

BENEFITS AT A GLANCE



SET Self-Funded Vision Plan

Alpena-Montmorency-Alcona ESD
Professionals

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 September 1 to August 31 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.**

If this plan is elected, refer to the self-funded vision participation agreement for applicable administrative and setup fees.

Examination	\$56.00 covered once every 12 months
Regular Lenses	\$75.00 covered once every 12 months
Bifocal Lenses	\$84.00 covered once every 12 months
Trifocal Lenses	\$105.00 covered once every 12 months
Lenticular Lenses	\$126.00 covered once every 12 months
Frame Allowance	\$75.00 covered once every 12 months
Contact Lenses	\$175.00 covered once every 12 months