

Base Plan

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam (Once every calendar year)	\$10 Copay	Up to \$35
Dilation, Eye Exam Refraction	\$0 Copay	N/A
Frames (Once every two calendar years)	80% of balance over \$150	Up to \$75
Lens (Once every calendar year in lieu of contact lenses)		
Single Vision / Bi-Focal / Tri-Focal / Lenticular	\$0 / \$0 / \$0 / \$0 Copay	Up to \$25 / \$40 / \$55 / \$55
Standard Progressive Lens	\$75 Copay	Up to \$40
Premium Progressive Lens		
-Tier 1 / Tier 2 / Tier 3	\$95 / \$105 / \$120 Copay	Up to \$40
-Tier 4	\$75 Copay, plus 80% of charge less \$120	Up to \$40
Other Lens Type	80% of charge	N/A
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 (a/r) Coating	\$45 Copay	N/A
Photochromatic/Transitions	\$75 Copay	N/A
Other Lens Options	80% of charge	N/A
Premium Anti-reflective (a/r) Coating		
-Tier 1 / Tier 2	\$57 / \$68 Copay	N/A
-Tier 3	80% of retail	N/A
Contact Lenses (Once every calendar year in lieu of lenses)		
Conventional	85% of balance over \$150	Up to \$120
Disposable	Balance over \$150	Up to \$120
Medically Necessary	\$0 Copay	Up to \$200
Contact Lens Fit & Follow-up Exam		
Standard	\$0 Copay	Up to \$40
Premium	\$0 Copay, 10% off retail price, then apply \$55 allowance	Up to \$40

ADDITIONAL VISION BENEFITS



40% OFF

additional pairs of glasses



20% OFF

any items not covered by the plan, including non-prescription sunglasses



15% OFF

retail price or 5% off promotional price for LASIK or PRK from US Laser Network