

Pooled Group Standard Plan Options

Vision Care Plan

Your plan pays covered charges for:

Exams Limited to one per employee or dependent per 12-month period

Frames Limited to one pair per employee or dependent per 24-month period

Lenses Limited to two lenses per employee or dependent per 12-month period

Maximum Payment Limits

Complete Visual Analysis	\$50
Single Vision Lenses (Pair)	\$50
Bifocal Lenses (Pair)	\$75
Trifocal Lenses (Pair)	\$100
Lenticular Lenses (Pair)	\$150
Frames	\$100
Contact Lenses	\$150

Other schedules are subject to Underwriting review.