



Southern Local Schools Vision Benefits

Claim Address:

Trustmark
PO Box 2821 Clinton, IA 52733-2821

Service	Benefit paid
Examination (<i>one eye examination per calendar year</i>)	\$70
Lenses – Pair (<i>two lenses every 2 calendar years*</i>)	
Single Vision	\$60
Bi-Focal	\$100
Tri-Focal	\$120
Lenticular	\$200
Frames (<i>one set of frames every 2 calendar years</i>)	\$60
Contact Lenses – (<i>every 2 calendar years*</i>)	
Necessary	\$300
Cosmetic	\$175