

PART I. CERTIFICATE SCHEDULE

Policyholder: Associated Builders and Contractors of Alabama Incorporated

Policyholder's Address: 1830 28th Ave. S
Birmingham, AL 35209

Group Policy Number: 00661283

Effective Date: October 1, 2019

Initial Term: 27 Months

Eligible Classes All Full Time Employees Working At Least 30 Hours Per Week After Completing the Waiting Period

Waiting Period: Class 1 (All employees located at Parklane Construction, General Machinery, Southern Carpet, & Murray Building): First of the month following date of hire
Class 2 (All employees located at Beck First Aid, CSC Roofing, Acker Electric & Bailey Harris Construction): First of the month following 30 days of active work
Class 3 (All employees located at Turner Plumbing, Eidson & Associates, Summit Electrical, & Hardy Corporation): Immediately following 90 days of active work

Mode of Premium Payment: MONTHLY

Method of Premium Payment: Remitted by Policyholder

Premium Due Date: 1st of every month

PART II. SCHEDULE OF BENEFITS

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FREQUENCY OF SERVICES - Your Certificate is on a Rolling Benefit Plan Basis.	
Vision Exam:	Once every 12 Months
Eyeglass Lenses:	Once every 12 Months
Frames:	Once every 24 Months
Contact Lenses:	Once every 12 Months
Lens Add-ons:	Once every 12 Months

CO-PAY (PER INSURED)		
	In-Network Provider	Out of Network Provider
Vision Exam:	\$10	\$0.00
Eyeglass Lenses:	\$25	\$0.00
Frames:	\$0	\$0.00
Contact Lenses:		
Non-Elective	\$0	\$0.00
Elective	\$0	\$0.00
Lens Add-ons ⁴		

BENEFITS AND ALLOWANCES ¹		
	In-Network Provider	Out of Network Provider
Vision Exam:		
By Ophthalmologist	Covered in Full	\$35 Allowance
By Optometrist	Covered in Full	\$35 Allowance
Materials- Eyeglass Lenses ³ :		
Single Vision	Covered in Full	\$25 Allowance
Bifocals	Covered in Full	\$50 Allowance
Trifocals	Covered in Full	\$50 Allowance
Lenticular	Covered in Full	\$50 Allowance
Materials – Frames ³ :	\$130 Allowance	\$50 Allowance
Materials – Contact Lenses ² :		
Non-Elective	Covered in Full	\$210 Allowance
Elective - Conventional	\$130 Allowance	\$100 Allowance
OR		
Elective - Disposable	\$130 Allowance	\$100 Allowance
Lens Add-Ons: ⁴		

¹ Where an "Allowance" is shown, You are responsible for paying any charges in excess of the Allowance.

² The Contact Lenses benefit is paid in lieu of Eyeglass Lenses and Frames.

³ Eyeglass Lenses and Frames are paid in lieu of the Contact Lenses benefit.

⁴ See Supplement to Schedule of Benefits