

<b>In-Network Restrictions</b>			
Plan allows the member to receive either contacts and frame, or frame and lens services			
<b>Service</b>	<b>Frequency</b>	<b>Eligible</b>	<b>Eligible as of Date</b>
<b>Routine</b>			
Exam	Once every 12 months from the date of service	Yes	
Lenses	Once every 12 months from the date of service	Yes	
Frames	Once every 24 months from the date of service	Yes	
Contact Lenses	Once every 12 months from the date of service	Yes	
Contact Lens Fit & Follow-up	Unlimited	Yes	

### Benefits Summary

<b>Vision Care Services</b>	<b>In-Network Member Cost</b>	<b>Out-of-Network Reimbursement</b>
<b>Exam Services</b>		
Exam with Dilation as Necessary	\$15 Copay	Up to \$30
Retinal Imaging	Up to \$39	Not Covered
<b>Contact Lens Fit and Follow-Up</b>		
Fit and Follow-up - Standard	Up to \$40	Not Covered
Fit and Follow-up - Premium	10% off Retail Price	Not Covered
<b>Frames</b>		
Frame	\$0 Copay; 20% off balance over \$120 Allowance	Up to \$40
<b>Lenses</b>		
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

<b>Vision Care Services</b>	<b>In-Network Member Cost</b>	<b>Out-of-Network Reimbursement</b>
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
<b>Lens Options</b>		
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
<b>Contact Lenses</b>		
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
Contacts - Medically Necessary	\$0 Copay	Up to \$210