



Vision Plan - 2 Buy Up CITY OF AMES

Alternate

| | \$0 lens, \$150 allowance - Insight Network | |
|---------------------------------------|--|-------------------------|
| BENEFIT FREQUENCY | | |
| Contact Lenses or Lens | Once every calendar year. | |
| Exam | Once every calendar year. | |
| Frame | Once every two calendar years. | |
| Vision Care Services | In-Network Member Cost | Out of Network |
| EXAM | | |
| Exam | \$0 Copay | Up to \$35 |
| Dilation | \$0 | N/A |
| Eye Exam Refraction | \$0 | N/A |
| LENS | | |
| Single Vision | \$0 Copay | Up to \$25 |
| Bi-focal | \$0 Copay | Up to \$40 |
| Tri-focal | \$0 Copay | Up to \$55 |
| Standard Progressive Lens | \$75 Copay | Up to \$40 |
| Premium Progressive Lens | Premium Progressive as follows: | Up to \$40 |
| - Tier 1 | \$95 | N/A |
| - Tier 2 | \$105 | N/A |
| - Tier 3 | \$120 | N/A |
| - Tier 4 | 80% of Balance less \$120, plus \$75 Copay | N/A |
| Lenticular | \$0 Copay | Up to \$55 |
| Other Lens Type | 80% of Charge | N/A |
| FRAME | | |
| Frame | 80% of Balance over \$150 | Up to \$75 |
| LENS OPTIONS: | | |
| Standard Polycarbonate | \$40 Copay | N/A |
| Standard Plastic Scratch Coating | \$15 Copay | N/A |
| Tint (Solid and Gradient) | \$15 Copay | N/A |
| UV Treatment | \$15 Copay | N/A |
| Standard Anti-reflective Coating | \$45 Copay | N/A |
| Premium Anti-reflective (a/r) Coating | Premium Anti-Reflective Coating as follows: | N/A |
| - Tier 1 | \$57 | N/A |
| - Tier 2 | \$68 | N/A |
| - Tier 3 | 80% of Retail | N/A |
| Photochromatic/Transitions | \$75 | N/A |
| Other Lens Options | 80% of Charge | N/A |
| CONTACT LENSES | | |
| Conventional Lens - Conventional | 85% of Balance over \$150 | Up to \$120 |
| Contact Lens - Disposable | Balance over \$150 | Up to \$120 |
| Standard Fit And Follow Up Exam | \$0 Copay | Up to \$40 |
| Premium Fit And Follow Up Exam | \$0 copay, 10% off retail price, then apply \$55 allowance | Up to \$40 |
| Medically Necessary | \$0 | Up to \$200 |
| NON-SCHEDULED ITEMS | | |
| Doctor Misc. Materials | 80% of Charge | N/A |
| ONE & SUN | | |
| | For eligible members, 0% of the earned benefit | N/A |
| LASIK or PRK Vision Correction | | |
| | 85% of Retail Price or 95% of Promotional Price | N/A |
| Insured Rates* (Monthly Premium) | | Employer Contribution % |
| Single | \$9.58 | |
| Employee / Spouse | \$18.36 | |
| Employee / Child(ren) | \$17.76 | |
| Family | \$25.02 | |