

# Benefit Summary

*for Vision has been prepared for the employees of:*

## Intrepid Potash

### Frequency of Service:

Exam	every 12 months
Materials:	
Lenses	every 12 months
Frames	every 12 months
Or	
Contact Lenses (in lieu of frames & lenses)	every 12 months

Note: If you chose contact lenses, you will not be eligible to receive lenses for 12 months and a frame for 12 months following the date contacts were obtained.

### Benefits (after Copayment):

	<u>Plan will Pay</u>
Eye Exams	up to \$75.00
Single Vision Lenses	up to \$50.00
Lined Bifocal Lenses	up to \$75.00
Lined Trifocal Lenses	up to \$100.00
Lenticular Lenses	up to \$150.00
Frames	up to \$100.00
Contact Lenses	
Medically Necessary	up to \$150.00
Elective	up to \$150.00

This handout is for illustrative purposes. You will receive benefit booklets. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.



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