

TEAMSTERS

LOCAL 170

HEALTH & WELFARE FUND

Union Trustees

Shannon R. George, Co-Chairman

Edward J. Adley

Sean M. Foley

Employer Trustees

Charles H. Aubuchon, Co-Chairman

William F. Hoff

Henry J. Camosse Jr.

Fund Counsel

Raymond J. Reed, Esq.



330 Southwest Cutoff

Suite 202

Worcester, MA 01604

Tel: 508-791-3416

Fax: 508-792-0936

Toll Free Number

800-447-7730

Web Site

www.teamster170hwf.com

Dear Teamster Retiree:

Please be advised that effective July 1, 2000 the New England Teamsters Pension Fund has implemented a program by which they would be able to withhold your insurance payment directly from your pension check. These funds would be sent to the Teamsters Local 170 Health & Welfare Fund at the beginning of each month.

This is a voluntary program and you would have the right to revoke or change your election at any time. In order for the pension Fund to begin withholding your payments you would be required to execute an Authorization Form and return it to the Health & Welfare Fund office. Only retirees that are participants in the New England Teamsters pension Fund are eligible for this program.

If you wish to take advantage in this program, you must sign and return the enclosed authorization with your enrollment form.

Should you have any questions, please do not hesitate to call this office.

Very truly yours,

The Fund Office

TEAMSTERS

LOCAL 170

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330 Southwest Cutoff

Suite 202

Worcester, MA 01604

Tel: 508-791-3416

Fax: 508-792-0936

Toll Free Number

800-447-7730

Web Site

www.teamster170hwhf.com

Dear Member:

Please note that your first payment must be returned with your application for the Retiree Plan. Should you choose to take advantage of the Pension Withdrawal, it will begin the first of the next month.

Very truly yours,

Cindy Schiavone

RETIREE ENROLLMENT FORM PLAN B

Last Name		First Name	M
Street Address	City	State	Zip Code
Telephone Number		Social Security Number	
Year of Retirement		Company Name	

____ I would like Plan B for myself and my eligible dependents at a cost of \$1,000.00 per month. I understand that if the payment is not received by the due date my insurance coverage will be cancelled immediately.

____ I understand the option available to me and my eligible dependents, however, I am not interested. I understand that failure to obtain this coverage now waives any right to coverage in the future.

Please check the method of payment desired, you will not receive a bill for payment. Please put your social security number on your check. Thank you.

_____	Monthly Pension Withdrawal	\$1,000.00
_____	Quarterly	\$3,000.00
_____	Semi-annually	\$6,000.00
_____	Annually	\$12,000.00

Signature	Date of Birth	Today's date
Spouse's Signature	Date of Birth	Today's date

What Does Health Care Reform Mean to You?

The Affordable Care Act (ACA) contains many changes that may or may not affect you and your family members.

One of the **new** requirements for employers is to notify all employees of the existence of "Health Insurance Exchanges," which are online "Marketplaces" through which individuals can purchase health insurance policies. In New England, Massachusetts has had an Exchange for over five years, called the Health Connector. Other states will either be creating their own Exchange, or using an Exchange developed by the federal government. Enrollment for Exchange coverage begins October 1, 2013, with coverage effective January 1, 2014.

If you are enrolled in health insurance through our plan, you don't need to do anything. Your coverage through the Fund exceeds the ACA's minimum requirements. If you are eligible for, but not enrolled in, our coverage you may enroll during the next open enrollment period, or you may purchase coverage through the Marketplace; however, **you will not be eligible for a federal premium subsidy to purchase Marketplace coverage** if you are eligible for affordable coverage under our plan. Generally, coverage is considered "affordable" to an employee for the year if the employee's required premium contribution for employee-only coverage does not exceed 9.5% of household income. Please refer to **HealthCare.gov** for more information.

FREQUENTLY ASKED QUESTIONS

Q What is an "Exchange" or "Marketplace" under the Affordable Care Act (ACA)?

Health Insurance Exchanges, also known as Marketplaces, are new organizations that will be set up in each state so that small businesses and individuals can purchase health insurance.

Q Who is eligible to purchase insurance through an Exchange or Marketplace?

To purchase insurance through the Exchange you must live in the United States, be a U.S. citizen or national, and not be incarcerated. However, individuals who purchase insurance through the Exchange will pay 100% of the cost and no longer receive any employer contribution towards their health insurance plan.

Q What is a federal premium subsidy?

Federal premium subsidies are refundable tax credits paid directly to an insurance company by the federal government to help eligible individuals pay for coverage purchased through an Exchange. Individuals may apply for and receive the subsidy up-front during the year without having to wait until they file their tax returns to receive the subsidy. Because the credit is "refundable," an individual may receive the credit even if he or she has little or no income tax liability.

Q Who will get the federal premium subsidy?

Generally, subsidies will be provided to people who have a family income between 100%-400% of the Federal Poverty Level (FPL), are purchasing insurance on their own in the Exchange, and who do not have access to alternative insurance such as Medicaid or Medicare.

Q I am covered under the Fund's plan or have health insurance through my spouse. Can I get insurance through the Exchange or Marketplace?

You and/or your spouse have a health insurance plan that includes a premium contribution paid by the employer. Because of this, you pay less for health insurance. You have the option of purchasing health insurance through the Exchange, but you would pay 100% of the cost.

Q I heard that I must have health insurance or pay a penalty. What is the penalty?

In 2014, the penalty for not having health insurance starts at the greater of \$95 or 1% of your taxable income. However, you will not be assessed this penalty until you file your 2015 tax return. The penalties will increase every year until 2016 when the penalty will be the greater of \$695 or 2.5% of taxable income.

Q What happens if I don't pay the penalty?

The penalty will be deducted from your tax refund.

Q If I have a pre-existing condition, am I covered for that condition through my health insurance plan?

The Fund's plan covers pre-existing conditions. However, many plans do not. One of the most beneficial parts of the ACA is that health insurance plans must cover any pre-existing condition starting with plan years beginning in 2014.

Q Is health care reform costing our company money?

Yes. The Fund has been assessed additional taxes and fees as part of health care reform. In 2014, we expect these fees and taxes to increase our costs between 2% and 3%.

Q I have a relative who doesn't make much money and doesn't have insurance through a job. Can they get a subsidy for health insurance if they go to the new Exchange or Marketplace?

Possibly. If your relative is not entitled to Medicaid, they may be able to purchase health insurance at the Exchange and receive a premium credit (subsidy) if their income does not exceed 400% of the Federal Poverty Level (FPL). The premium

credit is scaled based on income and the size of their family. If they need assistance, have them visit HealthCare.gov for more information or call their local Exchange/Marketplace.

Q Do all employers have to offer health insurance to their employees?

The health care reform law (ACA) will penalize employers with 50 or more full-time equivalent employees if they do not offer affordable health insurance to their full-time employees, and a full-time employee uses a federal premium credit to purchase coverage through a Marketplace. The law does not penalize employers with less than 50 full-time equivalent employees if they don't offer coverage.

Q Does ACA require employers to offer coverage once an employee works a certain number of hours?

Yes. ACA requires employers to offer health insurance to employees who work, on average, 30 hours or more per week, or potentially be subject to penalties. ACA also requires the waiting period for health insurance to be no more than 90 days once the employee satisfies the plan's eligibility criteria. Our Fund meets the new ACA eligibility criteria.



MASSACHUSETTS



Weight Loss Reimbursement

Wellness Participation Program

Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified Weight Watchers® and hospital-based weight-loss programs.

3 Easy Steps to Getting Reimbursed²

1



Choose

Start by picking a qualified weight-loss program.

2



Complete

Once you pay for the program, fill out the attached form.

3



Mail

Send the completed form and proof of payment to the address listed.

A qualified weight-loss program is:

- Weight Watchers meetings
- Weight Watchers At Work
- A hospital-based weight-loss program

What doesn't qualify?

- Weight Watchers Online
- Weight Watchers At Home
- Fees paid for individual nutrition-counseling sessions, food, books, videos, or scales

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. Proof of payment includes the following:
 - Paid receipts from qualified program
 - Weight Watchers Membership Book
- Receipts, statements, or Weight Watchers Membership Book should include the name of the family member enrolled in the program, the amount paid per session(s), and date(s) paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

Be sure to check with your doctor before starting any weight-loss program.

1. Most plans offer a \$150 reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.
2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Weight-Loss Reimbursement Form³

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form when you have paid receipts from a qualified weight-loss program, once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State Zip Code
Employer's Name			

Member and Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo.	Day	Yr.
Mailing Address—Number and Street (if different from subscriber's)		City	State	Zip Code	
Gender	Claim is for (check one):				
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (policyholder)	<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse (of policyholder)	<input type="checkbox"/> Dependent (up to age 26)			
Class or Program Information Required: Attach 8.5" x 11" photocopies of paid receipts from your qualified weight-loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name or logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program Membership Book showing this information is required.					
Name and Address of Class or Program				Health Plan Year	

Total Amount Submitted: \$ _____

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts about my weight-loss program. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's or
Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Please complete and mail this form
(including copies of paid receipts) to:
Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298





MASSACHUSETTS



Fitness Reimbursement

Wellness Participation Program

Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150¹ annually in qualified health club membership fees or for fitness classes taken at a qualified health club.

3 Easy Steps to Getting Reimbursed²

1



Choose

Start by picking a qualified health club.

2



Complete

Once you pay for the program, fill out the attached form.

3



Mail

Send the completed form to the address listed at the bottom.

A qualified health club is:

A full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

What doesn't qualify?

