

2019 Vision Benefit Summary



New Riegel Local Schools

Effective January 1, your vision plan will be administered by Custom Design Benefits, a Third Party Administrator.
Customer Service: (800) 598-2929 or (513) 598-2929 or visit our website at www.CustomDesignBenefits.com

Group Number: NRS00

Plan Covers

Eye Examination	● One every 12 months	\$5 copay
Frames	● Once every 24 months	up to \$120
Lenses		
Single Vision	● Once every 12 months	100%
Bi-focal	● Once every 12 months	100%
Tri-focal	● Once every 12 months	100%
Contacts	● Once every 12 months	up to \$105

Please Note: The plan excludes Progressive Lenses but covers cost up to lined bi-focals and tri-focals, employee pays anything over that amount.
Plan Excludes the cost for polycarb, photochromatic or anti-reflective features.

This summary of benefits is provided to give you a general overview of the plan. We have attempted to make this summary as up to date and accurate as possible. However, if there are any discrepancies between the summary and the plan documents, the plan documents will supersede this summary. If you want more detail about your coverage and costs, please see the complete Summary Plan Description (SPD).