

WAVERLY COMMUNITY SCHOOLS Vision Benefits Plan

Group # 40605

The Plan-at-a-Glance

Benefit Year – July 1st through June 30th

Vision Examination Covered at 100% of Reasonable & Customary (R&C)
Following \$25 Copay

Spectacle Lenses (Pair):

Single Vision	Covered Up to \$100
Bifocal	Covered Up to \$125
Trifocal	Covered Up to \$150
Lenticular or Progressive	Covered Up to \$225

Standard Frames Covered Up to \$150

Contact Lenses (Pair) Covered Up to \$250

Extra Lens Features – Tints, Polycarbonate, Photochromic, Polarization, High Index Lenses, Trivex Lenses, Anti-Glare, UV and Scratch Coatings, Contact Lens Fitting – Covered Up to \$110 Each

Limits & Exclusions

1. Plan participants are limited to one vision examination during any benefit year.
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame 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. Charges for contact lenses 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 except examinations for each insured person.