



Vision Plan Summaries

Available for groups with 5 or more eligible

	Vision Plan 6010	Vision Plan 6030	Vision Plan 6060
Eye Examination			
Frequency	Once every 12 months	Once every 12 months	Once every 12 months
Copay	\$10	\$10	\$0
Eyeglass Lenses			
Frequency	Once every 24 months	Once every 12 months	Once every 12 months
Copay	\$20	\$10	\$0
Frames			
Frequency	Once every 24 months	Once every 12 months	Once every 12 months
Copay	\$0	\$0	\$0
Maximum	\$120	\$120	\$120
Contact Lenses (instead of glasses)			
Frequency	Once every 24 months	Once every 12 months	Once every 12 months
Copay	\$0	\$0	\$0
Maximum	\$100	\$100	\$100
Lens Option Copays (all plans)			
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.

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