

## Vision Care Benefits

**Deductible**

**None**

**Maximum Annual Benefit**

*Effective 7/1/21*

**\$400.00**

**Reimbursement Benefits\***

**100%**

*Vision Exam (provided by Ophthalmologist or Optometrist)*

*Eye Glass Frames; Eye Glass lenses; Hi index/progressive lenses*

*Anti-reflective coating; Contact lenses; & Prescription Sunglasses*

**\*Please note, employees will not be reimbursed for the following vision care 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 and sunglasses.*

*Charges for physician or hospital's stand-by service.*

*Charges for holiday or overtime rates.*

*Charges for failure to keep 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.*