

Western Grocers Trust

Benefit Year: Calendar Year

The following shows the vision benefits available under this plan for all covered vision exams, lenses, and frames when performed or prescribed by a licensed ophthalmologist or licensed optometrist. Coverage for pediatric services will end on the last day of the month in which the member turns 19. Copayment and/or coinsurance for covered charges apply to the medical plan’s out-of-pocket limit.

Service/Supply	In-network Member Pays	Out-of-network Member Pays
Members Age 18 and Younger		
Eye exam	No deductible, \$25	No deductible, 0% up to \$40 then 100%
Vision hardware	No deductible, 0% for one pair per year for frames and/or lenses	No deductible, 0% for one pair per year up to \$75 then 100% for frames and/or lenses
Members Age 19 and Older		
Eye exam	No deductible, \$25	No deductible, 0% up to \$40 then 100%
Vision hardware	No deductible, 0% up to \$300	

Benefit Limitations: members age 18 and younger

- One vision exam every 12 months.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting) once every 12 months.

Benefit Limitations: members age 19 and older

- One vision exam every 24 months.
- Vision hardware includes glasses (lenses and frames) and/or contacts (lenses and fitting) once every 24 months.
- Anti-reflective coatings and scratch resistant coatings are covered.

Exclusions

- Charges for services or supplies covered in whole or in part under any medical or vision benefits provided by an employer.
- Expenses covered under any workers’ compensation law.
- Eye exams required as a condition of employment, required by a labor agreement or government body.
- Medical or surgical treatment of the eye.
- Nonprescription lenses.