

**DRAFT**

# Summary of Vision Benefits\*

<b>Services</b>		<b>Employer</b>
Calendar year maximum benefit per member		\$350
<b>Vision Services</b>	<b>Benefit Limits</b>	<b>Benefit</b>
Complete eye examination <sup>7</sup>	Not more than once in any 12 consecutive months	\$100
Lenses, per pair (single, bifocal, trifocal, lenticular)	No more than one pair in any 12 consecutive months	\$200
Frames	No more than one set in any 24 consecutive months	\$100
Contact lenses, in lieu of lenses and frames	No more than one set in any 12 consecutive months	\$200

\* The percentages shown are based on billed charges.

\* Calendar year combined benefit limit is \$350 per insured member.

Member
Responsibility
\$15
\$15
\$15
\$15