



BAD AXE PUBLIC SCHOOLS - Vision Benefits Plan

Administered by ADN Administrators, Inc.

Support Staff

The Plan-at-a-Glance

Benefit Year – January 1 through December 31

Vision Examination	Covered up to \$48
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Spectacle Lenses (Pair):	
Single Vision	Covered up to \$63
Bifocal	Covered up to \$72
Trifocal	Covered up to \$90
Progressive	Covered up to \$108
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Frames	Covered up to \$80
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Contact Lenses (Pair – Including Prescription and fitting)	
Elective	Covered up to \$150

Extra Lens Features – Photochromic Lens Treatment

Limitations & Exclusions

1. Plan participants are limited to one vision examination during a benefit year
2. Plan participants are limited to one pair of corrective spectacle lenses and one frame during a 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 lenses.
2. Vision therapy or subnormal vision aids.
3. Medical or surgical treatment of the eyes
4. Extra charges for blended, tinted, coated or oversized lenses.
5. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year.
6. Charges with respect to which benefits are provided under any Workers' Compensation or similar law.
7. 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.
8. The cost of frames that exceeds the plan allowance.
9. Charges for elective contact lenses, including the prescription and fitting fee, that exceed the plan allowance.

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