You can't receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the clubs below:

- Martial arts or yoga centers
- Gymnastics, tennis, aerobic, or pool-only facilities
- Country clubs or social clubs
- Sports teams or leagues

Important Information

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. Proof of payment includes the following:
 - Itemized, dated, paid receipts from your health club
 - Bank or credit card statements
 - Paycheck stubs if your club fees are automatically deducted from that account
- Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full reimbursement of health club fees.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

Be sure to talk with your doctor before starting an exercise program.

1. Most plans offer a \$150 Fitness Reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.
2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

Fitness Reimbursement Form³

To verify this reimbursement is within your plan, please log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form once per calendar year, no later than March 31 of the following year.

PLEASE PRINT ALL INFORMATION CLEARLY

Subscriber Information (Policyholder)

Identification Number (including first 3 letters)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State Zip Code
Employer's Name			

Member and Claim Information

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo. Day Yr.
Mailing Address—Number and Street (if different from subscriber's)		City	State Zip Code
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Claim is for (check one): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Dependent (up to age 26)		
Name, Address, and Phone Number of Qualified Health Club			
I am due \$_____ for the following reimbursement (check one): <input type="checkbox"/> Membership at a qualified health club. My monthly fee is \$_____. <input type="checkbox"/> Fitness classes at a qualified health club. My fee per class is \$_____.			
			Health Plan Year

Certification and Authorization (This form must be signed and dated below.)

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or
Member's Signature: _____ Date: _____

Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at www.bluecrossma.com/membercentral or call Member Service at the number on the front of your ID card.

Please complete and mail this form to:
Blue Cross Blue Shield of Massachusetts
Local Claims Department
PO Box 986030
Boston, MA 02298

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.





Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

CONNECTICUT

ANSONIA

Opticare

Dr. George Brinnig
Dr. Janine Elder
Dr. Meredith R. Gershon
Dr. Todd A. Lefkowitz
Dr. Geoffrey L. Nemser
Dr. Mark Ryan
Dr. Salman J. Yousuf
145 Wakelee Ave
Ansonia CT 06401 #
(203) 734-1686

Opticare

Dr. Douglas P. Agranov
Dr. Artis L. Beatty
Dr. Robert F. Blake
Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuanano
Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou
Dr. John E. Stanley
145 Wakelee Ave
Ansonia CT 06401
(203) 734-1686 (*)

AVON

Dr. Sean C. McLoughlin
18 W. Avon Rd
Avon CT 06001 #
(860) 675-3937 (*)

BETHEL

Dr. Peter B. Lerner
68 Stony Hill Rd Rt 6
Bethel CT 06801 #
(203) 797-8504 (*)

BLOOMFIELD

Acuity Eye Physicians & Surg
Dr. Jenny Mathew
47 Jolley Dr
Bloomfield CT 06002 #
(860) 286-5448 (*)

Dr. Steven D. Gerber
397 Cottage Grove Rd
Bloomfield CT 06002 #
(860) 243-8003 (*)

Dr. John M. Lertora
38-40 Tunxis Ave
Bloomfield CT 06002 #
(860) 243-2508

Dr. Bradford A. Newman
38-40 Tunxis Ave
Bloomfield CT 06002 #
(860) 243-2508

BRANFORD

Carofano Opticians Inc
532 Main St
Branford CT 06405 #
(203) 488-4743 (*) <d>

Dr. John S. Rubsam
Unit C.
46 Park Pl
Branford CT 06405 #
(203) 481-5909 (*)

BRIDGEPORT

Dr. Shawn Burns
101 Boston Ave
Bridgeport CT 06610 #
(203) 333-2020 (*) (S)

Dr. Steven N. Frankel
Dr. Annette R. Hoo
2160 Main St
Bridgeport CT 06606 #
(203) 366-7504 (*)

Furze & Ackley Optical
4270 Main St
Bridgeport CT 06606 #
(203) 372-4569 (*) <d> (IS)

BRISTOL

Bristol Eye Associates PC
Dr. Robert J. Ouellette Jr.
Dr. Charles R. Robinson
156 Farmington Ave
Bristol CT 06010 #
(860) 583-2108 (*) <e>

Bristol Eye Associates, PC
156 Farmington Ave
Bristol CT 06010 #
(860) 583-2108 <d>

Dr. William Wachtel
Dr. Janelle Fern
Dr. Michelle E. Moore
Dr. Sidney L. Shafran
683 Broad St
Bristol CT 06010 #
(860) 583-2020 (*)

Dr. Amy R. Himmelstein
Suite B.
440 N. Main Street
Bristol CT 06010 #
(860) 582-2166

Dr. Joseph E. Pavano III
927 Farmington Ave
Bristol CT 06010 #
(860) 589-6475 (*) (S)

CANTON

Charles Bonelli
220 Albany Turnpike
Canton CT 06019 #
(860) 693-2289 (*)

CENTERBROOK

Essex Vision Center
Ste 101
90 Main St
Centerbrook CT 06409 #
(860) 767-3206 <d>

CHESHIRE

Opticare
Dr. Peter Remillard
Dr. Mark Ryan
Dr. Mara Santos-Capuanano
1785 Highland Ave
Cheshire CT 06410 #
(203) 271-2020

Opticare
Dr. Douglas P. Agranov
Dr. Artis L. Beatty
Dr. Robert F. Blake
Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuanano
Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou
Dr. John E. Stanley
1785 Highland Ave
Cheshire CT 06410
(203) 271-2020 (*)

COLCHESTER

Dr. Arthur V. Horvitz
79 C. Norwich Ave
Colchester CT 06415 #
(860) 537-2037

Wisniewski Dr Nicholas
752 Middletown Road
Colchester CT 06415 #
(860) 531-3852

CROMWELL

Dr. Nancy P. Loveland
Dr. Cassandra M. Wedeking
Ste 2
28 Shunpike Rd
Cromwell CT 06416 #
(860) 635-3300 (*)

DANBURY

Dsn Eyecare Llc
Dr. Susan Westrup
7 Backus Ave
Danbury CT 06810
(203) 790-1341 <e>

Natalya Archuleta OD
Dr. Natalya M. Archuleta
4A Backus Ave
Danbury CT 06810
(203) 205-2329 (*) <e>

Opticare
Dr. Geoffrey L. Nemser
Dr. Thuylinh N. Roschangar
Dr. Jessica A. Schonfeld
Dr. Salman J. Yousuf
65 North St
Danbury CT 06810 #
(203) 790-9030

Opticare
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Dr. Artis L. Beatty
Dr. Robert F. Blake
Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
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Dr. Sharon A. Martino
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Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuanano
Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou
Dr. John E. Stanley
65 North St
Danbury CT 06810
(203) 790-9030

Visionworks Inc
4A Backus Ave
Danbury CT 06810
(203) 205-2329 <d>

(*) Handicap access.
ALT LANG: S-Spanish F-French
C-Chinese I-Italian H-Hebrew
Tower frame collection.

<e> Performs examinations only
P-Polish A-Amer Sign G-German
R-Russian Y-Yiddish O-Korean

<d> Dispenses eyewear only
J-Japanese T-Cantonese
K-Pakistan M-Mandarin

TW 520 01 04/22/16 01



Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

DARIEN

Faymar Optical
Dr. Faye D. Algranati
533 Post Rd
Darien CT 06820
(203) 309-5155 <e> (RS)

DURHAM

Dr. Frances E. Sites
Dr. Philip Perrino
243 Main Street
Durham CT 06422 #
(860) 349-2323 (*)

EAST HARTFORD

Dr. Cai Eye Care Center
Dr. Thu T. Cai
477 Connecticut Blvd
East Hartford CT 06108 #
(860) 289-4848 (*) (SV)

Dr. Gary Vrooman
596 Burnside Ave
East Hartford CT 06108 #
(860) 528-6819

Dr. Thomas J. Prignano
Dr. Michelle Reichle
Dr. Satvinder Sodhi
Gateway Sq Medical Bldg Suite
893 Main St
East Hartford CT 06108 #
(860) 528-5816 (*)

ENFIELD

Dr. Lily Yeh
139 Hazard Ave
Enfield CT 06082 #
(860) 749-1233 (*)

FAIRFIELD

A&J Eyecare, Inc
1901 Black Rock Tnpke
Fairfield CT 06825 #
(203) 334-7734 (*) <d>

Dr. Warren Brandt
1901 Black Rock Tnpke
Fairfield CT 06825
(203) 292-9581 (*) <e>

Opticare
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Dr. Artis L. Beatty
Dr. Robert F. Blake
Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
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Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuno
Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou
Dr. John E. Stanley
1482 Post Road
Fairfield CT 06824
(203) 254-0055

Opticare
Dr. Douglas P. Agranov
Dr. Jane Khorosh
Dr. Melvyn Mazer
Dr. Geoffrey L. Nemser
Dr. Peter A. Silver
Dr. Sidet Sou
1482 Post Rd
Fairfield CT 06824 #
(203) 254-0055

FARMINGTON

Guillermo G. Gallardo, MD
Dr. Guillermo Gallardo
West Farms Mall #113
Farmington CT 06032
(860) 521-4141 <e>

Dr. Joel Roffer
1600 Southeast Rd
Farmington CT 06032 #
(860) 678-8025 (*)

GALES FERRY

Dr. Mark T. Lopez
1026 Long Cove Rd
Gales Ferry CT 06335 #
(860) 464-6060 (*)

GRANBY

Eaton Eyecare Of Granby
Dr. David Eaton
16 East Granby Rd
Granby CT 06035 #
(860) 653-3008 (*)

Granby Family Eye Care
Dr. Frederick A. Moffa
355 Salmon Brook St
Box 930
Granby CT 06035 #
(860) 653-7440 (*)

GUILFORD

Dr. Betsy Swenby
1013 Boston Post Rd
Guilford CT 06437 #
(203) 458-1900 (*) (S)

