VISION BENEFITS

Plan Services	Benefits
Annual Exam *(12 months)*	$20 Copay

CONTACT LENSES *(12 months)*

Conventional	$130 allowance
Disposable	$130 allowance
Medically Necessary	Covered in full

LENSES *(12 months)*

Single, lined bifocal & lined trifocal	$20 Copay
Frames *(24 months)*	$130 allowance + 20% discount

Coverage	Bi-Weekly Cost
Team member Only	$2.68
Team member + Spouse	$4.28
Team member + Child(ren)	$4.37
Team member + Family	$7.05