

SERVICE FREQUENCY

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids	Allowed Frequency - Seniors
Exam	Once every plan year	Once every plan year	Once every plan year
Contact Lens Fit and Follow-up	Unlimited	Unlimited	Unlimited
Frame	Once every plan year	Once every plan year	Once every plan year
Lenses	Once every plan year	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year	Once every plan year

A plan year is defined as January through December when a member has active coverage.

BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services		
Exam	\$0 copay	Up to \$45
Retinal Imaging	Up to \$39	Not covered
Contact Lens Fit and Follow-Up		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
Frame		
Frame	\$0 copay; 20% off balance over \$70 allowance	Up to \$70
Lenses		
Single Vision	\$0 copay	Up to \$38
Bifocal	\$0 copay	Up to \$60
Trifocal	\$0 copay	Up to \$72
Lenticular	\$0 copay	Up to \$108
Progressive - Standard	\$55 copay	Up to \$60
Progressive - Premium Tier 1	\$85 copay	Up to \$60
Progressive - Premium Tier 2	\$95 copay	Up to \$60
Progressive - Premium Tier 3	\$110 copay	Up to \$60
Progressive - Premium Tier 4	\$175 copay	Up to \$60
Lens Options		
Anti Reflective Coating - Standard	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1	\$57 copay	Up to \$23
Anti Reflective Coating - Premium Tier 2	\$68 copay	Up to \$23

Anti Reflective Coating - Premium Tier 3	\$85 copay	Up to \$23
Photochromic - Non-Glass	\$0 copay	Up to \$70
Polycarbonate - Standard - age 19 and over	\$40	Not covered
Polycarbonate - Standard - under age 19	\$0 copay	Up to \$20
Scratch Coating - Standard Plastic	\$15	Not covered
Tint - Solid and Gradient	\$0 copay	Up to \$12
UV Treatment	\$15	Not covered
Polarized	\$0 copay	Up to \$38
All Other Lens Options	20% off retail price	Not covered
Contact Lenses		
Contacts - Conventional	\$0 copay; 15% off balance over \$120 allowance	Up to \$115
Contacts - Disposable	\$0 copay; 100% of balance over \$120 allowance	Up to \$115
Contacts - Medically Necessary	\$0 copay	Up to \$300