



# Vision Plan Options

BENEFITS	Annual	Standard	
In-Network Reimbursement Schedule Frequency – Once Every:	All Members	Under 19	19 & Over
Eye Examination	12 Months	12 Months	24 Months
Eyewear:			
<i>Spectacle Lenses</i>	12 Months	12 Months	24 Months
<i>Frame</i>	12 Months	24 Months	24 Months
<i>Contact Lenses (in lieu of eyeglasses)</i>	12 Months	12 Months	24 Months
<b>Eye Examination</b>			
Eye Examination inclusive of Dilation		100%	
Contact Lens Evaluation and Fitting		100%	
<b>Spectacle Lenses</b>			
All ranges of prescriptions and sizes		100%	
Choice of glass or plastic lenses		100%	
Oversize Lenses		100%	
<b>Frame</b>			
In-Network Retail Allowance		\$60	
Exclusive Collection of Frames (in lieu of Frame Allowance):			
<i>Fashion (up to \$100 retail value)</i>		100%	
<i>Designer (up to \$175 retail value)</i>		\$20 copayment	
<i>Premier (up to \$200 retail value)</i>		\$40 copayment	
If you choose to receive services from an independent network provider you may select a Fashion frame from the exclusive “Collection” at no cost. Should you select a frame from the provider’s own supply, a \$60.00 retail allowance will be applied toward your frame purchase and you will be responsible for any amount over the allowance. Retail providers do not carry the collection; your frame benefit at a participating retail location will be the network retail allowance and you will be responsible for any amount over the allowance.			
<b>Contact Lenses (in lieu of eyeglasses)</b>			
Elective Allowance		\$75 <sup>1/</sup>	
1 Pair Standard Daily Wear Contact Lenses (in lieu of Elective Allowance)		100%	
Medically Necessary (with prior approval)		100%	
<b>Spectacle Lens Options (may be selected at the point-of-service and are available at fixed, significantly discount prices)</b>			
Fashion and Gradient Tinting of Plastic Lenses		\$15	
Glass-Grey #3 Prescription Sunglasses		\$15	
Ultraviolet Coating		\$15	
Scratch Resistant Coating		\$20	
Polycarbonate Lenses		\$0 or \$35 <sup>2/</sup>	
Blended Segment Lenses		\$20	
Intermediate Vision Lenses		\$30	
Standard Progressive Addition Lenses (PALs)		\$65	
Premium PALs (Varilux™, etc.)		\$105	
Photochromic Lenses		\$20	
Plastic Photosensitive Lenses		\$70	
Polarized Lenses		\$75	
Standard Anti-Reflective Coating (ARC)		\$40	
Premium ARC		\$55	
Hi-Index Lenses		\$60	
<b>Out-of-Network Reimbursement Schedule</b>			
<b>Eye Examination, up to</b>		\$32	
<b>Contact Lens Evaluation and Fitting:</b>			
<i>Daily Wear, up to</i>		\$20	
<i>Extended Wear, up to</i>		\$30	
<b>Spectacle Lenses (per pair):</b>			
<i>Single, up to</i>		\$25	
<i>Bifocal, up to</i>		\$36	
<i>Trifocal, up to</i>		\$46	
<i>Lenticular, up to</i>		\$72	
<b>Frame, up to</b>		\$30	
<b>Contact Lenses:</b>			
<i>Non-Disposables, up to</i>		\$48 <sup>3/</sup>	
<i>Disposables, up to</i>		\$75	
<i>Medically Necessary, up to</i>		\$225	

<sup>1/</sup> Can be applied toward disposables or specialty contact lenses (including but not limited to extended wear, hard/soft bifocal, toric and gas permeable lenses).

<sup>2/</sup> Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions  $\geq$  +/- 6.00 diopters

<sup>3/</sup> Can be applied toward standard (hard/soft daily wear) or specialty contact lenses (including but not limited to extended wear, hard/soft bifocal, toric and gas permeable lenses).

Benefits include a low vision benefit, a discount contact lens mail order replacement program, and discounts on laser vision correction surgery from select providers

This summary is intended as a general description of coverage. Specific limitations and exclusions may apply to some services.