

Benefit Description	Vision Plan
	Limits
Benefit Year	July 1 through June 30
Vision Examinations -Maximum Benefit Payable per Covered Person per Benefit Year	\$5 copay, then 100% \$80
Eyeglass Frames -Maximum Benefit Payable per Covered Person per Benefit Year	\$10 copay, then 100% \$110
Eyeglass Lenses -Maximum Benefit Payable for Single-Vision Lenses per Covered Person per Benefit Year	100% \$90
-Maximum Benefit Payable for Bifocal Lenses per Covered Person per Benefit Year	\$120
-Maximum Benefit Payable for Trifocal Lenses per Covered Person per Benefit Year	\$150
-Maximum Benefit Payable for Progressive Lenses per Covered Person per Benefit Year	\$175
Contact Lenses (All Types) -Maximum Benefit Payable per Covered Person per Benefit Year	100% \$120
<p>NOTE: Subject to the dollar maximums stated above, the Plan will allow one pair of eyeglasses (one set of frames with one pair of lenses) <u>or</u> one pair of contact lenses* per Covered Person in any Benefit Year.</p> <p>*If disposable contact lenses are selected, the Plan will cover all contact lenses purchased up to the maximum benefit amount specified above.</p>	

The following optometrists/ophthalmologists have agreed to give the following discounts to Petoskey School employees, on the ASR plan design. Take this with you in order to receive your discount.

- Professional Optical 15%
- Carl Powers & John J. Groot 15%
- Riley Turcott 10%
- Thomas Schaperkotter 10%