

**SCHEDULE OF VISION BENEFITS
FOR
ELIGIBLE PARTICIPANTS**

VISION BENEFITS ARE NOT AVAILABLE TO DEPENDENTS

VISION BENEFITS ARE NOT AVAILABLE UNDER THE STANDARD PLAN

ELIGIBLE GROUPS OF PARTICIPANTS

- A - Eligible Employees of the District*
- B - Retirees of the District*

***Must also be enrolled for Medical Benefits**

CLAIMS PAID FOR VISION BENEFITS DO NOT APPLY TO THE ANNUAL DEDUCTIBLE OR OUT-OF-POCKET MAXIMUM REQUIREMENTS OF THE MEDICAL BENEFITS PLAN

**BENEFIT PERIOD IS A TWELVE MONTH PERIOD
(OCTOBER 1ST THROUGH SEPTEMBER 30TH OF EACH SUCCEEDING YEAR)**

VISION EXAMINATION

(Applicable for spectacle lenses or contacts lenses)

Exam limited to once per Benefit Period, up to \$80

MATERIALS

Lenses

Single Vision Lenses \$90

Bifocal Lenses \$125

Trifocal Lenses \$165

Lenticular Lenses \$205

Lenses limited to once per Benefit Period

Frames \$125

Frames limited to once per Benefit Period

Contact Lenses

(Materials, Fittings and Evaluation only)

Necessary \$280

Elective \$160

Vision Benefit coverage and limitations will be reviewed by the Plan every three (3) years for adequacy as compared to other equivalent vision plans.