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**LEWIS CASS ISD - Vision Benefit Plan  
 Non-Instructional (Benton Harbor)**

**The Plan-at-a-Glance**

**Benefit Year – July 1 through June 30**

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<b>Vision Examination</b>	Up to \$55.00
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**Standard Eyeglass Lenses (Pair):**

Single Vision	Up to \$73.00
Bi-Focal	Up to \$84.00
Tri-Focal	Up to \$100.00
Lenticular	Up to \$124.00

**According to Limits and Exclusions**

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<b>Frames</b>	Up to \$50.00
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**Contact Lenses (Pair – Including the fitting)**

Elective	Up to \$110.00
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**Extra Lens Features – None**

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**Limitations & Exclusions**

1. Plan participants are limited to one vision examination during a benefit year.
2. Plan participants are limited to one pair of corrective prescription standard eyeglass lenses and one frame or pair of prescription contact lenses during a benefit year.
3. Plan participants may choose between eyeglasses or contact lenses, but not both.

**No Payment will be made for the following:**

1. Non-prescription non-corrective lenses (eyeglass or contact lenses).
2. Vision therapy or subnormal vision aids.
3. Medical or surgical treatment of the eyes.
4. Replacement of lost or broken lenses or frames if benefits applicable to the replacement were previously provided during the benefit year.
5. Charges with respect to which benefits are provided under any Workers' Compensation or similar law.
6. Vision examination, lenses or frames which would have been furnished without cost in the absence of this insurance or for which an insured person has no legal obligation to pay.
7. The cost of frames that exceeds the plan allowance.
8. Extra charges for tints, coatings, photochromic, polycarbonate, progressive and blended lenses.
9. Charges from Providers for elective contact lenses, including the fitting examination that exceed the plan allowance.

**Note: For each benefit year, charges for contact lenses and the examination are in lieu of all other covered charges during the benefit year for each insured person.**