45	"
Priced from \$81 to \$100 retail	Retail less \$90	\$45	Up to \$45	"
Priced \$101 and over	Retail less \$90	65% of retail	Up to \$45	"
LENSES (Standard Uncoated Plastic):				
Single Vision	\$0	\$30	Up to \$40	Once Every Calendar Year
Bifocal	\$0	\$50	Up to \$60	"
Trifocal	\$0	\$60	Up to \$60	"
Lenticular	\$0	\$100	Up to \$150	"
Progressive	R&C** less \$180	\$50	Up to \$180	"
LENS OPTIONS:				Once Every Calendar Year
Anti-Reflective Coating	\$35	\$35	\$0	
Polycarbonate	\$30	\$30	\$0	
Scratch Resistant Coating	\$12	\$12	\$0	
Ultraviolet Coating	\$12	\$12	\$0	
Solid or Gradient Tint	\$0	\$8	Up to \$25	
Glass (only for non-minors)	\$15	\$15	\$0	
Photo chromic Glass	\$30	\$30	\$0	
CONTACTS:				
Daily & Extended Wear-in lieu of lenses	R&C** less \$100	R&C** less \$100	\$100	Once Every Calendar Year
Medically Necessary-in lieu of lenses	R&C** less \$100	R&C** less \$100	\$100	Once Every Calendar Year

*Contact lens fitting fees may vary and are set by the provider.

**R&C = Reasonable and Customary Charges

CMV Customer Service Assistance:

For assistance, call CMV customer service department at (800) 334-7591 from 9:00 a.m. to 9:00 p.m. Monday through Friday, and 9:00 a.m. to 5:00 p.m. Saturday.

General Vision Services (GVS) continues to offer a \$180 credit towards frames or contact lenses. GVS providers are included in the provider list you get from CMV or on TENS. You can also call GVS for a listing at 1-800-847-4661 or by going to their web site www.generalvision.com.

Reimbursement for Out-of-Network Services:

To obtain reimbursement for out-of-network services, simply submit a copy of your receipt with a Cole Vision out-of-network claim form to CMV. Claim forms are available on TENS, from Employee Benefits at 180 Livingston Street, Room 6008, HR information Center at 180 Livingston Street (6th Floor) and 130 Livingston Plaza or by calling CMV Customer Service at (800) 334-7591.