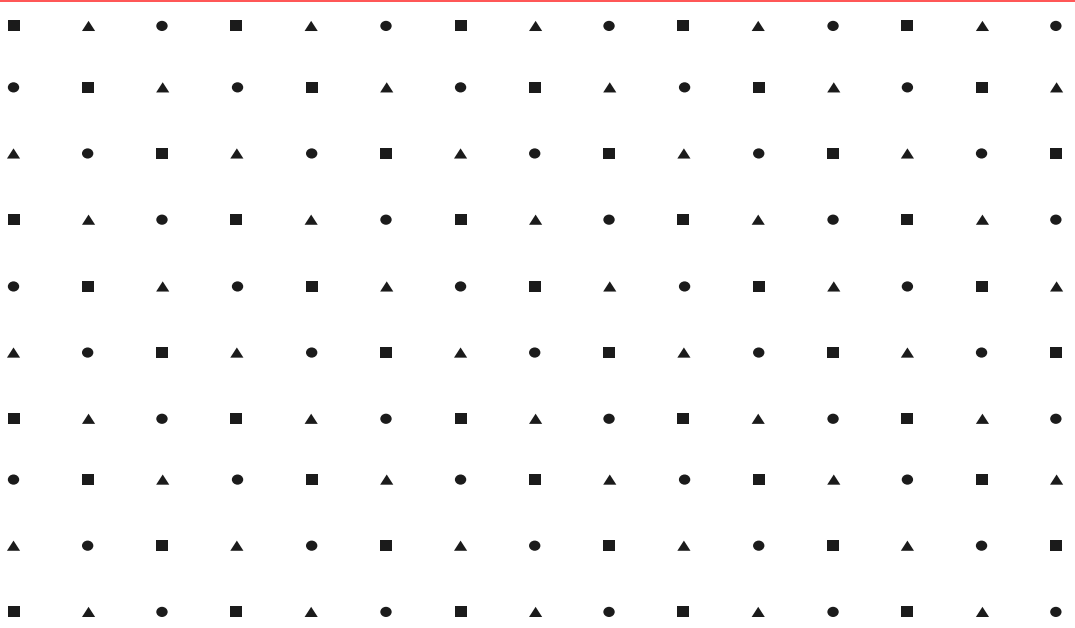


Vision



[Benefit Overview]

Vision Benefit included at no premium charge for employee & dependents based on elected Medical Plan

\$0.00



Deductible Type	In-Network	Out-of-Network
Routine Eye Exams (per calendar year)	\$10 co-pay	No Coverage
Vision Hardware -Under 19- (per calendar year)	1 pair glasses/frames or contacts (covered at 100%)	No Coverage
Vision Hardware -Over 19-	100% coverage up to Max Allowance of \$300 (per calendar year)	No Coverage



Deductible Type	In-Network	Out-of-Network
Routine Eye Exams (every 12 months)	\$15 co-pay	No Coverage
Vision Hardware -Under 19- (lenses, frames & contacts)	No Charge: 1 per year free	No Coverage
Vision Hardware -Over 19- (lenses, frames & contacts)	24-month Max Allowance of \$250 (after allowance, member pays 100%)	No Coverage