

USD 489

Eye Care Highlight Sheet

Plan 1: Exam & Materials - Vision Plan Summary

Deductibles	\$0
Maximum Calendar Year	\$200
Annual Eye Exam	Subject to maximum
Lenses (per pair)	
Single Vision	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frames	Subject to maximum
Frequencies (months)	
Exam/Lens/Frame	None

-Add on services not covered include: coated lenses; oversize lenses-exceeding 71 mm; photo-gray lenses; polished edges; UV-400 coating & facets, & tints other than solid.
-Claims need to be filed within 90 days of date of service

Monthly Rates

Employee Only	\$16.32
Employee + Spouse (ES)	\$29.24
Employee + Child(ren)	\$26.88
Employee + Family	\$41.24

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Customer Service

Our Customer Relations Department is open from 7 am to midnight (CST) Monday through Thursday and 7 am to 6:30 pm (CST) on Fridays. You can call toll-free at 800-497-7044. Your claim forms can be faxed in to (402) 309-2580. We will be happy to answer any questions you may have regarding a specific claim you have filed or to answer questions about benefits for eye care procedures being considered.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the benefits available through Reliance Standard Life, and does not include exclusions and limitations. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefits coordinator.

RELIANCE STANDARD
LIFE INSURANCE COMPANY