

Summary of Benefits

Vision Care Services	Basic Plan		Enhanced Plan	
	In-Network*	Out-of-Network**	In-Network*	Out-of-Network**
Exam with Dilatation as Necessary	\$20 copay	Up to \$44	\$20 copay	Up to \$44
Retinal Imaging	Up to \$39	N/A	Up to \$39	N/A
Frames	\$0 copay, \$125 allowance, 20% off balance over \$125	Up to \$50	\$0 copay, \$200 allowance, 20% off balance over \$200	Up to \$93
Standard Plastic Lenses				
Single Vision	\$0 copay	Up to \$34	\$0 copay	Up to \$34
Bifocal	\$0 copay	Up to \$48	\$0 copay	Up to \$48
Trifocal	\$0 copay	Up to \$64	\$0 copay	Up to \$64
Lenticular	\$0 copay	Up to \$88	\$0 copay	Up to \$88
Standard progressive lens	\$50 copay	Up to \$64	\$50 copay	Up to \$64
Premium progressive lens	\$70-\$95 copay	Up to \$64	\$70-\$95 copay	Up to \$64
Tier 1	\$70 copay	Up to \$64	\$70 copay	Up to \$64
Tier 2	\$80 copay	Up to \$64	\$80 copay	Up to \$64
Tier 3	\$95 copay	Up to \$64	\$95 copay	Up to \$64
Tier 4	\$50 copay, 20% off retail less \$120 allowance	Up to \$64	\$50 copay, 20% off retail less \$120 allowance	Up to \$64
Lens Options				
UV treatment	\$15	N/A	\$15	N/A
Tint (solid and gradient)	\$15	N/A	\$15	N/A
Standard plastic scratch coating	\$13 copay	Up to \$2	\$13 copay	Up to \$2
Standard polycarbonate – adults	\$40	N/A	\$40	N/A
Standard polycarbonate – kids under 19	\$40	N/A	\$40	N/A
Standard anti-reflective coating	\$45	N/A	\$45	N/A
Premium anti-reflective coating	\$57-\$68	N/A	\$57-\$68	N/A
Tier 1	\$57	N/A	\$57	N/A
Tier 2	\$68	N/A	\$68	N/A
Tier 3	20% off retail	N/A	20% off retail	N/A
Photochromatic/transitions plastic	\$75	N/A	\$75	N/A
Polarized	20% off retail	N/A	20% off retail	N/A
Other add-ons and services	20% off retail	N/A	20% off retail	N/A
Contact Lens Fit and Follow Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed.)				
Standard contact lens fit & follow up	\$20 copay, paid-in-full and two follow-up visits	Up to \$44	\$20 copay, paid-in-full and two follow-up visits	Up to \$44
Premium contact lens fit & follow up	\$20 copay, 10% off retail price, then apply \$55 allowance	Up to \$44	\$20 copay, 10% off retail price, then apply \$55 allowance	Up to \$44
Contact Lenses (Contact lens allowance includes materials only.)				
Conventional	\$0 copay, \$120 allowance, 15% off balance over \$120	Up to \$100	\$0 copay, \$175 allowance, 15% off balance over \$175	Up to \$117
Disposable	\$0 copay, \$120 allowance	Up to \$100	\$0 copay, \$175 allowance	Up to \$117
Medically necessary	\$0 copay, paid in full	Up to \$210	\$0 copay, paid-in-full	Up to \$210
Laser Vision Correction				
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A	15% off the retail price or 5% off the promotional price	N/A
Hearing Care				
Hearing Health Care from Amplifon Hearing Network	Discounted set pricing on hearing aids and free batteries.	N/A	Discounted set pricing on hearing aids and free batteries.	N/A
Frequency				
Examination	Once every calendar year		Once every calendar year	
Lenses or contact lenses	Once every calendar year		Once every calendar year	
Frame	Once every other calendar year		Once every calendar year	

*In-Network copays represent the most an employee will have to pay for specific in-network benefits.

**Out-of-Network allowance amounts represent the most the plan will pay for specific out-of-network benefits. Employees pay 100% of any expense over the allowance amount.

Summary of Benefits

Vision Care Services	Core Plan	
	In-Network*	Out-of-Network**
Exam with Dilation as Necessary	\$20 Copay	Up to \$44
Retinal Imaging	Up to \$39	N/A
Frames* <i>Complete pair eyeglasses purchase discounts*. Frame, lenses, and lens options must be purchased in the same transaction to receive full discount.</i>	35% off retail price	N/A
Standard Plastic Lenses		
Single vision	\$50	N/A
Bifocal	\$50	N/A
Trifocal	\$105	N/A
Standard progressive lens	\$135	N/A
Lens Options		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard plastic scratch coating	\$15	N/A
Standard polycarbonate – adults	\$40	N/A
Standard polycarbonate – kids under 19	\$40	N/A
Standard anti-reflective coating	\$45	N/A
Polarized	20% off retail	N/A
Other add-ons and services	20% off retail	N/A
Contact Lenses (Contact lens allowance includes materials only)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	Discounted set pricing on hearing aids and free batteries.	N/A
Frequency		
Examination	Once every calendar year	
Lenses or contact lenses	Unlimited	
Frame	Unlimited	
<i>*Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.</i>		
Additional Discounts (Additional discounts are not insured benefits.)		
Non-prescription sunglasses	20% off	N/A
Remaining balance beyond plan coverage	20% off	N/A

*In-Network copays represent the most employees will have to pay for specific in-network benefits.

** The Out-of-Network allowance for vision exam is the most employees will pay for this benefit. Employees pay 100% of any expense over the allowance amount.