HAMDEN

Opticare
Dr. Robert F. Blake

Dr. Richard D. Gilbert
2165 Dixwell Ave
Hamden CT 06514 #
(203) 407-3937

Opticare
Dr. Douglas P. Agranov
Dr. Artis L. Beatty
Dr. Robert F. Blake
Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
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Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuno
Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou
Dr. John E. Stanley
2165 Dixwell Ave
Hamden CT 06514
(203) 226-5585

Dr. James D. Weston
Dr. Thomas R. Conrod
2300 Dixwell Ave
Hamden CT 06514 #
(203) 248-3937 (*)

HARTFORD

Dr. Antwi Eye Care Llc
Dr. Afua W. Antwi
112 S. Whitney Street
Hartford CT 06105
(860) 523-0339 (*) <e>

Eye Disease Consultants
Dr. Paul Gaudio
Ste 522
85 Seymour St
Hartford CT 06106
(860) 549-2020 (*) (S)

Dr. Richard A. Fichman
Dr. Randy Bouligny
Dr. Jason Delisle
Dr. Edward Osborn
Dr. Carly M. Oslin
Dr. Thomas A. Wohl
1500 Albany Ave.
Hartford CT 06112 #
(860) 560-9563 (*) (PS)

La Vision
112 S. Whitney St
Hartford CT 06105 #
(860) 523-0339 (*) <d> (ES)

Dr. Alan T. Lu
Ste L13
609 Farmington Ave
Hartford CT 06105 #
(860) 232-6991 (*) (V)

KENSINGTON

Dr. Mark Bannon
359 Main St
Kensington CT 06037 #
(860) 829-1020 (*)

MADISON

Opticare
Dr. Douglas P. Agranov
Dr. Artis L. Beatty
Dr. Robert F. Blake
Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuno
Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou
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Madison CT 06443 #
(203) 245-1492 (*)

MANCHESTER

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Dr. Randy Bouligny
Dr. Jason Delisle
Dr. Edward Osborn
Dr. Carly M. Oslin
Dr. Thomas A. Wohl
178 Hartford Rd
Manchester CT 06040
(860) 649-9973 (*) <e>

Fichman Eye Center
178 Hartford Rd
Manchester CT 06040 #
(860) 649-9973 (*) <d>

(*) Handicap access.
ALT LANG: S-Spanish F-French
C-Chinese I-Italian H-Hebrew
Tower frame collection.

<e> Performs examinations only
P-Polish A-Amer Sign G-German
R-Russian Y-Yiddish O-Korean

<d> Dispenses eyewear only
J-Japanese T-Cantonese
K-Pakistan M-Mandarin

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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

MANSFIELD

Dr. Anthony M. Gioscia
1708 Stafford Rd
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MERIDEN

Dr. Maria L. Gheorghe-Yousse
470 Lewis Avenue
Meriden CT 06451 #
(203) 740-7222

MERIDEN

Acuity Eye Physicians
Dr. Jenny Mathew
12 Curtis St
Meriden CT 06450 #
(203) 235-7946 (*)

Dr. Maria L. Gheorghe-Yousse
Dr. John Nedelcu
470 Lewis Ave
Meriden CT 06451
(203) 237-4280 <e>

Insight, LLC
Dr. Michael Aucello
470 Lewis Avenue
Meriden CT 06451
(203) 235-4616 (*) <e>

Meriden Eyecare LLC
Dr. Maria L. Gheorghe-Yousse
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816 Broad Street
Meriden CT 06450 #
(203) 237-2020

Dr. John Pulaski
Dr. Karen A. Bonnanzio
86 W. Main St
Meriden CT 06450
(203) 235-1681 (*) <e>

Visionworks
470 Lewis Avenue
Meriden CT 06451
(203) 235-4611 (*) <d>

Walsh and Massari Opticans
86 W. Main St
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MYSTIC

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200 Sandy Hollow Rd
Mystic CT 06355 #
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NAUGATUCK

Opticare
Dr. Douglas P. Agranov
Dr. Laura C. Dake-Roche
Dr. Sharon A. Martino
Dr. Thuylinh N. Roschangar

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799 New Haven Rd
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Dr. Robert F. Blake
Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuanano
Dr. Crystal Seaforth
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Dr. Randy Boulligny
Dr. Jason Delisle
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Dr. Kyung H. Hong
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Dr. Joseph E. Pavano III
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Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
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Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
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Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
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Dr. Stephen M. Dincher
Dr. Janine Elder

Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
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Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
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Dr. Kathryn Kulowski
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Dr. Cassandra R. Young
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Ste 2B
505 Willard Ave
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(860) 667-0207 (*) <e>

Totalvision Eye Health Center
Dr. Caitrin E. Herdic
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Newington CT 06111
(860) 666-7053 (S)

NORWALK

Doctors Eye Clinic
Dr. Howard Gottlieb
650 Main Ave
Norwalk CT 06851
(203) 939-1880 <e> (S)

Erica Gross OD PC
Dr. Erica L. Gross
779 Connecticut Ave
Norwalk CT 06854
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Faymar Optical
Dr. Faye D. Algranati
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Norwalk CT 06851
(203) 939-1880 <e> (S)

(*) Handicap access.
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K-Pakistan M-Mandarin

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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

My Eye Shoppe, Llc
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New England Eye Care
Dr. David Kraus
280 Connecticut Avenue
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Dr. Joseph Carillo
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Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
Dr. Mara Santos-Capuanio
Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou
Dr. John E. Stanley
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Opticare Eye Health Ctrs Inc
Dr. Joseph Carillo
Dr. Olga A. Konykhov
Dr. Jeffrey L. Oberman
40 Cross St
Norwalk CT 06851 #
(203) 845-2020

Scott Spector Eye Care Cente
Dr. Judith F. Elson
Dr. Marybeth Schanz
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E. Spector Eye Car
Spector Eye Care
Dr. Judith F. Elson
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OLD SAYBROOK

Dr. David Macdonald
266 Main St
Old Saybrook CT 06475
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Dr. Regina Gentile
Dr. Natacha Louis-Charles
501 Boston Post Rd
Orange CT 06477 #
(203) 795-3937 (*)

Dr. Raymond Szczepanski
Vision Plus
185 Boston Post Rd
Orange CT 06477 #
(203) 795-5000

PROSPECT

Vision Associates Of Prospec
Dr. Catherine Gelinas
Dr. Lawrence Kline
60 Waterbury Road
Prospect CT 06712 #
(203) 758-5555 (S)

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Dr. Laura C. Dake-Roche
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Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
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ROCKY HILL

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Dr. Kathryn Kulowski
Dr. Linda Shilberg Aronow
Dr. Peter D. Staiger
Dr. Edmund Swan

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Dr. Howard R. Cohen
Dr. Joseph S. Madrak
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SOUTH WINDSOR

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South Windsor CT 06074
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Dr. Joseph Carillo
Dr. Laura C. Dake-Roche
Dr. Stephen M. Dincher
Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
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STAMFORD

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Stamford Town Center
100 Greyrock Pl
Cohen's Fashion Optical
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Dr. David Kraus
Dr. Michael V. Kalustian
30 Sixth St
Stamford CT 06905 #
(203) 357-7181 (*)

Dr. Neeti B. Parikh
Dr. Marybeth Schanz
Ste 205
1250 Summer St
Stamford CT 06905
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1425 Bedford St
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Dr. Fredric I. Smilen
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80 Mill River St
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Stamford Vision Care
Dr. Jesse D. Chin
Dr. John P. Decarlo
Dr. Robert Maiolo
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Stamford CT 06905 #
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STRATFORD

Dr. Shawn Burns
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Stratford CT 06615 #
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2nd Fl
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Grover Opticians
2420 Main St
Stratford CT 06615 #
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Dr. Kurt J. Tichy
Dr. Karen A. Bonnanzio
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Stratford CT 06614 #
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TORRINGTON

Angela Yang, OD
Torrington Eyecare
373 Main St
Torrington CT 06790 #
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(*) Handicap access.

ALT LANG: S-Spanish F-French
C-Chinese I-Italian H-Hebrew
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<e> Performs examinations only
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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

Fichman Eye Center
Dr. Randy Bouligny
Dr. Jason Delisle
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Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
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Dr. Edward A. Pulice
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Dr. Janine Elder

Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
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Dr. Meredith R. Gershon
Dr. Richard A. Getnick
Dr. Richard D. Gilbert
Dr. Wendy P. Kok
Dr. Olga A. Konykhov
Dr. Henry Lee
Dr. Todd A. Lefkowitz
Dr. Shannon M. Mulligan
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Dr. W. Scott Peterson
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Dr. Eugene Y. Fei
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Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
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Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan

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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

Dr. Geoffrey L. Nemser
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Dr. Mark Ryan
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Dr. Kevin So
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Dr. Andrew J. Freilich
Dr. Anthony Rao
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Dr. Janine Elder
Dr. Eugene Y. Fei
Dr. Jane Khorosh
Dr. Wendy P. Kok
Dr. James D. Lefevre
Dr. Sharon A. Martino
Dr. Melvyn Mazer
Dr. Shannon M. Mulligan
Dr. Geoffrey L. Nemser
Dr. Kelly Nguyen
Dr. Peter Remillard
Dr. Louis J. Rodier
Dr. Thuylinh N. Roschangar
Dr. Mark Ryan
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Dr. Crystal Seaforth
Dr. Kevin So
Dr. Sidet Sou

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Dr. Tai A. Nguyen
1402 Berlin Tpke
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185 Silas Deane Hwy
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WILTON

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Dr. Katie M. Field
Dr. Timothy M. Maselli
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Dr. Jeremy Z. Kieval
Dr. Matthew D. Lazzara
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Dr. Oine McCabe
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Dr. Melissa J. Butler
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(*) Handicap access.
ALT LANG: S-Spanish F-French
C-Chinese I-Italian H-Hebrew
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<e> Performs examinations only
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R-Russian Y-Yiddish O-Korean

<d> Dispenses eyewear only
J-Japanese T-Cantonese
K-Pakistan M-Mandarin

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Dr. Miriam Englander-Pasch
Dr. Anne J. Farley-Poyant
Dr. Laura C. Fine
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Dr. James W. Hung
Dr. Anthony Joseph
Dr. Jody K. Judge
Dr. Michel Kammer
Dr. David G. Milliken
Dr. Michael G. Morley
Dr. Lisa M. Murray
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K-Pakistan M-Mandarin

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Dr. Timothy Bossie
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(*) Handicap access.
ALT LANG: S-Spanish F-French
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J-Japanese T-Cantonese
K-Pakistan M-Mandarin

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R-Russian Y-Yiddish O-Korean

<d> Dispenses eyewear only
J-Japanese T-Cantonese
K-Pakistan M-Mandarin

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Dr. Jay S. Duker
Dr. Miriam Englander-Pasch
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Dr. Michael B. Raizman
Dr. Peter A. Rapoza
Dr. David Reed
Dr. Dannielle F. Richard
Dr. Lana Rifkin
Dr. Stephen Rostler
Dr. Jason S. Rothman
Dr. Vivian C. Schaefer
Dr. Holly Schneider
Dr. Chirag Shah
Dr. Bradford J. Shingleton
Dr. Kenneth A. Stampfer
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(*) Handicap access.
ALT LANG: S-Spanish F-French
C-Chinese I-Italian H-Hebrew
Tower frame collection.

