

WISCONSIN ELECTRICAL EMPLOYEES HEALTH AND WELFARE PLAN

SCHEDULE OF BENEFITS

EFFECTIVE JANUARY 1, 2024

OPTIONAL VISION BENEFITS

Vision Benefits (includes eye exam, lenses, frames, contact lenses, tinting, coatings, bi-focal, tri-focal, etc.) (must be by prescription) and Radial Keratotomy

Adults and Dependents

No deductible or co-pay; \$400 maximum per person, per calendar year