

VISION COVERAGE

170+ participating Michigan network provider locations

\$2.60 / mo
per employee



You are eligible for contact lenses OR eyeglasses, not both, in any (24 month) Plan Year.

Exam and Material Benefit Frequency is once every 24 Months. (from date of last service).

EYE EXAM		
Comprehensive Eye Exam (Does not apply to Professional fees for Contact Lens Fitting)	Covered	no co-pay

LENSES: (CHOICE OF ONE)		
Single Vision	Covered	no co-pay
Bifocal	Covered	no co-pay
Trifocal	Covered	no co-pay
Lenticular or Myodisc	Covered	no co-pay

FRAMES: (CHOICE OF ONE)		
Standard (Covered) Frames	Covered	\$0 co-pay
Premium Frames	Covered	\$45.00 retail frame lens allowance

LENS OPTIONS:		
Tint (Therapeutic Rose Tint #1 or #2)	Covered	\$0 co-pay
Lens Options and Upgrades: Thinner Lenses, Scratch Coating, U.V. Coating, Anti-Reflective Coating, Transitions, Etc.	Covered	A 20% Preferred Pricing discount will be granted for ALL eyeglass lens options and upgrades not covered by the plan.

CONTACT LENSES: (in lieu of eyeglasses)		
Elective / Cosmetic Contacts (Disposable & Conventional Soft/Hard)	Covered	\$70.00 retail contact lens allowance
Medically Necessary Contacts (Contact Lenses Prescribed to treat specific Medical Conditions or Diseases of the eye)	Covered	no co-pay 100% covered up to approved U&C amount

EXCLUSIONS (NOT COVERED)

- Vision Training
- Non-Prescription Lenses
- Two pairs of Glasses instead of bifocals
- Replacement of lost or broken lenses or frames
- Medical or surgical treatment of the eyes
- Services covered under Worker's Comp