

**Faculty & Part-time Faculty  
Vision Plan**

**2021-22 Plan Year**

<b>Insurance Carrier / Plan Network</b>		Moda / Opal Any Licensed Provider
Annual Benefit Maximum (per person per plan year)		\$600*
<b>Routine Eye Exam</b>		
Benefit		Plan pays 100% (up to plan maximum)
Frequency		Once per plan year
<b>Lenses</b>		
Basic Lens Benefit		Plan pays 100% (up to plan maximum)
Lens Enhancements		
Frequency		Once per plan year
<b>Frames / Contacts</b>		
Benefit		Plan pays 100% (up to plan maximum)
Frequency		Frames: Age 0-16: Once per plan year Age 17+: Once per two plan years Contacts: Up to the plan maximum
<b>Non-Prescription Benefit</b>		
Benefit		NA

NA = Not applicable

\* Exam and hardware charges all apply to the plan year maximum.

**This document is for comparison purposes only and is not intended to fully describe the benefits of each plan. Refer to your member handbook for additional information or further explanation of benefits, limitations, and exclusions. In the case of conflict between this document and your member handbook, the member handbook will prevail.**