



## Vision Plan Summaries

Available for groups with 5 or more eligible

	Vision Plan 6010	Vision Plan 6030	Vision Plan 6060
<b>Eye Examination</b>			
Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Copay	\$10	\$10	\$0
<b>Eyeglass Lenses</b>			
Frequency	Once every 24 months	Once every 12 months	Once every 12 months
Copay	\$20	\$10	\$0
<b>Frames</b>			
Frequency	Once every 24 months	Once every 12 months	Once every 12 months
Copay	\$0	\$0	\$0
Maximum	\$120	\$120	\$120
<b>Contact Lenses (instead of glasses)</b>			
Frequency	Once every 24 months	Once every 12 months	Once every 12 months
Copay	\$0	\$0	\$0
Maximum	\$100	\$100	\$100
<b>Lens Option Copays (all plans)</b>			
UV Coating	\$12		
Tint	\$10		
Scratch Resistance	\$10		
Polycarbonate	\$25		
Anti-Reflective	\$40		
Standard Progressive	\$50		

Please contact our Group Service Center for a quote at 877.559.9621 or email [gsc@DominionNational.com](mailto:gsc@DominionNational.com).

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