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GLEN LAKE COMMUNITY SCHOOLS Vision Benefits Plan **Group # 10156**

The Plan-at-a-Glance **Benefit Year – July 1st through June 30th**

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

Spectacle Lenses (Pair):

Single Vision Covered at 100% of R&C

Bifocal

Trifocal According to Limits & Exclusions

Lenticular or Progressive

Frames Covered Up to \$50

Contact Lenses (Pair)

Cosmetic/Elective Covered Up to \$150

Extra Lens Features – Tints Rose #1 and #2

Limits & Exclusions

1. Plan participants are limited to one vision examination during any benefit year period.
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during any benefit year period.
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 cosmetic (elective) contact lenses that exceed the annual plan allowance.

Note: For each benefit period, covered charges for contact lenses are in lieu of all other covered charges except examinations during the benefit period for each insured person.