

BENEFITS AT A GLANCE



SET Self-Funded Vision Plan 3

Clinton County RESA

Each Active Full-Time Employee, Early On Training, Technical Assistant and Teachers

There is no network for this plan. You may select any vision provider that you wish to use. Your benefit levels remain the same with any provider.

Examinations, frames, and one set of corrective lenses (regular glasses, prescription sunglasses, photochromic lenses or contact lenses) will be provided once in a 12-month period, defined as January 1 to December 31 of the following year, for each eligible member.

Additional charges for oversized lenses and blended bifocals are not covered.

Covered services and amounts listed below will be paid toward items and services incurred in connection with the subscriber's appointment; **the remaining balance is the subscriber's responsibility.**

If this plan is elected, refer to the self-funded vision participation agreement for applicable administrative and setup fees.

Examination	\$64.00 covered once every 12 months
Regular Lenses**	\$84.00 covered once every 12 months
Bifocal Lenses**	\$96.00 covered once every 12 months
Trifocal Lenses**	\$120.00 covered once every 12 months
Progressive Lenses**	\$144.00 covered once every 12 months
Frame Allowance	\$130.00 covered once every 12 months
Contact Lenses	\$200.00 covered once every 12 months

**Additional \$80.00 allowance for tint, scratch coating, anti-glare, transitional, polarization and UV coating.