

# Schedule of Benefits

**Employer:** Michigan Technological University  
**ASA:** 478821  
**Issue Date:** June 2, 2009  
**Effective Date:** January 1, 2009  
**Schedule:** 3A  
**Booklet Base:** 3

For: Basic Vision

## Basic Vision Expense Coverage

### PLAN FEATURES

#### ***Eye Exam***

65% of billed charges

#### ***Vision Eyewear Lenses***

Single Vision lenses

100%

Bifocal Vision lenses

100%

Trifocal Vision lenses

100%

Contact Lenses

100%

#### ***Vision Eyewear (Frames)***

100%

Maximum per 12 month period: 1 eye exam

Maximum per 24 month period: lenses and frames

Vision Supply Maximum- \$350 per 24 month period.

## Expense Provisions

### **The following provisions apply to your health expense plan.**

This section describes cost sharing features, benefit maximums and other important provisions that apply to your Plan. The specific cost sharing features and the applicable dollar amounts or benefit percentages are contained in the attached health expense sections of this *Schedule of Benefits*.

This *Schedule of Benefits* replaces any *Schedule of Benefits* previously in effect under your plan of health benefits.

**KEEP THIS SCHEDULE OF BENEFITS WITH YOUR BOOKLET.**

## **Payment Provisions**

### **Payment Percentage**

This is the percentage of your **covered expenses** that the plan pays and the percentage of **covered expenses** that you pay. The percentage that the plan pays is referred to as the “Plan Payment Percentage”. The payment percentage may vary by the type of expense. Refer to your *Schedule of Benefits* for payment percentage amounts for each covered benefit.

### **Calendar Year Maximum Benefit**

The most the plan will pay for covered expenses incurred by any one covered person in a Calendar Year is called the Calendar Year maximum benefit.

The Calendar Year maximum benefit will not deny benefits for certain covered expenses in any one Calendar Year.

## **General**

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet and should be kept with your Booklet.