



Kinetic Personnel Group Schedule of Vision Benefits Option ID: E01AA5V

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Claims Address:

P.O. Box 1807
Draper, Utah 84020

EDI Payor ID: 88067

Customer Service: 1-877-453-4201

Coverage begins the first day of the month following 30 days. Coverage ends the day of termination.
Minimum weekly hours for full time: 30 hours

Indemnity Plan - No Vision Network

Premiums (includes both dental and vision):

Employee only - \$32.25
Employee + Spouse - \$64.25
Employee + Child(ren) - \$64.25
Family - \$102.75

Coverage Information		Benefit Limits Per Calendar Year
Exam	Plan pays 100% up to a maximum of \$75	Limited to one eye exam per participant, per year. May choose any licensed provider.
Frames	Plan pays 100% up to a maximum of \$225 per year	
Contact Lenses (Medically Necessary)		
Lenses - Single (per pair)		
Lenses - Bifocal (per pair)		
Lenses - Trifocal (per pair)		
Lenses - Lenticular (per pair)		
Lenses - Polycarbonate (per pair)		

Effective: 1/1/2018

Dependents covered to age 26 regardless of student or marital status.
Timely Filing - claims must be submitted within 12 months from date the service incurred.
Benefit Year - January 1 to December 31.
Coordination of Benefits - Supplemental up to 100% of eligible expense.
Usual & Customary charges refer to billed amount.
Refer to plan document for details.

[Visit www.talltreehealth.com to the Plan Document, Schedule of Benefits, claims history and more.](http://www.talltreehealth.com)

**All claims are subject to Plan provisions at the time of service. Any benefits quoted over the phone or in writing is not a guarantee of payment.
Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**