



Vision Reimbursement

Group Name: Bronxville Public School Employees' Benefit Trust

Vision Plan

Eye exams are covered once, each plan year. Eyeglasses or contact lenses (not both) are covered once per Plan year. For example, if you obtained the glasses in the 2023/2024 plan year, you must wait until the 2024/2025 plan year to cover contacts or glasses.

Reimbursement is as follows:

- Exam: \$55.00
- Single Vision Lenses: \$50.00
- Bifocals: \$100.00
- Trifocals: \$150.00
- Progressive Lenses: \$150.00
- Frames: \$75.00
- Contacts: \$175.00
- Non-Prescription Sunglasses: \$125 *Needs to be accompanied by vision exam to qualify for reimbursement

Preferred Vision Providers

Raymond Opticians and Mendel Optical have agreed to be preferred vision providers for Bronxville members and will provide at no cost to all eligible members and their dependents the following:

- A comprehensive eye exam
- A choice of approximately 400 frames
- UV scratch coating and tinting
- Certain contact lenses
- A second pair of single-vision eyeglasses or sunglasses from a special selection of frames

Please Note: Services or supplies beyond which are listed may require having to pay the provider the difference.

How-to File a Vision Claim

The vision claim form can be found on the D. H. Cook website at: <https://dhcook.com/groups/bronxville-public-school-employees-benefit-trust/>. A claim form will be provided in the office if using a preferred vision provider.



Mail Completed Claim Form To:
Daniel H. Cook Associates, Inc.
1040 Avenue of the Americas,
24th Floor
New York, NY 10018



Fax Completed Claim Form To:
(646) – 381 – 8853



Email Completed Claim Form To:
intake@dhcook.com

Questions? You can call our Customer Service Department at (914) 250 – 0700.