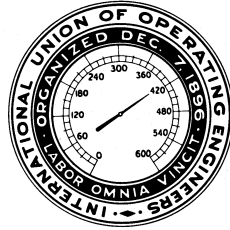


Local 891 Welfare Fund
Lasik Surgery Reimbursement Benefit Plan
Effective January 1, 2020



Who is covered?

All eligible members and dependents as defined by the Fund are covered for Lasik Surgery Reimbursement Benefits.

What does the plan cover?

Effective January 1, 2020 the plan covers up to \$4,000 in out-of-pocket expenses for Lasik Surgery* performed by a licensed physician per family once every calendar year. The plan covers expenses incurred for Lasik Surgery by members and their eligible dependents that are not reimbursed by your City health plan or any other health insurance plan.

How am I Reimbursed for Covered Services?

You can obtain a Lasik Benefit Reimbursement Claim Form from the Union's website "**local891.com**" or by calling the Fund's Third-Party Administrator, Daniel H. Cook Associates, at 212-505-5050. If any expenses associated with Lasik Surgery are covered by your City health plan or any other insurance plan, your claim **must** be submitted to that plan first. Submit your completed claim form with the appropriate medical receipts, explanation of benefits or other evidence of payment to the address on the claim form. Your claim must be submitted no later than the end of the calendar year following the year in which Lasik Surgery services were rendered.

***This benefit provides reimbursement only for out-of-pocket costs incurred in connection with Lasik Surgery procedures rendered by a licensed physician. The Fund does not recommend, endorse nor guarantee the services of any particular medical provider.**