



Date: November 2017
To: CECONY Retired Employees
From: Employee Benefits
Subject: Vision Care Benefits available through Participating Providers

This memo contains important information regarding your Vision Care Plan benefit, administered by Comprehensive Professional Systems, which has been improved.

Effective January 1, 2018, the value of frames you will be able to obtain through the plan, as well as the frequency of eye examinations and lenses will be improved as noted below.

When using a Participating Provider, these services are available to you and your dependents at no cost. Click www.cpsoptical.com to search for an in-network provider near you.

- Comprehensive eye examination, including testing for glaucoma, every 12 months
- Standard single vision plastic lenses every 24 months, or after 12 months if prescription changes
- Frames with a retail value up to \$175 every 24 months

Additional lens coverages are available to you at no cost, once in a 24-month period or once in a 12-month period if prescription changes:

- Bifocals and Trifocals
- Prescription sunglasses
- Standard progressive lenses
- Conventional daily-wear or extended-wear contacts
- 30-day supply of daily disposable contacts
- 18-week supply of two-week disposable contacts
- Cosmetic tinting, ultraviolet and scratch resistant coatings, and oversized lenses

Optional services are also available to you at the following co-payment amounts, once in a 24-month period and once in a 12-month period if prescription changes:

- Polycarbonate single vision lenses - \$25 copay
- Polycarbonate multifocal vision lenses - \$30 copay
- Standard anti-reflective coating - \$35 copay
- Hi-index single vision 1.60 index lenses - \$50 copay
- Hi-index multifocal 1.60 index lenses - \$55 copay
- Polarized single vision lenses - \$70 copay
- Polarized multifocal lenses - \$75 copay
- Varilux comfort 2 progressive lenses - \$90 copay

- Standard photosensitive single vision plastic lenses - \$60 copay
- Standard photosensitive multifocal vision plastic lenses - \$65 copay

The schedule of vision care allowances for use of non-participating providers is \$100 and includes:

- Comprehensive Eye Exam - \$20 (including testing for glaucoma) every 12 months
- Lenses - \$60 every 24 months, or after 12 months if prescription changes
- Frames - \$20 every 24 months

Frames

Frames with a retail value up to \$175 are available every 24 months at no cost to you when using an in-network provider. If you choose a frame with a retail value greater than \$175, you will be responsible for paying the difference between the total retail price and \$175. For example, if the frame you choose costs \$185, you will have to pay \$10. Please note that certain stores only offer a specific selection of frames under insurance plans, including the Con Edison plans.

Claim Forms

Participating providers have Comprehensive Vision Care Plan claim forms. Your provider will ask you to sign a claim form after you receive services. Claim forms for non-participating providers are available at the retiree's Benefits website @

<https://www.coned.com/ceretirees/forms/vision-out-of-network-retirees.pdf>