

## OVERVIEW OF VISION BENEFITS

### SUPPORT STAFF

Effective August 12, 2019

<b>Vision Exams</b> <ul style="list-style-type: none"><li>• Optometrist</li><li>• Ophthalmologist</li></ul> (Limited to one (1) exam per calendar year per covered individual)	\$35 max \$45 max
<b>Contact Lens Allowance *</b> <ul style="list-style-type: none"><li>• Cosmetic (elective)</li><li>• Medically necessary</li><li>• Disposable</li></ul>	\$115 max \$115 max \$115 max
<b>Frames</b> (Limited to one (1) pair per calendar year per covered individual)	\$55 max
<b>Lenses</b> <ul style="list-style-type: none"><li>• Single Vision</li><li>• Bifocal</li><li>• Trifocal</li><li>• Lenticular</li></ul>	\$38 max \$60 max \$72 max \$108 max
<b>Tinted Lenses</b> <ul style="list-style-type: none"><li>• Single Vision</li><li>• Bifocal</li><li>• Trifocal</li><li>• Lenticular</li></ul>	\$42 max \$70 max \$84 max \$118 max
<b>Polarized Lenses</b> <ul style="list-style-type: none"><li>• Single Vision</li><li>• Bifocal</li><li>• Trifocal</li><li>• Lenticular</li></ul>	\$56 max \$90 max \$110 max \$138 max
Lenses, regardless of type, are limited to one (1) pair per calendar year per covered individual.	
<b>Progressive Lenses</b>	Not Covered

\*One pair of contact lenses, or for disposables one supply, is available in lieu of all other plan benefits during each **plan year**.

**NOTE:** This is only a brief overview of benefits.