

Vision Care Benefits

Deductible	None
Maximum Annual Benefit	\$200.00
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.*