

ABOUT

The Eye Care Benefit makes it easy for you & your family to take care of your eye health.

Comprehensive eye exams are encouraged for all patients, especially those with chronic health conditions such as diabetes.

Appointments can be scheduled at our Health Center locations by calling 718-606-FUND (3863). Contact lens fittings are not available at the Health Center.

For your convenience, you may also choose any outside optical provider for routine eye exams and eyeglass prescriptions and submit for reimbursement of the eye exam and eyewear.

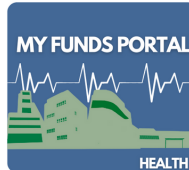
A \$200 reimbursement is available to each eligible member or dependent. The reimbursement can be applied to the eye exam, contact lens fitting fees, eyeglass frames, lenses, and contact lenses. Unused yearly benefits will be rolled over to receive a maximum reimbursement of \$400 for each eligible person.



CONTACT US

Eye Care Locations
1-718-606-FUND (3863)

Benefits
1-212-586-6400



MyFundsPortal.com

Brooklyn Health Center
Harlem Health Center
Midtown Health Center
Queens Health Center



@EBF_HCI



@HealthCenterInc

EYE CARE BENEFIT



REIMBURSEMENT

To reimburse you for purchasing glasses or contact lenses, we will need three items:

1 EYE CARE REIMBURSEMENT CLAIM FORM

The Eye Care Reimbursement Claim Form can be obtained online, at one of our four eye care suites, or in our offices located at 305 W. 44th Street, Second Floor.

2 ORDER DETAILS

Each individual on your plan with a vision prescription is entitled to a \$200 reimbursement each year with a qualifying purchase. To process your request, a receipt for the total amount spent per person on your plan is required to be submitted.



3 PROOF OF PURCHASE

Make a copy of your printed receipt or checking or credit card statement showing proof of your purchase.

To process your reimbursement, we must have all of the items described sent together within one year of purchase.

Still have questions about your benefit or coverage? Give us a call so we can answer your questions.
1-212-586-6400

Keep Copies: DO NOT SEND ORIGINALS THROUGH POSTAL MAIL.

REIMBURSEMENT CLAIMS



THROUGH THE ELECTRONIC FORM SYSTEM

Submit your form at this link:
<http://www.hotelfunds.org/vault/e-forms> or scan the QR code below.



IN PERSON

Bring in copies of your claim form and order details to 305 W. 44th Street on the second floor.



MAIL IN YOUR PROOF

Mail copies of your vision prescription, order details, and proof of purchase to:

**NYHTC - EYE CARE
PO BOX 36-20953
NEW YORK, NY 10129**