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Deductible: \$0

This plan pays 100.0% up to the calendar year maximum. After the calendar year maximum is reached, no further benefits are payable.

Vision Benefit Overview		
Class Description		
ALL MEMBERS		
Coverages	Maximums	
Exam	\$50	1 exam(s) payable every 12 Month(s)
Frames	\$100	1 pair(s) of frames payable every 24 Month(s)
Single Lenses	\$50 per pair	1 set(s) of lenses payable every 12 Month(s)
Bifocal Lenses	\$75 per pair	
Trifocal Lenses	\$100 per pair	
Lenticular Lenses	\$150 per pair	
Contacts	\$150 per pair	The maximum payment for a pair of contact lenses will be equal to the maximum payment for single vision lenses plus frames. The contact lenses benefit will be in lieu of the lens and frame benefit.

Disclaimer:

The information and summaries shown here are intended for employer use only and are not for employee distribution. These summaries do not include all of the benefits, provisions, restrictions, and limitations that apply to the coverage and may not reflect current benefits. Please refer to the policy or benefit booklets for more complete benefit information.