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P-Polish A-Amer Sign G-German
R-Russian Y-Yiddish O-Korean

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Lexington Optical
114 Waltham St
Lexington MA 02421 #
(781) 861-8030 (*) <d>

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Dr. Emma Chu
Dr. Adrian Crichton
Dr. Amanda Gajewski
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(*) Handicap access.
ALT LANG: S-Spanish F-French
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<d> Dispenses eyewear only
J-Japanese T-Cantonese
K-Pakistan M-Mandarin

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Teamsters Union Local 170 Health and Welfare Fund

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Dr. Howard Guan
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Dr. Alan Kwok
Dr. Hyunjo J. Lee
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Dr. Abraham Park
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Dr. Tony N. Pira
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(*) Handicap access.
ALT LANG: S-Spanish F-French
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K-Pakistan M-Mandarin



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Dr. Stephen D. Kolnik
Dr. Holly Schneider
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Dr. Katie M. Field
Dr. Timothy M. Maselli
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Dr. Paul J. Botelho
Dr. Christina M. Buonomo
Dr. Carlos R. Defreitas
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Dr. Bryan D. Murphy

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Dr. Arthur M. Goldman
Dr. Rodney L. Immerman
Dr. Autumn H. Jackson
Dr. Douglas Keach
Dr. Pamela Loerinc
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Teamsters Union Local 170 Health and Welfare Fund

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Dr. Daniel Hu
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Dr. Mami A. Iwamoto
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Dr. Michel Kammer
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Dr. Michael F. Oats
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(*) Handicap access.

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Teamsters Union Local 170 Health and Welfare Fund

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Dr. Timothy Bossie
Dr. James M. Caruso
Dr. Judith R. Darrow
Dr. Elaine Icban
Dr. Jonathon H. Jimmerson
Dr. Alan Kwok
Dr. Brittny J. Mazza
Dr. Nicole Ross
Dr. Diane Russo
Dr. Christine Sacco Clegg
Dr. Gayathri Srinivasan
Dr. Sergey Urman
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Roslindale MA 02131 #
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Rowley MA 01969 #
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319 Newburyport Turnpike
Rowley MA 01969
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Dr. Trexler M. Topping
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Dr. Pierre R. Alfred
Dr. Melissa J. Butler
Dr. Karen M. Gingras
Dr. Kristin A. Glavine
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Dr. Steven V. Vachula
Dr. Andrew Walkowiak

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<e> Performs examinations only
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R-Russian Y-Yiddish O-Korean

<d> Dispenses eyewear only
J-Japanese T-Cantonese
K-Pakistan M-Mandarin

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Dr. Taline Farra
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Dr. Howard Guan
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Dr. Douglas Keach
Dr. Pamela Loerinc
Dr. Philbrook S. Mason
Dr. Ronald J. Mastrolia
Dr. John E. Meehan

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ALT LANG: S-Spanish F-French
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Unit 102
Wilmington MA 01887 #
(978) 658-9512 (*) (I)

(*) Handicap access.
ALT LANG: S-Spanish F-French
C-Chinese I-Italian H-Hebrew
Tower frame collection.

<e> Performs examinations only
P-Polish A-Amer Sign G-German
R-Russian Y-Yiddish O-Korean

<d> Dispenses eyewear only
J-Japanese T-Cantonese
K-Pakistan M-Mandarin

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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

Heller Eyecare
Dr. Suraj Afshar
Ste 1B
230 Lowell St
Wilmington MA 01887 #
(978) 658-2020 (*) (S)

WINCHESTER

Dr. Jeffrey Taveras
15 Dix St
Winchester MA 01890
(781) 729-7401 (*) <e>

WINTHROP

Dr. Matthew J. Kaim
50 Jefferson St
Winthrop MA 02152 #
(617) 846-1734 (*)

WOBURN

Le Vision
Dr. Thuyanh D. Le
192 Lexington Street
Woburn MA 01801
(781) 933-2820

Dr. Zoey Tolchin
550 Main St
Woburn MA 01801 #
(781) 935-1025 (R)

WORCESTER

Arinella Williams LLC
Dr. Mary Gilman
Dr. Tracey Jameson
Dr. Kevin Quang
591 Lincoln St
Worcester MA 01605
(508) 853-2020 (*) <e>

Dr. John Dadah
460 Lincoln St
Worcester MA 01605
(508) 852-3760 (*) <e>

Eyes On Worcester
Dr. Nikhil Saini
488 Pleasant St
Worcester MA 01609 #
(508) 756-6832 (*)

Dr. Vincent D. Giovannucci
Bello Opticians
348 Shrewsbury St
Worcester MA 01604 #
(508) 798-2421

Magay & Barron Eye Center
460 Lincoln St
Worcester MA 01605 #
(508) 852-3760 (*)

Dr. Khuong A. Nguyen
409 Main St
Worcester MA 01608 #
(508) 799-9603 (*) (SV)

Dr. Richard J. Synkoski
Ste 618
390 Main St
Worcester MA 01608 #
(508) 752-6081 (*)

NEW HAMPSHIRE

BARRINGTON

Dr. Debra A. Poulin-Belair
748 Calef Hwy Unit 11
Barrington NH 03825 #
(603) 664-8005 (*)

BERLIN

Dr. Leonard S. Shaw
44 Mason St
Berlin NH 03570 #
(603) 752-6211 (*)

CLAREMONT

Dr. Samuel C. Givcen
9 Dunning St
Claremont NH 03743 #
(603) 543-2020 (*)

Dr. Donna Martin
14 Bowen St
Claremont NH 03743 #
(603) 543-1843 (*) (N)

COLEBROOK

Dr. Richard Kay
Dr. Richard A. Kay
108 Main St
Colebrook NH 03576 #
(603) 237-8777 (*)

CONCORD

Dr. Timothy J. Hogan
Dr. Donna Hogan
Ste 5
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(603) 224-3351 (*)

Optometric Providers Of Nh,
Dr. Angela Rossman
Suite 7
273 Loudon Road
Concord NH 03301
(603) 224-0418 <e>

Visionworks
Suite 7
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DOVER

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Lens Doctors
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EPPING

J&C Optical, LLC
Dr. Richard A. Kay
237 Calef Hwy
Epping NH 03042 #
(603) 679-1880 (*) (A)

GORHAM

Dr. Richard Kay
Dr. Richard A. Kay
20 Glen Rd
Gorham NH 03581 #
(603) 466-5477 (*)

HANOVER

Dr. Samuel Givcen
2 Dorrance Pl
Hanover NH 03755 #
(603) 543-0320 (*)

HUDSON

Dr. David V. Appler
188 Central St
Hudson NH 03051 #
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LITTLETON

Dr. William Holmes
Dr. Erica Griffin
Dr. Kevin M. Stratton
Dr. Winnie Tseng
104 Meadow St
Littleton NH 03561 #
(603) 444-2592 (*)

LONDONDERRY

Dr. Adam P. Beck
Ste 210
75 Gilcreast Rd
Londonderry NH 03053 #
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MANCHESTER

Dr. Michael E. Dobrowolski
395 S. Main St
Manchester NH 03102 #
(603) 669-0447 (*)

Dr. Mark W. Harris
Dr. Mojle Bahremmand
Dr. Kevin M. Chauvette
Dr. Kara B. Feldberg
1093 Elm St
Manchester NH 03101 #
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Dr. Asja Asceric
Dr. Michael D. Buckley

Dr. Wendy Crusberg
Dr. Michael Johnson
Dr. Peter K. Mocklis
Dr. Marcy V. Schultenover
381 S. Willow St
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(603) 629-0090 (*)

Dr. Guy R. Lessard
345 S. Willow St
Manchester NH 03103 #
(603) 625-1774 (*)

NASHUA

Dr. Thomas F. Scadova
Dr. Richard H. Robillard
451 Amherst St
Nashua NH 03063 #
(603) 882-4221

Visionworks
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Ste A201A
310 Daniel Webster Hwy
Nashua NH 03060
(603) 888-0853

Visionworks
Optometric Associates Of Nh, P
Dr. Leonard Bertoli
Dr. Azadeh Karbasi
Dr. Niloofar Montazer Rahmat
Dr. Angela Rossman
Dr. William E. Sheehan
Dr. Afsoon Takrimi
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Nashua NH 03060
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NEWMARKET

