

VISION SCHEDULE OF BENEFITS

INSURED:

I.D.NUMBER: USE INSURED SSN

ACCOUNT NUMBER: NON-CERTIF 93-002-00
CERT/ADMIN 93-001-00

EFFECTIVE DATE: 1/ 1/2021

ACCT. NAME: MEIGS LOCAL SCHOOL DISTRICT

PLAN TYPE:	EXAM	LENSES	FRAME	CONTACTS
Available once every:	12	12	12	12

PARTICIPATING PROVIDER

Plan Deductible(s)

Exam: \$0.00 Materials: \$0.00

Cosmetic Contact Lens Allowance: \$130

Retail Frame Allowance: \$130

Covered Extras:

RIMLESS GROUND-IN PRISM

NON-PARTICIPATING PROVIDER

Plan Deductible(s)

Exam: \$0.00 Materials: \$0.00

Reimbursement(s)

Exam:	\$45	Lenticular Lenses:	\$100
Single Vision:	\$30	Frame:	\$70
Bifocals:	\$50	Cosmetic Contact Lenses:	\$105
Trifocals:	\$65	Necessary Contact Lenses:	\$210