



## 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 2022/2023 plan year, you must wait until the 2023/2024 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

### 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,  
24<sup>th</sup> 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.**