

# HERITAGE OPTICAL INSURANCE

## BENEFITS

### Services

### Coverage In-Network

Exam	Covered in Full, No Co-pay
Frame	\$125 Maximum
Single Vision Lenses Bifocal, Trifocal and Lenticular Lenses	Covered in Full, No Co-Pay
Rose Tint #1 or #2	Covered in Full, No Co-Pay
Frame Warranty (1 year manufacture)	Covered in Full, No Co-Pay

### OR

### *Contact Lenses - \$129.00 Allowance towards Exam and Contact Lenses*

Contact Lens Exam / Follow-up	\$64.50 Maximum
Contact Lenses	\$64.50 Maximum

## COVERAGE

**Benefits are available once every twenty-four (24) months (from date of last purchase) and include eligible subscribers, spouses and dependent children up to their 25<sup>th</sup> birthday. You are eligible for contact lenses OR glasses, not both, in any 24 Month Consecutive period.**

## RATES

26 Pay Professors, Administrators, and Staff  
New Bi-Weekly Rates per 26 Pays

<u>COVERAGE</u>	<u>RATES PER PAY</u>
Employee	\$2.56
Employee + 1	\$4.22
Employee + Family	\$5.32

20 Pay Professors  
New Bi-Weekly Rates per 20 Pays

<u>COVERAGE</u>	<u>RATES PER PAY</u>
Employee	\$3.24
Employee + 1	\$5.33
Employee + Family	\$6.72