

MENDON COMMUNITY SCHOOLS VISION BENEFIT PLAN
Vision Schedule of Benefits

Effective July 1, 2020

Refer to the Vision Plan Document and Summary Plan Description for details of Coverage.
Members may use the vision provider of choice, there are no vision network requirements.

VISION BENEFITS	BENEFIT PAYMENT	MAXIMUM BENEFIT
Benefit Year Deductible (January 1 st – December 31 st)	Waived. Vision Plan benefits are not subject to a Calendar Year Deductible.	No Annual Maximum Benefit; No Lifetime Maximum Benefit.
Vision Examination: Limited to 1 examination every 12 months.	\$6.50 Member Co-payment	
Frames: Limited to one pair of frames every 12 months.	\$175 maximum allowance	
Lenses: Single Vision, Lined Bifocal, Lined Trifocal & Lenticular. Limited to one set of lenses every 12 months.	\$18 Member Co-payment	Participants may elect to receive benefits for one pair of glasses OR one pair of contact lenses during any 12-month period.
Extra Lens Features: Photochromic, Sun or Gradient Tints and Tinted or Color-coated Single Vision, Lined Bifocal Lenses, Lined Trifocal Lenses & Lenticular. Polaroid: Single Vision, Lined Bifocal, Lined Trifocal & Lenticular Oversize & Rimless	Covered in Full	
Contact Lenses: Includes Contact lenses, exam and fitting fees. Limited to one set of lenses every 12 months.	\$110 maximum allowance	

Coverage and Benefit questions should be directed to:

Preferred Benefit Administrators

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407-786-2777 or 888-524-2777

www.PreferredTPA.com

