

Canandaigua Area Chamber of Commerce

US Direct VI Added Benefits

In addition to the covered services listed on the **Summary of Benefits**, your employer has selected the following additional or extended benefits:

Coverage	Description
Prescription Drug Coverage	<p>Retail: Up to a 90 day supply of outpatient prescription drugs is covered. There is a copayment for each 30 day supply of \$10 for Tier 1 drugs, \$25 for Tier 2 drugs or \$40 for Tier 3 drugs.</p> <p>Mail Order Program: Up to a 90 day supply of approved drugs is covered with a \$25 copayment for Tier 1 drugs, \$62.50 copayment for Tier 2 drugs or \$100 copayment for Tier 3 drugs.</p> <p>Approved generic prescription contraceptive drugs or devices are covered 100% under retail or mail order.</p>
Annual Eyewear Coverage	Coverage for the purchase of prescription eyeglasses or prescription daily-wear contact lenses is provided once every year. Members are entitled to a 20% discount then a \$60 credit at participating providers.
Dependent Coverage	Dependent covered to age 26.