**Ultra**

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**Vision Plan 3**

Wells Township School District

All Employees

There is no network for this plan. You may select any vision provider that you wish to use.

Your benefit levels remain the same with any provider.

Examinations, frames and one set of corrective lenses (regular glasses, prescription

sunglasses, photochromic lenses or contact lenses) will be provided once in a 12-month

period, defined as July 1 to June 30 of the following year, for each eligible member.

Additional charges for tint, oversized lenses, blended bifocals, and scratch or anti-glare

coatings are not covered.

Covered services and amounts listed below will be paid toward items and services incurred

in connection with the subscriber’s appointment;

**the remaining balance is the subscriber’s**

**responsibility**

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Examination

$64.00 covered once every 12 months

Regular Lenses

$84.00 covered once every 12 months

Bifocal Lenses

$96.00 covered once every 12 months

Trifocal Lenses

$120.00 covered once every 12 months

Progressive Lenses

$144.00 covered once every 12 months

Frame Allowance

$130.00 covered once every 12 months

Contact Lenses

$200.00 covered once every 12 months