

Vision Plan Guidelines

Coverage begins on the first of the month following 30 days of employment. If you elect not to enroll at the time of initial employment you may enroll during the open enrollment period.

Benefits of this plan are limited to the following: A complete analysis of the eyes and related structures to determine the presence of vision problems, or other abnormalities (one per fiscal year) and Lenses and Frames: The plan provides for prescription lenses (only if needed) for vision correction (once every 24 months). Allowable Amounts: Single vision Prescription Frames & Lenses \$80.00, Bifocal \$115.00, Trifocal/Lenticular \$135.00, Prescription contact lenses, cosmetic or convenience, hard or soft \$90.00.

Services must be provided by a licensed ophthalmologist, optometrist or dispensing optician. All lenses and frames can be purchased in a 12 month period if a .5 or greater diopter change occurs.

If the charges exceed the allowable amount, the allowable charges will be paid and any balance due will be the patient's responsibility.