RICHMOND COMMUNITY SCHOOLS Vision Benefits Plan   **Group # 40685**
Non-Instructional with medical

The Plan-at-a-Glance	Benefit Year – July 1 through December 31
Vision Examination	Covered at 100% of Reasonable & Customary (R&C) Following $6.50 Copay

Spectacle Lenses (Pair):
Single Vision	Covered at 100% of R&C
Bifocal	Following $18 Copay
Trifocal	According to Limits & Exclusions
Lenticular	

Frames	Covered Up to $130

Contact Lenses (Pair)
Cosmetic/Elective (Includes Exam)	Covered Up to $110

Extra Lens Features - Tints, Photochromic, Polarization, Rimless Drill, Oversized and Blended Lenses

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Limits & Exclusions
1. Plan participants are limited to one vision examination during a benefit year period
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame **or** one submission of corrective contact lenses during any benefit year
3. Plan participants may choose between eyeglasses or contact lenses, but not both

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
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law
6. 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
7. The cost of frames that exceeds the plan allowance
8. Extra charges for any lens treatments and coatings not listed under Extra Lens Features
9. Progressive and Polycarbonate Lenses.
10. Charges for cosmetic (elective) contact lenses, including the exam, that exceed the annual plan allowance

Note: For each benefit year period, covered charges for contact lenses are in lieu of all other covered charges during the benefit year for each insured person.