Dr. Ilara Donarum
Ste 5
141 Main St
Newmarket NH 03857 #
(603) 659-2015

NEWPORT

Sowmya Srinivas, Optometrist
Dr. Sowmya Srinivas
57 Main St.
Newport NH 03773
(603) 863-7770 (*) <e>

PLAISTOW

Lens Doctors
Dr. Asja Asceric
Dr. Michael D. Buckley
Dr. Wendy Crusberg
Dr. Michael Johnson
Dr. Peter K. Mocklis
Dr. Marcy V. Schultenover
5 Plaistow Rd
Plaistow NH 03865 #
(603) 382-1414 (*)

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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

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Dr. James R. Belanger
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Dr. Dwight B. Arvidson
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Dr. Michael D. Buckley
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Dr. Michael Johnson
Dr. Peter K. Mocklis
Dr. Marcy V. Schultenover
605 Lafayette Rd
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(603) 427-6600 (*)

ROCHESTER

Dr. Richard A. Kay
Dr. Richard A. Kay
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Rochester NH 03867 #
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SALEM

Dr. Michael J. Onyon
Dr. Michael J. Onyon
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Salem NH 03079 #
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North Broadway Optical
Bldg # E1
224 North Broadway
Salem NH 03079 #
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Optometric Providers Of N.H.
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Dr. Patricia L. Hazell
Dr. Azadeh Karbasi
Dr. Niloofar Montazer Rahmat
Dr. Pamela Pearson
Dr. Angela Rossman
Dr. William E. Sheehan
Dr. Afsoon Takrimi
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(603) 898-8560 (*) <e>

Visionworks
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Salem NH 03079
(603) 898-8560 (*) <d>

SEABROOK

Dc Eye Assoc
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Suite 13
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Seabrook NH 03874
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Eye Appeal Vision & Hearing
Ste 13
270 Lafayette Rd
Seabrook NH 03874 #
(603) 474-3781 <d>

STRATHAM

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74 Portsmouth Ave
Stratham NH 03885 #
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WINDHAM

Dr. Jennifer M. Shanley
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Windham NH 03087 #
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RHODE ISLAND

BARRINGTON

Dr. Cinda L. Anderson
Ste C.
33 Kent St
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CENTRAL FALLS

Dr. Safa F. Wagdi
1002 Broad St
Central Falls RI 02863 #
(401) 723-0030

CRANSTON

Bling Eyewear
Dr. Katherine M. Hogan
Ste 220
2000 Chapel View Blvd
Cranston RI 02920 #
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Dr. John S. Corvese
868 Reservoir Ave
Cranston RI 02910 #
(401) 942-9933

Dr. Steven A. Croce
1255 Oaklawn Ave
Cranston RI 02920 #
(401) 463-6054 (*)

Optometric Care Inc
Dr. Evan E. Tong
1400 Oaklawn Ave
Cranston RI 02920
(401) 463-6696 (*) <e>

Optometric Providers Of Ri I.

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Dr. Michael Iannuccilli
Dr. Jay P. Kile
Dr. Liane McPhee
Dr. Earle U. Scharff
1400 Oaklawn Ave
Cranston RI 02920
(401) 463-6696 (*) <e>

Dr. Harvey D. Rappoport
Suite 117
1145 Reservoir Avenue
Cranston RI 02920 #
(401) 943-3082 (*) (FHES)

Strand Optical Co Inc
Dr. Cinda L. Anderson
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Cranston RI 02920 #
(401) 942-5486 (*)

Visionworks
1400 Oaklawn Ave
Cranston RI 02920
(401) 463-6696 (*) <d>

CUMBERLAND

Dr. Steven W. Santos
Dr. Lionel Lemos
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Cumberland RI 02864 #
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EAST PROVIDENCE

Dr. Lyn Marie Behmke
Dr. Thomas A. Antonian
Dr. Armine Tahmassian
2757 Pawtucket Ave
East Providence RI 02914 #
(401) 434-5532 (*)

Dr. John S. Corvese
1970 Pawtucket Ave
East Providence RI 02914 #
(401) 438-1166

Dr. Steven W. Santos
Dr. Lionel Lemos
Ste 304
250 Wampanoag Trl
East Providence RI 02915 #
(401) 435-5555

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Greenville RI 02828 #
(401) 949-1616 (*)

Dr. Eric J. Hall
12 Smith Ave
Greenville RI 02828 #
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Nancy Ragosta Mazza OD
Ste 9
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Johnson RI 02919 #
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JOHNSTON

Dr. Arthur J. Corvese
Ste 240
1524 Atwood Ave
Johnston RI 02919 #
(401) 351-6100 (*)

Dr. Giulio G. Diamante
Ocean State Ophthalmology
Dr. Teresa N. Head
1277 Hartford Ave
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(401) 521-6789 (*) (I)

Koch Eye Associates
Dr. Eleftheri Alexandrou
Dr. Mona Aoude
Dr. Kristen L. Burns
Dr. Whitney Catanio
Dr. Mark S. Deresienski
Dr. Vikrant Donthamsetti
Dr. Nicole M. Fantoni
Dr. Ronald Furman
Dr. Jane E. Ireland
Dr. Dorothy P. Koch
Dr. Paul S. Koch
Dr. Lionel Lemos
Dr. Michelle L. Lewis
Dr. Andrew Munro
Dr. Leslie T. Pham
Dr. Stewart Rosenfeld
Dr. Richard Sayegh
Dr. Earle U. Scharff
Dr. Tatyana Serebnyakova
Dr. James P. Theroux
Dr. Barry M. Wepman
1404 Atwood Ave
Johnston RI 02919 #
(401) 943-6000 (*)

LINCOLN

Dr. Steven A. Croce
622 George Washington Hwy
Lincoln RI 02865 #
(401) 333-0550 (*)

MIDDLETOWN

Eye Health Associates Of Ri
Dr. Eleftheri Alexandrou
Dr. Mona Aoude
Dr. Kristen L. Burns
Dr. Whitney Catanio
Dr. Mark S. Deresienski
Dr. Vikrant Donthamsetti
Dr. Nicole M. Fantoni
Dr. Ronald Furman
Dr. Alex M. Gerber
Dr. Jane E. Ireland
Dr. Autumn H. Jackson
Dr. Dorothy P. Koch
Dr. Paul S. Koch
Dr. Lionel Lemos

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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

Dr. Michelle L. Lewis
Dr. John E. Meehan
Dr. Andrew Munro
Dr. Leslie T. Pham
Dr. Marguerit M. Quinn
Dr. Nicole M. Rabideau
Dr. Stewart Rosenfeld
Dr. Richard Sayegh
Dr. Earle U. Scharff
Dr. Tatyana Serednyakova
Dr. Brittany Stewart
Dr. James P. Theroux
Dr. Barry M. Wepman
Dr. Corey Westerfeld
73 Valley Rd
Middletown RI 02842
(401) 847-1040 (*) <e>

Eye Health Vision Ctr Of Ri
73 Valley Road
Middletown RI 02842 #
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Dr. Kristen L. Burns
Dr. Michael Iannuccilli
Dr. Jeffrey Jacobson
Dr. Jay P. Kile
Dr. Liane McPhee
Dr. Earle U. Scharff
Dr. Stephanie Schultz
Dr. Evan E. Tong
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Aquidneck Centre
Middletown RI 02842
(401) 848-7400 (*) <e>

Visionworks
99 E. Main Rd
Aquidneck Centre
Middletown RI 02842
(401) 848-7400 (*) <d>

N PROVIDENCE

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1543 Smith St
N. Providence RI 02911 #
(401) 353-2010 (*)

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Dr. Kristen L. Burns
Dr. Michael Iannuccilli
Dr. Jay P. Kile
Dr. Liane McPhee
Dr. Earle U. Scharff
Dr. Evan E. Tong
1875 Mineral Springs Ave
N. Providence RI 02904
(401) 353-3200 (*) <e>

Visionworks
1875 Mineral Springs Ave
N. Providence RI 02904
(401) 353-3200 (*) <d>

NARRAGANSETT

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Dr. Kristen L. Burns
Dr. Michael Iannuccilli

Dr. Jay P. Kile
Dr. Liane McPhee
Dr. Jayasree Seshadri
Ste D8
91 Point Judith Rd
Narragansett RI 02882
(401) 782-2100 (*) <e>

Visionworks
Ste 8
Salt Pond Shp Ctr
91 Point Judith Rd
Narragansett RI 02882
(401) 782-2100 (*) <d>

NORTH KINGSTOWN

Dr. Dorothy P. Koch
Dr. Eleftheri Alexandrou
Dr. Mona Aoude
Dr. Kristen L. Burns
Dr. Whitney Catanio
Dr. Mark S. Deresienski
Dr. Vikrant Donthamsetti
Dr. Nicole M. Fantoni
Dr. Ronald Furman
Dr. Jane E. Ireland
Dr. Paul S. Koch
Dr. Lionel Lemos
Dr. Michael Motolko
Dr. Andrew Munro
Dr. Leslie T. Pham
Dr. Stewart Rosenfeld
Dr. Richard Sayegh
Dr. Earle U. Scharff
Dr. Tatyana Serednyakova
Dr. James P. Theroux
Dr. Barry M. Wepman
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Pawtucket RI 02860 #
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PROVIDENCE

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Dr. Vikrant Donthamsetti
Dr. Nicole M. Fantoni
Dr. Ronald Furman
Dr. Jane E. Ireland

Dr. Paul S. Koch
Dr. Dorothy P. Koch
Dr. Lionel Lemos
Dr. Michelle L. Lewis
Dr. Andrew Munro
Dr. Leslie T. Pham
Dr. Stewart Rosenfeld
Dr. Richard Sayegh
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Dr. Tatyana Serednyakova
Dr. James P. Theroux
Dr. Barry M. Wepman
55 Dorrance St
Providence RI 02903 #
(401) 861-0220 (*)

