



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
2020 Contribution Rate	\$18.00
Deductible	None
Type of Plan	Indemnity
Eye Exam	100% * Up to age 19, once per calendar year
	80% up to a \$150 maximum * Age 19 and above, once per calendar year
Hardware	\$300 combined hardware benefit Combined hardware benefit means you have \$300 per calendar year that you can use towards the purchase of frames, lenses and contacts.
Frames	80% * Up to age 19, once per calendar year * Age 19 and above, once every two calendar years
Lenses	80% * Single vision, bifocal, trifocal, progressive * Polycarbonate lenses * Once per calendar year
Contact Lens	80% * Contact lens exam/fitting is not covered

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