



ADAMS TOWNSHIP SCHOOL DISTRICT Vision Benefits Plan

Group #0000

The Plan-at-a-Glance Benefit Year – October 1st through September 30th

Vision Examination Covered at 100% of Reasonable & Customary (R&C)

Spectacle Lenses (Pair):

Single Vision Covered at 100% of R&C Bifocal According to Limits & Exclusions

Trifocal Lenticular

Frames Covered Up to \$80

Contact Lenses (Pair) Includes Exam Covered Up to \$200

Extra Lens Features - Blended Lenses, Oversize Lenses, Polarized, Progressive, Rimless Drill, Tints

Limits & Exclusions

- 1. Plan participants are limited to one vision examination during a benefit year
- 2. Plan participants are limited to one pair of corrective spectacle lenses and one frame **or** one submission of corrective contact lenses during any benefit year
- 3. Plan participants may choose between eyeglasses or contact lenses, but not both

No Payments will be made for the following:

- 1. Non-corrective eyeglass or contact lenses
- 2. Vision therapy or subnormal vision aids
- 3. Medical or surgical treatment of the eyes
- 4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
- 5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
- 6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
- 7. The cost of frames that exceeds the plan allowance
- 8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
- 9. Photochromic and Polycarbonate Lenses.
- 10. Charges for contact lenses, including the exam, that exceed the one-time annual plan allowance

Note: For each benefit year, covered charges for contact lenses are in lieu of all other covered charges for each insured person.