

**Henry County Medical Center  
Vision Coverage 2020**

**Single \$2.01 PP**

**Family \$5.64 PP**

<b>Covered Vision Expenses:</b>	<b>Benefits</b>
Eye exam	Covered 100% up to a maximum of \$50 per calendar year
Frame-type lenses (any kind) Frames Contact Lenses	All lenses and frames covered 100% up to a combined maximum of \$150 per calendar year

Covered expenses - Eye refractions, eyeglasses, contact lenses, or the vision examination for prescribing or fitting eyeglasses or contact lenses; and