

Standard Plan



Feature	In-Network	Out-of-Network
Eye Exam (every 12 months)	After you pay \$10 copay, Plan pays 100%	Plan pays \$35, You pay remainder
Eyeglass Frames (every 24 months) <i>Subject to program limits</i>	After you pay \$10 copay for materials ¹ Plan pays 100%	Plan pays \$40, You pay remainder
Eyeglass Lenses (every 12 months) <ul style="list-style-type: none"> • Single Vision • Bifocals • Trifocals • Lenticular 	After you pay \$10 copay for materials Plan pays 100% (one copay for total cost of frames and lenses when obtained together) ²	<p>Single Vision: Plan pays \$30, You pay remainder</p> <p>Bifocal: Plan pays \$40, You pay remainder</p> <p>Trifocal: Plan pays \$60, You pay remainder</p> <p>Lenticular: Plan pays \$80, You pay remainder</p>
Contact Lenses (every 12 months) <ul style="list-style-type: none"> • Medically necessary³ • Cosmetic: conventional or disposable 	<p>Medically Necessary: Plan pays 100%,</p> <p>Cosmetic (conventional or disposable): Plan pays \$100, You pay remainder</p>	<p>Medically Necessary: Plan pays \$250, You pay remainder</p> <p>Cosmetic (conventional or disposable): Plan pays \$100, You pay remainder</p>

¹Within the plan's \$60 wholesale allowance (approximately \$150 to \$180 retail value).

²Includes solid and gradient tints, UV and scratch resistant protective coatings and polycarbonate lens material for children under age 19.

³Most contact lenses are considered cosmetic, and therefore the benefit will be \$100 per 12-month period for lenses obtained in-or out-of-network. Medically necessary contact lenses are typically used as part of cataract surgery and represent less than 1% of the contacts provided through most vision plans.

Buy-Up Plan



Feature	In-Network	Out-of-Network
Eye Exam (every 12 months)	After you pay \$10 copay, Plan pays 100%	Plan pays \$35, You pay remainder
Eyeglass Frames (every 12 months) <i>Subject to program limits</i>	After you pay \$10 copay for materials ¹ Plan pays 100%	Plan pays \$40, You pay remainder
Eyeglass Lenses (every 12 months) <ul style="list-style-type: none"> • Single Vision • Bifocals • Trifocals • Lenticular 	After you pay \$10 copay for materials Plan pays 100% (one copay for total cost of frames and lenses when obtained together) ²	<p>Single Vision: Plan pays \$30, You pay remainder</p> <p>Bifocal: Plan pays \$40, You pay remainder</p> <p>Trifocal: Plan pays \$60, You pay remainder</p> <p>Lenticular: Plan pays \$100, You pay remainder</p>
Contact Lenses (every 12 months) <ul style="list-style-type: none"> • Medically necessary³ • Cosmetic: conventional or disposable 	<p>Medically Necessary: Plan pays 100%,</p> <p>Cosmetic (conventional or disposable): Plan pays \$150, You pay remainder</p>	<p>Medically Necessary: Plan pays \$250, You pay remainder</p> <p>Cosmetic (conventional or disposable): Plan pays \$150, You pay remainder</p>

¹Within the plan's \$60 wholesale allowance (approximately \$150 to \$180 retail value).

²Includes solid and gradient tints, UV and scratch resistant protective coatings and polycarbonate lens material for children under age 19.

³Most contact lenses are considered cosmetic, and therefore the benefit will be \$150 per 12-month period for lenses obtained in-or out-of-network. Medically necessary contact lenses are typically used as part of cataract surgery and represent less than 1% of the contacts provided through most vision plans.



You can get both eyeglasses **AND** contacts every 12 months – not limited to one or the other.