

UPPER SADDLE RIVER BOARD OF EDUCATION

VISION CARE EXPENSE COVERAGE

This coverage pays benefits for charges made for services and supplies furnished for you or your Qualified Dependent's vision care. There is a maximum benefit for each service and supply furnished to a person. Protection under this coverage is not extended after a person ceases to be a covered person.

Maximum Vision Care Benefits:

<i>Service or Supply</i>	<i>Maximum Benefit</i>
Eye Exams (one exam per 12 month period):	\$35
Ophthalmic lenses (other than contact lenses): (one pair per 12 month period)	
Single Vision	\$30
Bifocal	\$50
Trifocal	\$60
Lenticular	\$90
Contact lenses: (one exam per 12 month period):	\$35
After cataract surgery: For visual acuity nor correctable to 20/70 in the better eye by use of conventional lenses:	\$180
For treatment of a condition such as keratoconus or anisometropia and contact lenses are routinely used as part of the treatment:	\$180
Other contacts:	\$55
Frames: (one pair per 12 month period):	\$25

A. **BENEFITS**

The amount payable for vision care services and supplies furnished to you or your Qualified Dependents is the amount of eligible charges for those services and supplies. But not more than the Maximum Benefit for each service and supply will be payable.

The Maximum Benefit for each service and supply is shown in the Schedule of Benefits.