



School Insurance Specialists

**Washtenaw ISD**

**Employee Segment:** Instructional Aide Custodial/Maintenance  
Employees Administrators Clerical Employees

### **Vision Benefits**

Complete Vision Examination Annual Maximum	\$0
Single Vision Prescription Annual Maximum per Pair of Lense	\$0
Bifocal Prescription Annual Maximum per Pair of Lenses	\$0
Trifocal Prescription Annual Maximum per Pair of Lenses	\$0
Lenticular Prescription Annual Maximum per Pair of Lenses	\$0
Contact Lens Prescription Annual Maximum per Pair of Lenses	\$0
Standard-type Frames Annual Maximum	\$0
Benefit Determination Period:	July 1 through June 30

### **Covered Items in Addition to Above**

\*\*\*COMBINED BENEFIT: EXAM/LENS/FRAME - \$300.00  
INCLUDES TINS, COATINGS, POLAROID, ETC.\*\*\*\*

EXAM/CONTACTS - \$300.00\*\*BENEFIT



School Insurance Specialists

**Washtenaw ISD**

**Employee Segment:** Instructional Full-Time Substitute Teachers  
Nurse Physical Therapist Speech Therapist Teacher

**Vision Benefits**

Complete Vision Examination Annual Maximum	\$0
Single Vision Prescription Annual Maximum per Pair of Lense	\$0
Bifocal Prescription Annual Maximum per Pair of Lenses	\$0
Trifocal Prescription Annual Maximum per Pair of Lenses	\$0
Lenticular Prescription Annual Maximum per Pair of Lenses	\$0
Contact Lens Prescription Annual Maximum per Pair of Lenses	\$0
Standard-type Frames Annual Maximum	\$0
Benefit Determination Period:	July 1 through June 30

**Covered Items in Addition to Above**

\*\*\*COMBINED BENEFIT: EXAM/LENS/FRAME - \$300.00 OR EXAM/CONTACTS - \$300.00 INCLUDES TINTS, COATINGS, POLAROID ETC.\*\*\*LASIK EYE SURG BENEFIT FOR EMPLOYEE ONLY \$250.00\*\*\*