The Plan-at-a-Glance

Benefit Year – January 1st through December 31st

Vision Examination
Covered at 100% of Reasonable & Customary (R&C)

Spectacle Lenses (Pair):
- Single Vision
  Covered at 100% of R&C
- Bifocal
  According to Limits & Exclusions
- Trifocal
- Lenticular

Frames
Covered Up to $130

Contact Lenses (Pair)
- Cosmetic/Elective (Includes exam and fitting fees)
  Covered Up to $135
- Medically Necessary
  Covered at 100% of R&C

Extra Lens Features - Tints, Photochromic, Polarization, Oversized Lenses, Blended Lenses, Rimless Drill

Limits & Exclusions
1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame or one submission of corrective contact lenses during any benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

No Payments will be made for the following:
1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
10. Charges for contact lenses, including the exam, prescription and fitting fee, that exceed the one-time annual plan allowance

Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.