

VISION CARE BENEFIT SCHEDULE

VISION BENEFIT PLAN 001 - TRADITIONAL VISION PLAN

Note: The Traditional Vision Plan is no longer open to new enrollment, unless otherwise specified in the applicable bargaining unit agreement. Plan Participants currently enrolled may continue with the Traditional Vision Plan.

SUMMARY OF BENEFITS	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Vision Exam	100%, no deductible applies	100%, no deductible applies \$25 benefit maximum per exam
	Limited to one exam per Calendar Year maximum	
Refraction	100%, no deductible applies	100%, no deductible applies \$25 benefit maximum per exam
	Limited to one exam per Calendar Year maximum	
Lenses	100%, no deductible applies	100%, no deductible applies
	Single Vision Lenses will be limited to \$89 maximum per Calendar Year Bifocal Lenses will be limited to \$125 maximum per Calendar Year Trifocal Lenses will be limited to \$158 maximum per Calendar Year Lenticular Lenses will be limited to \$50 maximum per Calendar Year	
Frames	100%, no deductible applies	100%, no deductible applies
	Limited to \$40 maximum every two Calendar Years	
Elective Contact Lenses	100%, no deductible applies	100%, no deductible applies
	Limited to \$100 maximum per Calendar Year	
All other Covered Charges	100%, no deductible applies	100%, no deductible applies