RUMFORD

Optometric Providers Of Rhod
Dr. Evan E. Tong
45A Newport Ave
Rumford RI 02916
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Dr. Michael Iannuccilli
Dr. Earle U. Scharff
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Visionworks
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WAKEFIELD

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Dr. Eleftheri Alexandrou
Dr. Mona Aoude
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Dr. Mark S. Deresienski
Dr. Vikrant Donthamsetti
Dr. Nicole M. Fantoni
Dr. Ronald Furman
Dr. Jane E. Ireland
Dr. Paul S. Koch
Dr. Dorothy P. Koch
Dr. Lionel Lemos
Dr. Michelle L. Lewis
Dr. Michael Motolko
Dr. Andrew Munro
Dr. Leslie T. Pham
Dr. Stewart Rosenfeld
Dr. Richard Sayegh
Dr. Earle U. Scharff
Dr. Tatyana Serednyakova
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Dr. Whitney Catanio
Dr. Mark S. Deresienski
Dr. Vikrant Donthamsetti
Dr. Nicole M. Fantoni
Dr. Ronald Furman
Dr. Alex M. Gerber
Dr. Jane E. Ireland
Dr. Dorothy P. Koch
Dr. Lionel Lemos
Dr. Michelle L. Lewis
Dr. Michael Motolko
Dr. Andrew Munro
Dr. Leslie T. Pham
Dr. Stewart Rosenfeld
Dr. Richard Sayegh
Dr. Earle U. Scharff
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566 Tollgate Rd
Warwick RI 02886 #
(401) 738-4800 (*)

Dr. John C. Sellechio
Dr. Janice M. Gardner
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2374 Post Rd
Warwick RI 02886 #
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Dr. William F. Varr
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Warwick RI 02886 #
(401) 460-1073 (*)

WEST WARWICK

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328 Cowesett Ave
West Warwick RI 02893 #
(401) 821-4300

Dr. Helene M. Bradley, OD
215 Legris Ave
West Warwick RI 02893 #
(401) 828-4838 (*)

WESTERLY

Dr. Rory H. Oefinger
86 Beach St
Westerly RI 02891 #
(401) 596-2292

WOONSOCKET

Blackstone Valley Eye Care
Dr. Andrea S. Odle

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Teamsters Union Local 170 Health and Welfare Fund

Vision Care Participating Network Providers

Dr. Michelle Straube
385 Mendon Rd
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148 Social St
Woonsocket RI 02895 #
(401) 769-2755 (*)

Dr. Eric J. Hall
Dr. Dena C. Hall
Dr. Joseph L. Rowey
148 Social St
Woonsocket RI 02895 #
(401) 769-2755

Dr. Paul S. Koch
Dr. Eleftheri Alexandrou
Dr. Mona Aoude
Dr. Kristen L. Burns
Dr. Whitney Catanio
Dr. Mark S. Deresienski
Dr. Vikrant Donthamsetti
Dr. Nicole M. Fantoni
Dr. Ronald Furman
Dr. Alex M. Gerber
Dr. Jane E. Ireland
Dr. Dorothy P. Koch
Dr. Dorothy P. Koch
Dr. Lionel Lemos
Dr. Michelle L. Lewis
Dr. Andrew Munro
Dr. Leslie T. Pham
Dr. Stewart Rosenfeld
Dr. Richard Sayegh
Dr. Earle U. Scharff
Dr. Tatyana Serednyakova
Dr. James P. Theroux
Dr. Barry M. Wepman
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Woonsocket RI 02895 #
(401) 769-2511 (*)

Dr. Stephen Remsbecker
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Woonsocket RI 02895 #
(401) 769-5938 (*)

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148 Social St
Woonsocket RI 02895 #
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K-Pakistan M-Mandarin

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**Please Read the Instructions
Before Filling Out This Form.**

Please **TYPE OR PRINT CLEARLY** using blue
or black ink to avoid coverage delay or type in information



MASSACHUSETTS

Enrollment and Change Form

Please mail to: P.O. Box 986001
Boston, MA 02298 or fax to 1-617-246-7531

1. To Be Filled Out by Your Employer

Company Name		Current Medical Group #:		Medical Group #, Transferring To	
Current BCBS ID #, If any	Requested Effective Date MM DD YYYY	Date of Hire MM DD YYYY	Current Dental Group #:	Dental Group #, Transferring To	
Type of Transaction <input type="checkbox"/> ADD <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE Three digit termination code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRANSFER		Remarks: (i.e., qualifying event for a new add, change to family or other instruction) <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change to Family <input type="checkbox"/> Loss of Coverage (HIPAA Continuation of Coverage Letter Required) <input type="checkbox"/> New Hire <input type="checkbox"/> Add Spouse <input type="checkbox"/> Other: _____ <input type="checkbox"/> COBRA <input type="checkbox"/> Add Dependent			

2. Yourself (Member 1)

What products? <input type="checkbox"/> Access Blue <input type="checkbox"/> Blue Choice <input type="checkbox"/> Blue Choice New England	<input type="checkbox"/> Blue Medicare Rx (Part D) <input type="checkbox"/> Dental Blue <input type="checkbox"/> HMO Blue	<input type="checkbox"/> HMO Blue New England <input type="checkbox"/> Managed Blue for Seniors <input type="checkbox"/> Medex (Group)	<input type="checkbox"/> Network Blue <input type="checkbox"/> PPO <input type="checkbox"/> Saver Blue	Membership Type (Medical) <input type="checkbox"/> Individual <input type="checkbox"/> Family	Membership Type (Dental) <input type="checkbox"/> Individual <input type="checkbox"/> Family
Your First Name	M.I.	Last Name	Sex	Date of Birth	
Street Address/ P.O. Box #	Apt. #	City/ Town	State	Zip Code	
Home Phone ()	Cell Phone ()	Email			
Social Security # (REQUIRED) ¹	Other Insurance? ² Y <input type="checkbox"/> / N <input type="checkbox"/>	Other Insurance Company Name	City / State		
PCP ID # (see instructions)	Name of PCP	City / State	Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>		
Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/>	Part A Effective Date MM DD YYYY	Part B Effective Date MM DD YYYY	Part D Effective Date MM DD YYYY	Medicare #	<input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date
Please Check One: <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced Spouse (court ordered)			Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental	Actively Working? Y <input type="checkbox"/> / N <input type="checkbox"/>	

3. Member 2

First Name	M.I.	Last Name	Sex	Date of Birth	
Social Security # (REQUIRED) ¹	Phone ()	Other Insurance? ¹ Y <input type="checkbox"/> / N <input type="checkbox"/>	Other Insurance Company Name	City / State	
PCP ID # (see instructions)	Name of PCP	City / State	Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>		
Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/>	Part A Effective Date MM DD YYYY	Part B Effective Date MM DD YYYY	Part D Effective Date MM DD YYYY	Medicare #	<input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			Full-time student and aged 19 or older <input type="checkbox"/>	Disabled and aged 26 or older <input type="checkbox"/>	Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental

Dependent's First Name	M.I.	Last Name	Sex	Date of Birth	
Social Security # (REQUIRED) ¹	PCP ID # (see instructions)	Name of PCP	City / State		
Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/>	Part A Effective Date MM DD YYYY	Part B Effective Date MM DD YYYY	Part D Effective Date MM DD YYYY	Medicare #	<input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			Full-time student and aged 19 or older <input type="checkbox"/>	Disabled and aged 26 or older <input type="checkbox"/>	Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental

4. Your Eligible Dependents (Member 3, 4, and 5)

Dependent's First Name	M.I.	Last Name	Sex	Date of Birth	
Social Security # (REQUIRED) ¹	PCP ID # (see instructions)	Name of PCP	City / State		
Are you covered by Medicare? ² Y <input type="checkbox"/> / N <input type="checkbox"/>	Part A Effective Date MM DD YYYY	Part B Effective Date MM DD YYYY	Part D Effective Date MM DD YYYY	Medicare #	<input type="checkbox"/> 65+ <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD If Retired, Date
Is this your current PCP? Y <input type="checkbox"/> / N <input type="checkbox"/>			Full-time student and aged 19 or older <input type="checkbox"/>	Disabled and aged 26 or older <input type="checkbox"/>	Plan Type: <input type="checkbox"/> Medical <input type="checkbox"/> Dental

Please check if you are using separate forms for additional dependent children ☐ Total # of dependents: _____

5. Personal Savings Account	
<input type="checkbox"/> HSA: Health Savings Account	Start Date End Date FSA Goal Amount (Please see instructions for limits.): \$
<input type="checkbox"/> FSA: Health Flexible Spending Account	Start Date End Date Health: \$
<input type="checkbox"/> FSA: Dependent Care Reimbursement Account	Start Date End Date Dependent Care: \$

6. Signature (Employer & Employee)
 The information here is complete and true. I understand that Blue Cross and Blue Shield will rely on this information to enroll me and my dependents or to make changes to my membership. I understand that I should read the subscriber certificate or benefit booklet provided by my employer to understand my benefits and any restrictions that apply to my health care plan. I understand that Blue Cross and Blue Shield may obtain personal and medical information about me to carry out its business, and that it may use and disclose that information in accordance with law. I acknowledge that I may obtain further information about the collection, use, and disclosure of my information in "Our Commitment to Confidentiality," Blue Cross and Blue Shield's notice of privacy practices.
 Employee's Signature _____ Date _____ Employer's Signature _____ Date _____

1. REQUIRED: Under the Affordable Care Act, we are required to collect the Social Security number for you and any dependent enrolling in your plan.
 2. If you have not indicated Y or N regarding your Medicare or other insurance status, you may receive a follow-up questionnaire.
 Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

