

# Schedule of Benefits

(GR-29N-01-001-01 CA)

## Vision Plan

**Employer:** 99 Cents Only Store

**Group Policy Number:** GP-801577

**Issue Date:** July 1, 2019

**Effective Date:** August 24, 2020

**Schedule:** 3A

**Cert Base:** 3

For: Vision Plan

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

### Limited Vision Care Expense Coverage (GR-9N S-10-020-04 CA)

#### PLAN FEATURES

Limited Vision Care Benefits

Maximum per 12-month period: \$100

### Maximum Benefit Provisions (GR-9N S-09-025 01)

#### Coverage Year Maximum Benefit

The most the plan will pay for covered expenses incurred by any one covered person in a **coverage year** is called the **coverage year** maximum benefit.

The **coverage year** maximum benefit applies to **network care** and **out-of-network care** expenses combined.

## General (GR-9N S-28-0101)

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.