2024 Vision Benefit Summary





Your vision plan is administered by Custom Design Benefits, a Third Party Administrator. Customer Service: (800) 598-2929 or (513) 598-2929 or visit our website at www.CustomDesignBenefits.com

Group Number: OAK00

		Plan Covers
Eye Examination	One per Calendar Year	\$10 Copay; Max Benefit Paid after Copay - \$60 per exam
Eyeglass Lenses	 One pair per calendar year Single Vision Bifocal Trifocal Lenticular 	\$25 Copay; Max Benefit Paid after Copay - \$85 per pair \$25 Copay; Max Benefit Paid after Copay - \$100 per pair \$25 Copay; Max Benefit Paid after Copay - \$130 per pair \$25 Copay; Max Benefit Paid after Copay - \$150 per pair
Frames	One pair per 24 month period	\$0 Copay; Max Benefit Paid after Copay - \$120 per pair
Contact Lenses	One Pair per Calendar Year in Lieu of Eyeglasses Medically Necessary Not Medically Necessary, but required to correct visual acuity	\$0 Copay; Max Benefit Paid after Copay - \$225 per pair \$0 Copay; Max Benefit Paid after Copay - \$140 per pair
Contact Lens/Glasses Supplies	 Cosmetic Contact Lenses Contact Solution Disposable Contact Lenses Contact Case Glasses Case Lens Cleaners 	Not Covered
LASIK Surgery		Not Covered

How to submit a claim:

Custom Design Benefits
Electronic Payer ID: 82056
5589 Cheviot Road
Cincinnati, Ohio 45247
(513) 598.2929 or (800) 598.2929
Fax: (513) 389.2998
claims@customdesignbenefits.com

This summary of benefits is provided to give you a general overview of the plan. We have attempted to make this summary as up to date and accurate as possible. However, if there are any discrepancies between the summary and the plan documents, the plan documents will supersede this summary. If you want more detail about your coverage and costs, please see the complete Summary Plan Description (SPD).