

### 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.**

