

VISION

See how far we'll go.











2025 VISION - SCHEDULE OF BENEFITS

| YOUR BENEFITS: WHAT STAYWELL COVERS | PARTICIPATING PROVIDERS | NON-PARTICIPATING PROVIDERS |
|--|--------------------------------|--------------------------------|
| VISION CARE \$150.00 annual maximum Frames Single vision or bifocal lenses Contact lenses The date on which the frames, lenses, or contact lenses are ordered shall be considered to be the date which the charge is incurred. The lenses or contact lenses must be prescribed as a result of an eye examination made while enrolled under the Plan. The frames must be used with lenses prescribed as a result of an eye examination made while insured under the Plan. | Plan Pays 80%; Member pays 20% | Plan pays 70%; Member pays 30% |



StayWell 2025 VISION - EXCLUSIONS & LIMITATIONS

No benefits will be paid for charges that are not covered Vision Care charges or for procedures or Services that are not specifically included as covered Vision Care charges.

No benefits will be paid for Services which were furnished or rendered or for which charges were incurred prior to the effective date of the Enrollee under the Plan.

No benefits will be paid for sunglasses, whether or not requiring a prescription, safety glasses and safety goggles. Tinted lenses with a tint higher than number 2 are considered to be sunglasses for the purpose of this exclusion.

No benefits will be paid for frames to be used for lenses, which do not require a prescription.

No benefits will be paid for duplicate lenses or contact lenses, or duplicate frames, or disposable contact lenses.

No benefits will be paid for repair or replacement of broken, lost or stolen lenses, contact lenses or frames.

Underwritten by:



Island Home Insurance Company

*Services from a Non-Participating Provider will be paid based on Eligible charges as defined by the group contract. **Payment for Emergency Services from a Non-Participating Provider is subject to PPACA emergency services as specified in the group contract. This handbook is for informational purposes only. Its contents are subject to the provisions of the Group Contract between the Employer and StayWell Insurance/IHIC. In the event of a discrepancy between this handbook and the contract, the terms of the contract will prevail. SW VIS 01/2025

ADV SW VIS 2011 PY2025