

**SKF SANITATION DISTRICT
VISION CARE BENEFITS**

Benefit Category	Copayment
Eye Exam, per person, in a 12 month period.....	\$10.00
Materials.....	- 0 -
Lenses.....	once every 12 months
(tinted, anti-glare and polycarbonate lenses are covered for employees only)	
Frames.....	once every 12 months
	up to a maximum
	allowance of \$35.00
Medically necessary contact lenses.....	once every 12 months
	up to a maximum
	allowance of \$250.00
Non-medically necessary contact lenses.....	once every 12 months
	up to a maximum
	allowance of \$100.00
*Safety Glasses (employee only)	
Exam.....	once every 12 months
	up to a maximum
	allowance of \$100.00
Materials.....	once every 12 months
	up to a maximum
	allowance of \$240.00

***NOTE: The District will pay the difference between the amount eligible for regular glasses and safety glasses for employees only.**