

Benefits	What You Pay With Gold Rx
<b>Vision Services:</b> <ul style="list-style-type: none"> <li>• Routine Eye Exam (1) per year</li> <li>• Annual Glaucoma Screening</li> <li>• Diagnosis and Treatment for diseases/conditions of the eye</li> <li>• Contact lenses, eyeglasses (lenses and frames)</li> </ul>	<p>\$25 copayment</p> <hr/> <p>\$0 copayment</p> <hr/> <p>\$50 copayment</p> <hr/> <p>\$150 yearly allowance</p>
<b>Preventive Dental covers:</b> Up to (1) of each of the following <ul style="list-style-type: none"> <li>• Office Visit (1) per year               <ul style="list-style-type: none"> <li>• Oral Exam (1) per year</li> <li>• Cleaning (1) per year</li> <li>• Dental x-rays (1) per year</li> </ul> </li> </ul>	<p>\$10 copayment</p>