

**CHAPTER V**  
**VISION PLAN**  
**SCHEDULE OF BENEFITS**

Benefits for Vision Care are payable at 100% of charges up to the maximum benefit shown in the chart below. You may use any eligible provider. Eligible vision providers include licensed physicians, optometrists or ophthalmologists.

| Vision Covered Service       | Maximum Benefit                          | Limitation               |
|------------------------------|--|--------------------------|
| Eye Examination              | 100% of reasonable & customary allowance | Once per 12 month period |
| <b>Lenses/Frames:</b>        |  |                          |
| Single Vision Lenses         | \$41.50/pair                             | Once per 12 month period |
| Bifocal Lenses               | \$67.00/pair                             | Once per 12 month period |
| Trifocal Lenses              | \$89.50/pair                             | Once per 12 month period |
| Double Bifocal Lenses        | \$100.50/pair                            | Once per 12 month period |
| Cataract (Aphakic) Lenses    | \$156.50/pair                            | Once per 12 month period |
| Frames                       | \$29.50                                  | Once per 12 month period |
| <b>Contact Lenses:</b>       |  |                          |
| Single vision contact lenses | \$71/pair                                | Once per 12 month period |
| Double vision contact lenses | \$96.50/pair                             | Once per 12 month period |
| Medically indicated lenses   | \$221/pair                               | Once per 12 month period |

Benefits are allowed for contact lenses in lieu of frames and lenses.

**Ineligible Charges** – The Vision Plan does not include benefits for:

1. **After the termination Date** – Charges for a vision exam that occurs or lenses or frames that you buy after your coverage has ended, unless the covered lenses/frame were prescribed and ordered before your coverage ended and delivered no more than 30 days after your coverage has ended.
2. **Not Medically Necessary** – vision exams, lenses, or frames that are not, in the reasonable judgment of the Claims Administrator, medically necessary;
3. **Orthoptics and Vision Training;**
4. **Replacement or Repair** – Charges for replacement or repair of broken or lost lenses and/or frame. However, if the participant has not used this benefit during the current 12-month benefit period, benefits shall be provided for replacement of lenses and/or frames;
5. **Sunglasses** – Lenses tinted darker than Tint #2, whether by prescription or not. The Plan will, however, cover photochromic lenses;