

NORTHERN MICHIGAN UNIVERSITY
VISION BENEFIT GUIDE
SET-SEG – GROUP #00045
415 W. KALAMAZOO ST.
LANSING, MI 48933-2079
1-800-292-5421

Enrollment is not automatic.
Enrollment forms must be on file in the Human Resources Department.
Coverage is effective the first of the month following date of hire.
(An Open Enrollment for changes/additions is held each September-
changes become effective October 1.)

BENEFIT YEAR: July 1 – June 30

The following services/items are available as follows:

Vision Examination	Once every 12 months
Frames	Once every 12 months
Lenses ¹	Once every 12 months

¹Glasses **or** contacts once every 12 months

Complete Vision Examination	\$ 32.00
Single Vision Lenses (each pair)	\$ 42.00
Bifocal Lenses (each pair)	\$ 48.00
Trifocal Lenses (each pair)	\$ 60.00
Progressive Lenses (each pair)	\$ 72.00
Contact Lenses (each pair)	\$100.00
Frames-Standard-type	\$ 40.00

- You may select the doctor of your choice.
- When Vision services, including examination and/or purchase of lenses/frames are complete, you may pay the entire fee or have the doctor invoice SET directly. An itemized statement of services must be submitted.
- Questions regarding eligibility and/or claims should be directed to Customer Service at the number above.
- For reimbursement, send the above information to the address above.

This is a generalization of the plan's provisions and are subject to change.