PO Box 610
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WEST SHORE COMMUNITY COLLEGE Vision Benefits Plan **Group # 40617**
Full-Time Fiscal and Academic Employees

The Plan-at-a-Glance	**Benefit Period – January 1, 2018 through December 31, 2019**
Maximum Benefit Allowance	**$500 per Benefit Period**
Vision Examination	Covered at 100% of Reasonable & Customary (R&C)
Spectacle Lenses (Pair):	
Single Vision	Covered at 100% of R&C
Bifocal	According to Limits & Exclusions
Trifocal	
Lenticular or Progressive	
Frames	Covered at 100% of R&C
Contact Lenses (Pair)	Covered at 100% of R&C
Contact Fitting	Covered at 100% of R&C

Extra Lens Features – Polycarbonate Lenses, Tints, Photochromic, Polarization, Oversized Lenses, Blended Lenses, Rimless Drill and Lens Coatings.

Limits & Exclusions

1. Plan participants are limited to covered vision services listed above up to the maximum benefit allowance per benefit period.

No Payments will be made for the following:

1. Non-corrective eyeglass or contact lenses
2. Vision therapy or subnormal vision aids
3. Medical or surgical treatment of the eyes (including diagnostic procedures)
4. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
5. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay
6. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
7. Charges that exceed the Maximum Benefit Allowance amount during a benefit period

Note: For each benefit period, covered charges for eyeglasses, contact lenses and optional eyeglass lens treatments are payable up to the Maximum Benefit Allowance for each insured person.