

**CEBT
PLAN A VISION BENEFITS
(EFFECTIVE JANUARY 1, 2019)**

ELIGIBLE EXPENSES:

Exam – once every calendar year
Lenses – once every two calendar years*
Frames – once every two calendar years

The plan will only cover 1 set of lenses.

Vision care must be provided by an optometrist or doctor.

*If prescription changes, then lenses are eligible for once per calendar year.

** Lasik Surgery Benefit in lieu of glasses or contacts

VISION CARE TABLE

COVERAGE	BENEFIT
Complete Eye Exam (Including refraction)	\$ 75.00
Lenses, per pair	
Single	\$ 75.00
Bifocal	\$100.00
Trifocal	\$150.00
Lenticular	\$125.00
Contacts, cosmetic purposes	\$150.00
Frames	\$150.00
** Lasik Surgery	\$200.00

****Bold items are effective July 1, 2018**

EXCLUSIONS: Benefits covered under Worker's Compensation Act, surgery or medical treatment of eyes, replacement of lost, stolen or broken lenses and/or frames, services and supplies for which you or your dependent are not required to pay, services and supplies not listed.

An employer must have at least 25% of the eligible employees enrolled in the plan in order to offer coverage.

ENROLLMENT RESTRICTIONS: If any employee or dependent drops coverage, he or she must have proof of a qualifying event in order to do so outside open enrollment. The employee or dependent will need to wait until the next open enrollment period to re-enroll or have proof of a qualifying event.

This is only intended to highlight some of the pertinent provisions of the Group Plan; such Plan will control in all instances.

08/01/2018