TEAMSTERS LOCALS 170 HEALTH & WELFARE FUND

Last Name			First Name in Full		Middle Name in Full	
Home Address			City		State	
Social Security Number			Local Union No.	Union Book No.	Name of Last Employer	
<div style="text-align: center;">Date of Birth</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Month</div> <div style="width: 30%;">Day</div> <div style="width: 30%;">Year</div> </div>			Married	Single	Date of Retirement	
PLAN D NEW COVERAGE FOR RETIRES - EARLY RETIREMENT						
Signature-In Full					Date Card Signed	

FOR OFFICE USE ONLY

Cert. No.	Eff. Date	Term Date	Eff. Date	Term Date

SEE OTHER SIDE

LIST BELOW NAMES OF YOUR WIFE OR HUSBAND AND UNMARRIED CHILDREN UNDER 19 YEARS OF AGE

LIST NAMES IN ORDER OF AGE — ELDEST FIRST	CHECK <input type="checkbox"/> RELATIONSHIP			DATE OF BIRTH		
	WIFE OR HUSBAND	SON	DAUGHTER	MONTH	DAY	YEAR

Vision Care Plan Benefit Description

Sponsored by, and administered on behalf of the
members and dependents of



Teamsters Local 170 Health and Welfare Fund

Please call Davis Vision at
1-800-999-5431

with questions or visit our website:
www.davisvision.com



DAVIS VISION
EYECARE REFRAMEDSM

Teamsters Union Local 170 Health and Welfare Fund is pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your health care benefits.

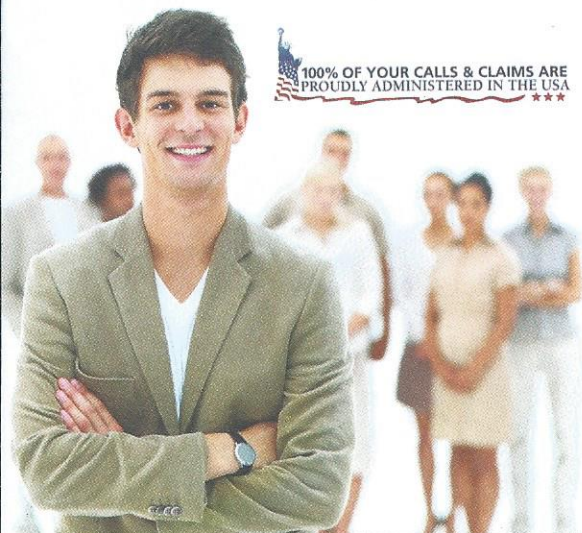
How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision and Teamsters Union Local 170 Health and Welfare Fund member or dependent.
- Provide the office with the member's ID number and the name and date of birth of any covered dependent needing services.

It's that easy! The provider's office will verify your eligibility for services, and claim forms or ID cards are not required!

Who are the network providers?

They are licensed providers in both private practice and retail locations who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please access Davis Vision's website at www.davisvision.com and utilize the "Find a Doctor" feature, or call 1-800-999-5431 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you.



What are the plan benefits, frequencies and costs?

EYE EXAMINATIONS

Members and Dependents over 19 Every 24 months, including dilation as professionally indicated.

Dependents up to age 19¹ Every 12 months, including dilation as professionally indicated.

In-Network Copayment \$0

Out-of-Network

Members and Dependents over 19 Reimbursed up to \$30.

Dependents up to age 19 Reimbursed up to 30% for eye examination.

EYEGLASSES

Members and Dependents over 19 Every 24 months

Dependents up to age 19¹ Every 12 months

In-Network Copayment \$0*

You may choose any Fashion, Designer or Premier level frame from Davis Vision's Frame Collection, covered in full. For more information on lenses, please see "What lenses/coatings are included?"

Non Plan allowance

Members and Dependents over 19 If you select another frame in the network provider's office, a \$14 credit will be applied. This credit would also apply at retail locations that do not carry the Frame Collection. Members are responsible for the amount over \$14.

Dependents up to age 19 No coverage unless frames/materials are chosen from the Davis Vision Frame Collection.

Out-of-Network

Members and Dependents over 19 Reimbursed up to \$22 for frames, up to \$30 for single vision lenses, up to \$50 for bifocals, up to \$50 for trifocals lenses.

Dependents up to age 19 No coverage: all materials must be obtained in network.

CONTACT LENSES

Members and Dependents over 19 Every 24 months

Dependents up to age 19¹ Every 12 months

In-Network Copayment \$25

In lieu of eyeglasses, you may select contact lenses. Any contact lenses from Davis Vision's Contact Lens Collection will be covered in full per the number indicated below, and your evaluation, fitting and follow up care will also be covered.

Davis Vision Contact Lens Collection (includes evaluation, fitting, follow-up):

Disposable Four boxes/multi-packs²

Planned Replacement Two boxes/multi-packs²

(CONTACT LENSES continued)

Non Plan allowance

Members and Dependents over 19.....In lieu of the Davis Vision contact lenses, members may use their \$45 credit to go toward the provider's own supply of contact lenses, evaluation, fitting and follow-up care. This credit would also apply towards all contact lenses received at participating retail locations.

Dependents up to age 19.....No coverage: all materials must be plan materials.

Out-of-Network

Members and Dependents over 19.....Reimbursed up to \$30 for elective contact lenses, up to \$80 for Aphakic contact lenses.

Dependents up to age 19.....No coverage: all materials must be obtained in network.

Please note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. The Davis Vision collection is available at most participating independent provider locations.

**Members only shall be entitled to one additional pair of eyeglasses. A \$10 basic lens copay and a \$15 basic frame copay will apply when receiving a second pair.*

¹¹There is a \$500 Individual /\$1,000 two or more children out of pocket maximum for any in-network covered services.

²¹Number of contact lens boxes may vary based on manufacturer's packaging.

What lenses/coatings are included?***

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Tinting of plastic lenses.
- Polycarbonate lenses.
- Scratch-resistant coating.
- Glass photochromic lenses.**
- Blended invisible bifocals.**
- Ultraviolet (UV) coating.
- Progressive addition multifocal lenses.***

Are there any optional frames, lens types or coatings available?***

Yes, you can pay the low, discounted fixed fees indicated (in addition to your basic copayment) and receive these exciting optional items:

- \$30 for intermediate vision lenses.
- \$35 for standard ARC (anti-reflective coating). Premium ARC is \$48. Ultra ARC is \$60.
- \$75 for polarized lenses.
- \$65 for plastic photosensitive lenses.
- \$55 for high-index (thinner and lighter) lenses.

*** Included for one pair only.*

*** *These lens options and copays apply to in-network benefits only.*

**** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.*

When will I receive my eyewear?

Generally, your eyewear will be delivered to your provider from the laboratory within five business days. More delivery time may be needed when out-of-stock frames, anti-reflective coating, specialized prescriptions or a participating provider's frame is selected.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit

P.O. Box 1525

Latham, NY 12110

Only one claim per service may be submitted for reimbursement each benefit cycle. To request claim forms, please visit the Davis Vision website at www.davisvision.com or call 1.800.999.5431.

May I use the benefit at different times?

You may "split" your benefits by receiving your eye examination and eyeglasses (or contact lenses) on different dates or through different provider locations, if desired. However, complete eyeglasses must be obtained at one time, from one provider. Continuity of care will best be maintained when all available services are obtained at one time from either a network or an out-of-network provider. To maximize your benefit value we recommend that all services be obtained from a network provider.



Information about Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

Information about Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating provider's normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit us at www.davisvision.com or call 1.800.999.5431.

Mail Order Contact Lenses:

Replacement contacts (after initial benefit) through www.DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Website for details.

Warranty Information:

One-year eyeglass breakage warranty included at no additional cost. All plan eyeglasses come with a breakage warranty for repair or replacement of the frame and/or lenses for a period of one year from the date of delivery. The warranty applies to all plan covered eyeglasses, i.e. spectacle lenses, Davis Vision Collection frames and national retailer frames (where our Exclusive Collection is not displayed).

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Contact lenses and eyeglasses in the same benefit cycle.
- Services not performed by licensed personnel.
- Two pairs of eyeglasses in lieu of a bifocal.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1.800.999.5431 to:

- Learn more about your benefits
- Locate a Davis Vision provider
- Verify eligibility
- Print an enrollment confirmation
- Request an out-of-network provider reimbursement form
- Contact a Member Service Representative

Member Service Representatives are available:

- Monday through Friday, 8:00 AM to 11:00 PM, Eastern Time
- Saturday, 9:00 AM to 4:00 PM, Eastern Time
- Sunday, 12:00 PM to 4:00 PM, Eastern Time

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

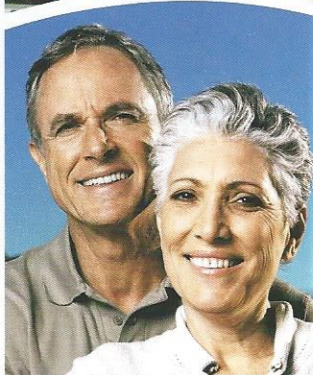
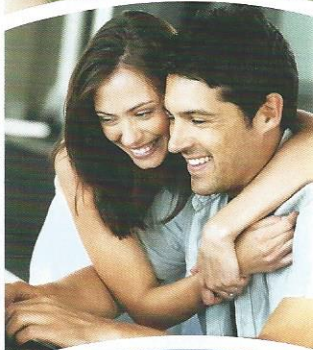
- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of your Rights and Responsibilities as a Patient, please visit Davis Vision's website at:
www.davisvision.com or call **1.800.999.5431**.

"All insured products are underwritten by either HM Life Insurance Company or HM Life Insurance Company of New York."

