

**Benefits Summary: Vision Reimbursement Plan**

**General Provisions**

**GENERAL PROVISION - Benefits**

DEDUCTIBLE - None

MAXIMUM ANNUAL BENEFIT - \$200

**REIMBURSEMENT BENEFITS:**

Vision exam provided by ophthalmologist or optometrist -Plan pays 100%

Eye glass frames - Plan pays 100%

Eye glass lenses - Plan pays 100%

Hi index/progressive lenses - Plan pays 100%

Anti - reflective coating - Plan pays 100%

Contact lenses - Plan pays 100%

Prescription Sunglasses- Plan pays 100%

**EXCEPTIONS - Employees will not be reimbursed for the following expenses:**

Expenses incurred before coverage was effective or after such coverage terminates;

Expenses indemnified or reimbursed by insurance contract(s) or other reimbursement plan(s), or any state or federal government plan(s);

Expenses paid for injuries or conditions, to the extent reimbursed by Worker's Compensation or any other employer sponsored and provided medical plan;

Cost of non-prescription glasses or sunglasses;

**Miscellaneous:**

\*Charges for Physician or Hospital's stand-by service;

\*Charges for holiday or overtime rates;

\*Charges for failure to keep a scheduled visit;

\*Charges for completion of claim forms;

\*Advice or consultation given by any form of telecommunication;

\*Any item, service, supply or care not specifically listed as a benefit under this Plan;

Contributions are included in your Dental Payroll Deductions