


Vision Plan	 MEDICAL MUTUAL
Benefit Period January 1, 2021 through December 31, 2021.	
Examinations (one per Benefit Period)	\$50 Allowance
Lenses (per pair, one pair per Benefit Period) Single Vision Bifocal Trifocal Lenticular Contact Lenses <ul style="list-style-type: none"> • After cataract surgery • For visual acuity not correctable to 20/70 in the better eye by use of conventional lenses • Other contacts Frames (per frame, one frame per every Two Benefit Periods)	\$40 Allowance \$60 Allowance \$76 Allowance \$92 Allowance \$116 Allowance \$116 Allowance \$60 Allowance \$60 Allowance

Vision Benefit Limitations:

No benefit will be made for expenses incurred for:

- Medical or surgical treatment of the eye.
- Lenses which are not medically necessary and are not prescribed by an Optometrist or Ophthalmologist, or frames for such lenses.
- Sunglasses, whether or not prescribed.
- Replacement of lenses unless an examination shows that, using the existing prescription, a visual defect equal to at least one-half of one diopter in strength exists or a change of at least 10% in axis for astigmatism is required.
- Care not listed in the schedule.
- Tinted lenses prescribed by the examiner when over Rose Tints No. 1 or No. 2.
- Charges for the excess cost of lenses over 65 millimeters in diameter.

This Benefit Summary highlights some of the benefits which are available under your plan. A complete description regarding the terms of coverage, exclusions and limitations, including legislated benefits, will be provided in your insurance certificate or plan description.

Benefits are administered by Medical Mutual.