Vision Plan

Vision Benefits are available only to those Participants and their eligible Dependents whose Participant Group has opted for this coverage and who have individually completed an enrollment form requesting coverage and the premium has been paid. **Note:** Employee enrollment is required to enroll any dependents in the Vision Plan. All general plan provisions apply to this Plan.

IMPORTANT NOTE: If a Participant elects vision coverage, but drops it at the end of the year, there is a two (2) year waiting period before the coverage can be reinstated. Participants may not drop the Vision Plan coverage mid-year unless they are also dropping medical coverage.

For July renewals the Benefit Period begins on July 1 and ends on June 30 of each year. For September renewals the Benefit Period begins on September 1 and ends on August 31 of each year.

Payment Provisions

Benefits are payable under the Plan up to the maximums stated in the Vision Benefit Summary for those covered Participants who have enrolled in the Vision Benefit Plan.

Benefit Summary – Vision

Vision Care	
Annual Deductible	None
Benefit Percentage	100%*
Preventive Eye Exams - limited to 1 exam per benefit period	Refer to Medical Benefit
• **Routine eye exams without refraction** (includes contact lens fitting fee)	Refer to Medical Benefit
• **Routine eye exams with refraction** (includes contact lens fitting fee)	Refer to Medical Benefit
Hardware Participant may choose either one set of frames and lenses, or contact lenses, but not both during one Benefit Period.	Per Benefit Period allowance
Lenses	
• **Single vision lenses**	$32 per lens/$64 per pair
• **Bifocal lenses**	$41 per lens/$82 per pair
• **Trifocal lenses**	$54 per lens/$108 per pair
• **Progressive lenses**	$54 per lens/$108 per pair
• **Lenticular lenses**	$77 per lens/$154 per pair
• **Medically Necessary contacts**	$165 per lens/$330 per pair
• **Elective contacts**	1 pair or 1 year supply of disposables up to $110
Frames	
• **Frames**	$85
Extras	
• **Scratch-resistant coating**	Covered up to applicable lens maximum
**100% of billed charges for hardware, up to the Plan maximum amount.*	

Vision Plan Benefits

Vision Benefits

The reasonable and customary fees, as set forth in the Schedule of Vision Benefits, for the following services and supplies will be considered eligible when they are necessarily incurred upon recommendation of a physician, ophthalmologist or optometrist.

Eye Exams

The eye exam includes the necessary tests to evaluate and monitor visual wellness.

Hardware

Spectacle Lenses

Prescription lenses to fit your needs (single vision, bifocals, etc.) are covered under the Plan at the benefit maximums noted in the Vision Benefit Summary.

Medically Necessary Contact Lenses

When deemed necessary by the Physician, the expenses incurred for the evaluation, fitting and materials for the dispensing of contact lenses will be provided, in lieu of frames and lenses, but not more frequently than once per Benefit Period. Contact Lenses are necessary for any of the following conditions:

- Following cataract surgery
- To correct extreme visual acuity problems that cannot be corrected with glass lenses
- Certain conditions of Anisometropia, **or**
- Keratoconus

Elective Contact Lenses

Coverage is provided for elective contact lenses which are worn instead of glasses as a personal choice, versus a medical condition which requires them (as discussed above in *Medically Necessary Contact Lenses*).

Frames

Frames (for prescription lenses) are covered if needed up to the benefit maximums noted in the Vision Benefit Summary.

Extras

Scratch-resistant coating is allowed up to the applicable hardware allowance for the particular lenses you plan to purchase.

Vision Plan Exclusions and Limitations

The General Plan Exclusions and Limitations of the Plan apply to Vision Benefits in addition to the following Vision Benefit Exclusions:

- Services or supplies for which the covered Participant is entitled to benefits under any other section of the Plan or as provided under any other section of the Plan
- Sunglasses (tinted lenses with a tint other than Tints No. 1 or No. 2 are considered to be sunglasses for the purposes of this exclusion)
- Extra charges for cosmetic materials, photosensitive, photosun, photochromatic or anti- reflective lens coatings and/or tinting
- Drugs or any other medication not administered for the purpose of a vision examination
- Medical or surgical treatment of the eye
- Special or unusual procedures such as, but not limited to, orthoptics, vision training, subnormal vision
- Two pair of glasses in lieu of bifocals
- Plano (non-prescription lenses)
- Services rendered or ordered while not covered for Vision Benefits
- Services or supplies not prescribed as necessary by a licensed Physician, ophthalmologist, optometrist or optician or when no prescription change is warranted
- Replacement of lenses or frames which are lost or broken except at the normal intervals indicated
- Services required by an employer as a condition of employment
- That portion of any otherwise eligible expense which is in excess of the schedule allowance
- Oversize frames or lenses