

Town and Board of Cromwell Vision Care Rider



Covered Services

Coverage for one of the following per calendar year which includes fitting, adjustment and aftercare for maintenance of comfort and efficiency.

- One Pair Prescription Eyeglass Lenses and Frames
- One Pair Contact Lenses
- One Pair Contact Lens Replacements

Vision Exam and Optical Services Contract Maximums (Per Calendar Year)

Frames for Prescription Lenses	\$50 Maximum Per Member
Single Vision Lenses	\$60 Maximum Per Member
Bifocal Lenses	\$70 Maximum Per Member
Trifocal Lenses	\$90 Maximum Per Member
Lenticular Lenses	\$140 Maximum Per Member
Contact Lenses	\$180 for first set of contacts
Replacement Contact Lenses	\$60 for each eye per calendar year

Related Exclusions, Conditions, and Limitations

- Services, frames and lenses required by an employer as a condition of employment.
- Sunglasses, tinted glasses or industrial glasses unless they are prescription lenses.
- Contact lenses for convenience or any other purpose other than the medically necessary correction of visual acuity.

In order to receive your reimbursement please send all vision hardware receipts to ConnectiCare by either email, fax, or mail.

Email: SalesSupport@ConnectiCare.com

Fax: (860) 674-2011 - please reference Cromwell on the Cover Page

Mail: Attn: Jason Denison

175 Scott Swamp Road
Farmington, CT 06034

ConnectiCare

Please note reimbursements will only be made when receipts are received within 180 days of your eyewear purchase.

Cromwell Vision 0313