

## CEBT VISION BENEFITS SUMMARY

COVERAGE	VISION A
<b>Carrier   Network</b>	UMR   No Network
<b>Benefit Frequency</b>	Exam eligible once every calendar year Lenses and Frames eligible every two calendar years  *If there is prescription change, lenses are eligible once per calendar year. You must choose between lenses/frames, contacts or eye surgery during the same two calendar year period.
<b>Routine Exam</b>	\$75 Allowance
<b>Lenses, per pair</b>	
<b>Single</b>	\$75 Allowance
<b>Bifocal</b>	\$100 Allowance
<b>Trifocal</b>	\$150 Allowance
<b>Lenticular</b>	\$125 Allowance
<b>Frames</b>	\$150 Allowance
<b>Contacts</b>	\$150 Allowance

**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.

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

