

VISION SCHEDULE OF BENEFITS 2017-2018

BENEFIT DESCRIPTION	BENEFIT
Eye Exams, One Exam per Calendar Year	100% up to:
Basic or complete	\$60
Contact lens fitting with eye exam (standard, disposable or enhanced (toric, bifocal, gas permeable))	\$60
Lenses, One Pair per Calendar Year	100% up to:
Single vision	\$45
Bifocal	\$60
Trifocal	\$120
Lenticular	\$120
Progressive	\$120
Contact lenses One pair of lenses <u>or</u> one pair of contact lenses one pair every Calendar Year. Disposable contacts will be payable up to the maximum benefit for contacts, but will not be subject to the "one pair of lenses" maximum.	\$120
Frames, One Pair per 24 Month Period	100% up to \$70

NOTE: The vision benefits provided under this Plan are limited-scope benefits and are offered separately from any medical coverage offered under the Plan. You have a separate right to enroll in the vision benefits under the Plan. If you choose to enroll in such vision benefit, you will be charged an employee contribution amount that is separate from what you are charged for any other benefit offered under the Plan. The amount of any Employee contribution will be communicated to you by your Participating School prior to the annual open enrollment period.