BENEFITS AT A GLANCE

SET SEG
School Insurance Specialists

SET Self-Funded Plan 2

Owosso Public Schools
Food Service and Bus Driver

There is no network for this plan. You may select any vision provider that you wish to use. Your benefit levels remain the same with any provider.

Examinations, frames and one set of corrective lenses (regular glasses, photochromic lenses or contact lenses) will be provided once in a 12-month period, defined as July 1 to June 30 of the following year, for each eligible member.

Additional charges for tint, oversized lenses, blended bifocals, and scratch or anti-glare coatings are not covered. Pink tint #1 & 2 is covered $5.00 per pair. The contact fitting fee is not covered.

Covered services and amounts listed below will be paid toward items and services incurred in connection with the subscriber's appointment; **the remaining balance is the subscriber's responsibility**.

Examination	100% after $20 deductible covered once every 12 months
Regular Lenses*	$30.00 covered once every 12 months
Bifocal Lenses*	$40.00 covered once every 12 months
Trifocal Lenses*	$60.00 covered once every 12 months
Progressive Lenses*	$80.00 covered once every 12 months
Frame Allowance*	$35.00 covered once every 12 months
Contact Lenses	$40.00 covered once every 12 months

* $50 deductible for lenses and frames