

SPAN CONSTRUCTION & ENG., INC. SELF INSURED VISION PLAN

SCHEDULE OF BENEFITS 2025

Verification of Eligibility: Benefits Dept. (559) 661-1111 or Benefits@spanconstruction.com

*Call to verify eligibility for Plan benefits before the charge is incurred.

VISION CARE BENEFITS:

Eye exam, per person, in a 12-month period	\$100.00
Frames	\$125.00
Single Vision	\$115.00
Bi-focal	\$140.00
Tri-focal or Progressive	\$175.00
Lenticular	\$175.00
Contact Lenses	\$250.00

LIMITATIONS:

- Frames and lenses **or** contacts are allowed once in a 12-month period ***if there is*** a change in the prescription. If there ***is no*** prescription change, the benefits are allowed once in a 24-month period.

HOW TO SUBMIT A CLAIM:

When a covered person has a claim to submit for reimbursement that person must:

1. Submit invoices or receipts for services rendered.

ALL INVOICES OR RECEIPTS MUST SHOW:

- Name of patient
- Name, address, telephone number of the provider.
- Type of services rendered.
- Date of services
- Charges for exam
- Rx – prescription
- **If glasses or contacts are purchased the receipt must show the type of lenses purchased.**
 - Single Vision
 - Bi-focal
 - Tri-focal or Progressive
 - Lenticular
 - Contacts

2. Mail the above to: Span Construction
Attn: Benefits Dept.
3353 Yeager Drive
Madera, CA 93637

Or email to: Benefits@spanconstruction.com

NO BENEFITS WILL BE PAYABLE FOR THE FOLLOWING:

- 1) Before covered. Care, treatment or supplies for which a charge was incurred before a person was covered under this Plan.
- 2) Excluded. Charges excluded or limited by the Plan design as stated in this document.
- 3) Health plan. Any charges that are covered under a health plan that reimburses a greater amount than this Plan.
- 4) No prescription. Charges for lenses ordered without a prescription.
- 5) Orthoptics. Charges for orthoptics (eye muscle exercises).
- 6) Sunglasses. Charges for safety goggles or sunglasses, including prescription type.
- 7) Training. Charges for vision training or subnormal vision aids.
- 8) Charges incurred outside the continuous 50 states of the USA.

VISION CARE BENEFITS:

Vision care benefits apply when vision care charges are incurred by a Covered Person for services that are recommended and approved by a Physician or Optometrist.

VISION CARE CHARGES:

Vision care charges are the Usual and Reasonable Charges for the vision care services and supplies shown in the Schedule of Benefits. Benefits for these charges are payable up to the maximum benefit amounts shown in the Schedule of Benefits for each vision care service or supply.