

**SCHEDULE OF VISION BENEFITS
FOR
ELIGIBLE PARTICIPANTS AND DEPENDENTS**

THE BENEFIT PERIOD IS A CALENDAR YEAR

<u>Benefit Percentage</u>	100%
<u>Vision Examination</u> (applicable for spectacle lenses or contacts lenses) Exam limited to once each Benefit Period	\$85
<u>Materials</u> (Frames, Lenses, Contact Lenses) Maximum Benefit per Benefit Period	\$400