

BENEFITS

Benefits are described and are subject to the terms and conditions set forth in the pages that follow. All benefits are based on Usual and Customary charges.

SCHEDULE OF VISION BENEFITS

BENEFITS	LIMITS
▪ Vision Examinations	80%
▪ Eyeglass Frames	80%
▪ Eyeglass Lenses	80%
▪ Contact Lenses (All kinds, including hard, soft, gas permeable, and disposable)	80%
▪ Maximum benefit paid per Covered Person per Benefit Year for all eligible vision expenses	\$250.00