

In-Network Restrictions

Plan allows the member to receive either contacts and frame, or frame and lens services

Service Routine	Frequency	Eligible	Eligible as of Date
Exam	Once every 12 months from the date of service	Yes	11/15/2019
Lenses	Once every 12 months from the date of service	No	06/08/2020
Frames	Once every 24 months from the date of service	No	06/08/2021
Contact Lenses	Once every 12 months from the date of service	No	06/08/2020
Contact Lens Fit & Follow-up	Unlimited	Yes	07/01/2014

Benefits Summary

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam Services		
Exam with Dilation as Necessary	\$15 Copay	Up to \$30
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
Frames		
Frame	\$0 Copay; 20% off balance over \$120 Allowance	Up to \$40

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Lenses		
Single Vision	\$15 Copay	Up to \$25
Bifocal	\$15 Copay	Up to \$40
Trifocal	\$15 Copay	Up to \$60
Lenticular	\$15 Copay	Up to \$60
Progressive - Standard	\$80 Copay	Up to \$40
Progressive - Premium Tier 1	\$100 Copay	Up to \$40
Progressive - Premium Tier 2	\$110 Copay	Up to \$40
Progressive - Premium Tier 3	\$125 Copay	Up to \$40
Progressive - Premium Tier 4	\$80 Copay; 20% off Retail Price less \$120 Allowance	Up to \$40
Lens Options		
Anti Reflective Coating - Standard	\$45	Not Covered
Anti Reflective Coating - Premium Tier 1	\$57	Not Covered
Anti Reflective Coating - Premium Tier 2	\$68	Not Covered
Anti Reflective Coating - Premium Tier 3	20% off Retail Price	Not Covered
Photochromic - Plastic	\$75	Not Covered
Polycarbonate - Standard	\$40	Not Covered
Scratch Coating - Standard Plastic	\$15	Not Covered
Tint - Solid or Gradient	\$15	Not Covered
UV Treatment	\$15	Not Covered
All Other Lens Options	20% off Retail Price	Not Covered
Contact Lenses		
Contacts - Conventional	\$0 Copay; 15% off balance over \$120 Allowance	Up to \$64
Contacts - Disposable	\$0 Copay; 100% of balance over \$120 Allowance	Up to \$64

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Contacts - Medically Necessary	\$0 Copay	Up to \$210