



WASHINGTON TEAMSTERS WELFARE TRUST

Benefit Highlights – 2026

WATWT Vision Plan EXT



The following data is for illustrative purposes only. It is **NOT** intended to be construed as an all inclusive description of the Plan benefits or any limitations/exclusions that may apply. It is not to be used for general distribution purposes or in lieu of a Plan booklet. Every reasonable effort has been made to insure that the following information is accurate as of the date of issue; however, in all cases the applicable Plan booklet (inclusive of all revisions or modifications made subsequent to the latest printed editions) shall govern the eligibility for the benefits payable under all Washington Teamsters Welfare Trust programs. The Board of Trustees retains the right of final determination in questions of interpretation.

For a list of providers visit www.nwadmin.com.

WA Teamsters Vision Plan		
Contribution Rate	\$17.10 [^]	
<i>SCHEDULE OF BENEFITS</i>	<i>NBN Panel Provider</i>	<i>Non-Panel Provider</i>
Annual Deductible	None	None
Examination	Paid in Full	\$35.00
	<i>An exam is provided once every 365 days*</i>	
Lenses (per pair)		
• Single Vision	Paid in Full**	\$30.00
• Bifocal	Paid in Full**	\$40.00
• Trifocal	Paid in Full**	\$45.00
• Lenticular	Paid in Full**	\$90.00
	<i>Lenses are provided once every 365 days.*</i>	
Frames	Paid in Full for allowed frames***	\$30.00
	<i>Frames are provided once every 730 days*</i>	
Subnormal Contact Lenses	Paid in Full	\$200.00
	<i>Subnormal contacts provided once every 730 days.*</i>	
Elective Contact Lenses	\$150.00****	\$90.00
	<i>Contacts are provided in lieu of glasses once every 365 days.*</i>	

* These time frames are strictly enforced (i.e., to the day).

** **Paid in full means the cost of covered lenses and covered extras are paid in full.** Extras covered include solid color coating and tinting (e.g sun tints), gradient tints, mirror coating, UV filters, polarized and laminated lenses, glass light-sensitive lenses (light and dark shades, e.g. PhotoSun), plastic light sensitive lenses (e.g. Transitions) standard grades, progressives lenses (no-line bifocals) standard grades, polycarbonate lenses, special lens edge treatments (e.g. drilling, notching, grooving, beveling, or polishing or coating edges), anti-reflective coating + hardening (standard grades), scratch coating, oversize lenses, prism segments, slab off, double segments. Additional care, services and/or materials not covered by the plan may be arranged between patient and vision care provider at patient's expense.

*** Paid in full means for the frames selection covered by the Plan, not all frames. Check with provider.

**** Dollar limit does not apply to an individual under age 19; however, there is a limit of a one-year supply.

[^] Domestic Partner Coverage Add \$.20