

Iron ReHealth Vision Plan

Summary of Benefits

Benefit	Copay	Frequency
Annual Basic Exam Basic eye exam (1)	\$15	Per calendar year

Prescription Glasses and Contacts

\$200 maximum allowable benefit for either contact lenses or glasses

Contact Lenses (3) <ul style="list-style-type: none">Contact lense fitting included with paid copay\$200 maximum allowable benefit for either contact lenses or glasses/glass lenses	\$25	Per calendar year
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Glasses (3) <ul style="list-style-type: none">You may choose from any standard or designer frames and lenses of your choice up to the covered amount. (2)Options such as progressive lenses, tint, UV, etc. may be available at discounted rates at some providers.\$200 maximum allowable benefit for either glasses/glass lenses or contact lenses	\$25	Per calendar year
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Maximum Benefit

\$500 maximum allowable benefit per person
\$1000 maximum allowable benefit per family

Network is open to any vision provider. In the event provider will not file with the vision plan, member pays full fee to provider and Vision Plan reimburses member for services rendered up to the maximum allowance. All receipts must be submitted at the same time and at the time the reimbursement is filed. Reimbursements must be submitted within 90 days and Vision Plan reserves the right to deny any claims that do not provide sufficient proof.

(1) Refraction and retinal screening not included

(2) Amounts greater than the allowance are the responsibility of the member

(3) \$200 maximum allowable benefit for either contact lenses or glasses/glass lenses

Benefit Program administered by



Providers and members should submit claims to:

Iron ReHealth | Vision Claims | P.O. Box 241887 | Montgomery, AL 36124-1887 | (334) 245-1099