

CAMBRIDGE PUBLIC EMPLOYEE DENTAL & VISION FUND

VISION REIMBURSEMENT SUMMARY

Benefit:

You and your eligible dependents (spouse and/or children) are each entitled to receive a total reimbursement of up to \$450 for vision services – any combination of lenses, frames, and contact lenses, during each eligibility period (as defined below). There are no limits on the number of lenses, frames, and contact lenses purchased to utilize the maximum allowable reimbursement of \$450 – but must within the eligibility period (as defined below) and must be purchased within 30 days of the first purchase if purchasing more than one item (see policy below).

Eligibility Period:

- **You and your covered dependents aged 14 and over** are eligible for vision benefits once every twenty-four (24) months. If you have more than (1) date of service (multiple purchase dates), the twenty-four (24) month period will be measured from the first date of service – the earlier of the two dates of service starts the twenty-four (24) month period.
- **Dependents under fourteen (14) years of age** are eligible for vision benefits once every twelve (12) months. If you have more than (1) date of service (multiple purchase dates), the twelve (12) month period will be measured from the first date of service – that is, the earlier of the two dates of service starts the twelve (12) month period.

Policies:

- No reimbursement for eye exams, contact lens fittings, or non-prescription vision materials – or services/materials provided by International Optical.
- **If purchasing more than one (1) of any combination of lenses, frames, or contact lenses it must be purchased within 30 days of the first purchase and submitted at one-time.**
 - **Example:** You purchase prescription lenses and frames on June 15th for \$200. You will have until July 15th to utilize the remaining balance to purchase any additional eligible vision services.
- Vision claims must be submitted within 12 months (1 year) from the first date of service in its entirety. In other words, you have a year to submit in your claim – and can only submit (1) one claim every “eligibility period” per a person.
 - **Example:** Following the 30-day rule, if you purchase contact lenses on January 10, 2026 (first date of service), and on February 10, 2026, purchase glasses to utilize the remaining balance – you will have until January 10, 2027, to submit in your vision claim (1 year from the first date of service). Any claims after the 12-month period are subject to be denied.
- Any portion of the allowable reimbursement benefit that is not utilized during the eligibility period will be forfeited and cannot be used after the 30-day rule or carried over to the next eligibility period.
- **Other limitations may apply;** please see pg. 9 of vision brochure “Limitations” – located on the Fund’s website at www.cdvsfund.org.

Claim Submission Policies:

- A completed vision claim form - separate claim form must be completed for each member or dependents (spouse and/or children) requesting vision reimbursement. Claims can be either mailed to the Fund Office or emailed to visionclaim@cdvsfund.org.
- **Itemized paid bill** that indicates the date of service, patients name, provider(s) information, services received, and amount charged for each item – lenses, frames, contacts. Must be paid with no outstanding balance due.
- **Verification of payment** – receipts, charge slips, copy of cancelled check, or credit card/bank statement. The words “Paid in Full” written, stamped, etc. are not acceptable as verification of payment.
- **Copy of prescription** – with patients name and provider(s) information
- Vision claims can either be mailed to the Fund Office or emailed to visionclaim@cdvsfund.org.

As a reminder, before obtaining vision services please contact the Fund Office about your vision eligibility or check your eligibility status on the member portal – to signup please go to the Fund website at www.cdvsfund.org.