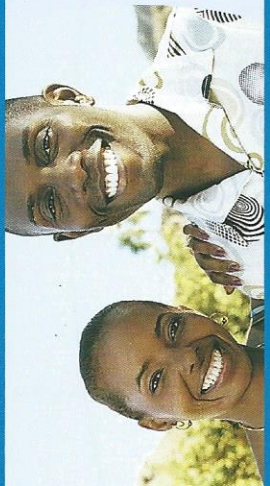
Davis Vision may operate as Davis Vision Insurance Administrators in California

Your Mail Service Pharmacy Benefit



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent
Licensee of the Blue Cross and Blue Shield Association



As a member of Blue Cross Blue Shield of Massachusetts, you can buy certain medications at the Express Scripts mail service pharmacy. It's a great way to save by purchasing prescriptions on a long-term basis.

Check Out These Benefits!

Savings The biggest advantage of the mail service pharmacy is that for most long-term maintenance medications you can order up to a 90-day supply. Often times, using mail service results in the lowest possible out-of-pocket costs to you as a member.

Convenience Your medications will be delivered to your home, postage paid, within 14 days of mailing your new prescription.

Confidentiality If you have questions, you can call Express Scripts toll-free, 24 hours a day. Registered pharmacists are available to answer your questions about your prescriptions confidentially. Call **1-800-892-5119**.

Special-Needs Services Available For the convenience of our hearing-impaired members, Express Scripts is TTY-ready, and has installed a separate toll-free number for you to use with your TTY equipment. The number is **1-800-305-5376**.

For our vision-impaired members, upon special request with your order, Express Scripts can provide Braille labels for your medication.

And for our non-English-speaking members, Express Scripts can provide translation services when you call the toll-free line.

Refer to your benefit literature for specific coverage information.

Three Easy Steps To Use Mail Service

For long-term prescriptions, use our mail service pharmacy to save.

1. Ask your doctor to prescribe medications for up to a 90-day supply, plus refills when applicable. (If you're already taking medication on a long-term basis, ask your doctor for a new prescription.)
2. Complete the attached Mail Order Form for each member submitting a prescription. Be sure to answer all of the questions.
3. Seal the form, prescriptions, and the appropriate copayment in the pocket in this brochure (do not send cash). Then simply mail it in. Be sure to write your ID number exactly as it appears on your ID card.

Your order will be quickly processed and sent to you by mail or UPS. Allow 14 days for delivery from the date you mail the order. To prevent delays, do not fill medications that are needed quickly or short-term medications (e.g. antibiotics) via mail service.

Confidential Subscriber/Patient Profile

Please write your ID number, name, and address on the attached form. Then complete the Patient Profile for you and each of your dependents submitting prescriptions, indicating any drug allergies, and health conditions. Express Scripts will use this information to check any potential drug interactions when you have prescriptions filled. If there are no drug allergies, please check "None" in the box provided.

Instructions

New Prescriptions:

- Have your doctor/provider write the prescription for up to a 90-day supply
- To prevent any delays, make sure that an approved formulary exception (if applicable) for any medications that are non-covered or require prior authorization is on file before you place your order
- Complete all information requested on the attached Mail Order Form
- Select your preference for Safety Caps in the appropriate box
- Ensure that the patient's full name, age, ID number, and address appear on each prescription
- Find out the appropriate copayment necessary for the medication prescribed
- Place prescriptions and copayments in return envelope and mail

Refills:

- Call **1-800-892-5119** or visit www.express-scripts.com to refill your order, or
- Place refill slips and copayments in the return envelope and mail it

Make all checks or money orders payable to "Express Scripts". Do not send cash. If paying by credit card, complete the information under "Credit Card Information."

PLEASE PRINT CLEARLY



Answers to Your Questions

How Do I Determine What Copayment Amount I Should Include With My Order?

Check your benefit literature, and if you still have specific questions, call the Blue Cross Blue Shield of Massachusetts Member Service phone number listed on the front of your ID card.

Why Did My Order Contain Generic Drugs When My Prescription Requested a Brand-Name Version?

When authorized by your doctor and permitted by applicable law, Express Scripts will dispense a generic drug. This usually saves you money, so whenever possible, ask your doctor to prescribe generic drugs.

Why Isn't My Drug Available Through the ESI Mail Service?

Certain medications that require immediate administration and/or are used for short periods of time are inappropriate for mail service. In addition, for certain medications classified as specialty drugs, Blue Cross Blue Shield of Massachusetts has established a relationship with a preferred specialty pharmacy. They offer additional services that are not offered by our mail service pharmacy.

How Do I Order Refills?

Simply call the toll-free number, **1-800-892-5119**, and order your refills over the phone. You can also visit the Express Scripts website to refill your order (www.express-scripts.com). Once you have ordered through mail service, you will receive a refill slip with your prescription.

Enclose the slip and the appropriate copayment amount in the order envelope (which is provided).

What Do I Do in Emergency Situations?

When you need medication immediately, simply have your prescription filled at a local pharmacy. If you need medication immediately, but will be taking it on an ongoing basis, you can ask your doctor to write two prescriptions:

- You can fill the first prescription at a local participating pharmacy;

- Send the second prescription (up to a 90-day supply), along with your copayment, to Express Scripts immediately.

About Your Prescription

Blue Cross Blue Shield of Massachusetts maintains a list of covered prescription drugs. If you have any questions about whether or not your medications are covered, or subject to Quality Care Dosing, Step Therapy, or Prior Authorization, please visit www.bluecrossma.com/pharmacy or call the Blue Cross Blue Shield of Massachusetts Member Service number on the front of your ID card.

Mail Service Questions

Call Express Scripts customer service 24 hours a day, 7 days a week. Pharmacy consultation is also available around-the-clock.

Toll-Free Number: 1-800-892-5119
(TTY: 1-800-305-5376)

Please Note:

Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions regarding your medication, please call Express Scripts customer service at **1-800-892-5119**.

It's the patient's responsibility to report to Express Scripts any changes in drug allergies, health conditions, chronic diseases, and drug sensitivities.

Prescription information about members and dependents is used by Express Scripts to administer your prescription program. As part of the administration, Express Scripts reports that information to Blue Cross Blue Shield of Massachusetts. Express Scripts also uses the information and prescription data gathered from claims submitted nationwide for reporting and analysis, without identifying individual patients in accordance with applicable laws.



MASSACHUSETTS



EXPRESS SCRIPTS

Express Scripts, an independent company, administers your prescription benefit and its' services are being provided on behalf of Blue Cross Blue Shield of Massachusetts. © Registered Marks of the Blue Cross and Blue Shield Association and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. © 2014 Blue Cross and Blue Shield of Massachusetts, Inc. Express Scripts and the "E" logo are registered trademarks of Express Scripts Holding Company and/or its subsidiaries.



32-7040 (7/14) 150M

Express Scripts Pharmacy Prescription Order Form

▶ To order online: sign in at www.StartHomeDelivery.com and follow the prompts. ◀

To order by mail: complete this form and ask your doctor to write your prescription for a 90-day supply or the maximum days supply allowed by your plan.

- Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown (●).
- Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.

NOTE: Standard shipping is FREE for online and mail orders.



1041

ID Card Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Last Name

Gender ☐ M ☐ F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

Shipping Address 2

City

State

Zip Code

☐ Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

Please select one
as your preferred
telephone number

☐ Daytime Phone

☐ Evening Phone

☐ Cell Phone

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

First Name

MI

Date of Birth (MM/DD/YYYY)

Last Name

Gender ☐ M ☐ F

Email

Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

All individuals included in the family will be charged to this credit card.

☐ Apply to this order only

☐ Apply to all orders

☐ Check Card

☐ Credit Card

☐ Check / Money Order

Amount Enclosed

\$

Card #

Exp. Date (MM/YY)

Sign here to authorize card payment ☒

Detach Here

For all orders after 08/01/2011, use this form.
Fold and tear off this piece before putting in the return envelope.

Detach Here



1042

Patient 1 (Cardholder)

Name: _____

☐ I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

Date of Birth is required for patient identification.

Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.

DRUG ALLERGIES	List other Allergies here:	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
HEALTH CONDITIONS	List other Health Conditions here:	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
OTC	List other OTC that you take on a regular basis:	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
DEVICES	List Medical Devices here:	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>
OTHER	List other Prescription Medications here:	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>

No Known Allergies
Acetaminophen/Tylenol®
Amoxicillin
Aspirin
Cephalosporin (i.e., Keflex®, Cephalexin)
Codeine
Erythromycin, Biaxin®, Zithromax®
NSAIDs (i.e., Ibuprofen, Naproxen)
Oxycodone (i.e., OxyContin®, Percocet®)
Penicillin
Sulfa
Tetracycline (i.e., Doxycycline, Minocycline)
No Known Health Conditions
Arthritis (715.9)
Asthma (493.9)
Chronic Bronchitis or Emphysema (496)
Depression (311)
Diabetes Type I (250.01)
Diabetes Type II (250.00)
Epilepsy/Seizures (345.9)
GERD (530.81)
Glaucoma (365.9)
High Cholesterol (272.9)
Hormone Replacement Therapy (627.9)
Hypertension (401.9)
Thyroid: Low (244.9)
No Over-the-Counter Medications
Acetaminophen/Tylenol®
Advil®/Aleve®/Motrin®
Aspirin/Excedrin®
No Medical Devices
Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.
No Other Prescriptions
Prescription Medications not filled through Express Scripts Pharmacy.

Patient 2

Name: _____

☐ I want non-child resistant caps, when available.

Date of Birth (MM/DD/YYYY)

--	--	--	--	--	--	--	--	--	--

List other Allergies here:	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
List other Health Conditions here:	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
List other OTC that you take on a regular basis:	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
List Medical Devices here:	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
List other Prescription Medications here:	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required ☒

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

REMINDER: This section must be removed before mailing.