

**AMENDMENT NO. 2**

**City of Cordova Health and Welfare Benefit Plan**

Effective 1/1/2017, the City of Cordova Health and Welfare Benefit Plan (the “Plan”) is hereby amended in the following manner:

1. One Eye Exam will be covered per calendar year, per covered member at a \$25 copay. Any additional eye exams in the calendar year will not be covered.
2. Frame, lenses and/or contact lenses shall be limited in coverage to \$500 per calendar year for the cumulative benefit of all vision hardware.

APPROVED AND ACCEPTED

By: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### VISION CARE BENEFIT SCHEDULE

COVERED CHARGES	BENEFIT
Eye Exam per Covered Person per Calendar Year.	\$25 Copay
Frame-type Lenses per pair, per Calendar Year. Single Vision Bi-focal Tri-focal Lenticular	\$500 Maximum per Calendar Year
Frames per pair, per Calendar Year. Contact Lenses per Calendar Year.	

**Additional information on Vision Care can be found in the Vision Care Benefits section of this document.**