

VISIONCARE VISION INSURANCE

Allows an exam, a pair of lenses and a frame in accordance within Guidelines.

Service	Deductible	Benefit Limit
Exam	\$10.00	one every 12 months
Lens	\$25.00	one pair every 12 months
Frame	\$25.00	one every 12 months

Participating Provider or Panel Schedule of Benefits: Reimbursement is made directly to the participating provider. Exams & basic lenses with no lens extras are covered in full; the frame is covered up to allowance, after deductibles are paid, if any.

Retail Frame Allowance:	\$125.00
Cosmetic Contacts (in lieu of other benefits)	\$125.00
Medically Necessary Contacts	Covered w/approval
Covered Extras	Pink # 1 & 2 Solid Tints Ground-in-Prisms

Indemnity or NonPanel Schedule of Benefits: Reimbursement is made directly to the member based upon submitted paid receipts. Deductibles apply and lenses are per pair.

Examination	\$35.00	Trifocal Lenses	\$ 60.00
Single Vision Lenses	\$25.00	Lenticular Lenses	\$100.00
Bifocal Lenses	\$40.00	Frames, up to	\$ 40.00
Contact Lenses (in lieu of all other benefits):			
Cosmetic Contacts	\$125.00	Necessary Contacts	\$210.00

Rate (per member – based on 26 pays per year):

\$ 3.68	<i>(Employee Only)</i>
\$ 7.34	<i>(Employee + one)</i>
\$10.80	<i>(Family)</i>