



Vision Plan Summary

This is only a summary of the key coverage provisions of the vision plan and is not intended to be used for general distribution purposes or in lieu of a Summary Plan Description (plan booklet). If there are any discrepancies between this summary and the plan booklet, the plan booklet will govern.

Plan Benefits	Vision 3
2019 Contribution Rate	\$18.00
Deductible	None
Type of Plan	Indemnity
Eye Exam	<p>100% * Up to age 19, once every 12 months</p> <p>80% up to a \$150 maximum * Age 19 and above, once every 12 months</p>
Hardware	<p>\$300 combined hardware benefit</p> <p>Combined hardware benefit means you have \$300 per calendar year that you can use towards the purchase of frames, lenses and contacts.</p>
Frames	<p>80% * Up to age 19, once every 12 months * Age 19 and above, once every 24 months</p>
Lenses	<p>80% * Single vision, bifocal, trifocal, progressive * Polycarbonate lenses * Every 12 months</p>
Contact Lens	<p>80% * Contact lens exam/fitting is not covered</p>

It is not necessary to use a specific provider under this plan
 Individuals may use the glasses and contact lens benefit at the same time
 Plan does not cover glasses or contact lens fitting fees