

## Plan Rules - General

<b>General</b>	
<b>Group:</b>	788 - CHESTER COUNTY I.U. NO.24

General

Details

<b>General Plan Rules</b> *		
<b>What is Covered ?</b>		
EITHER ( 1 ) EYEGLASS EXAM WITH LENSES & FRAME OR ( 2 ) ALLOWANCE TOWARD CONTACT EXAM & CONTACT LENS MATERIALS		
<b>Plan Specifics</b>		
<b>Plan Type:</b>	LAST DATE OF SERVICE	
<b>Student Age Limit:</b>	23	
<b>Child Age Limit:</b>	19	
<b>Exam Copay</b>	<b>Lens/Frame Copays</b>	<b>Applies To</b>
None	None	IN NETWORK

<b>Plan Benefit Frequency</b> ‡				
	<b>Exam</b>	<b>Lens</b>	<b>Frame</b>	<b>Contacts</b>
<b>Child</b>	24 months	24 months	24 months	- OR - \$100 every 24 months <sup>1</sup>
<b>Adult</b>	24 months	24 months	24 months	- OR - \$100 every 24 months <sup>1</sup>

<sup>1</sup> When contact lenses are selected in lieu of glasses, your plan will provide a total allowance of up to \$100 toward their cost. **THIS IS IN LIEU OF ALL OTHER BENEFITS FOR THE BENEFIT PERIOD.** You will not receive any additional monies for contact lenses and/or contact lens exam costs that are more than the \$100 allowance.

\* contact lens policies and pricing varies by provider. Be sure to check both before receiving services. Your coverage does not provide both glasses and contact lenses in the same eligibility period.

\* coupons or advertised specials can not be used in conjunction with your vision coverage

‡ as of September 1st 2011, VBA no longer opens the patient's benefits 30 days prior to their official eligibility date