

# Vision

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## 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.*