

Benefits	In-Network	Out-of-Network
Copayment		
Examination	\$10	N/A
Eyeglass Lens	\$10	N/A
Frequency of Service		
Exam	24 months	24 months
Lenses	24 months	24 months
Frames	24 months	24 months
Contact Lenses	24 months	24 months
Professional Services		
Comprehensive vision examination	Covered in full after copayment	up to \$40 allowance
Basic Lenses (Pair)		
Single Vision	Covered in full after copayment	up to \$25 allowance
Bifocal	Covered in full after copayment	up to \$25 allowance
Trifocal	Covered in full after copayment	up to \$55 allowance
Eyeglass Lens Enhancements		
Factory scratch coating included		
Polycarbonate Lenses for children under 19 years old		
Transitions Lenses for children under 19 years old		
Lens Options		
UV Coating	\$15.00	N/A
Tint (Solid Gradient)	\$15.00	N/A
Standard Polycarbonate	\$40.00	N/A
Transition Lenses for Adults	\$75.00	N/A
Progressive Lenses		
Standard Progressive	\$65.00	N/A
Premium Tier 1	\$91.00	N/A
Premium Tier 2	\$97.00	N/A
Premium Tier 3	\$103.00	N/A
Anti-Reflective Coating		
Standard Anti-Reflective Coating	\$45.00	N/A
Premium Tier 1 Anti-Reflective Coating	\$57.00	N/A
Premium Tier 2 Anti-Reflective Coating	\$68.00	N/A
Other	20% Discount off retail pricing	N/A
Frame		
Eyeglassed frame allowance	\$130 allowance, then 20% off remaining balance	up to \$45.00 allowance
Contact Lenses		
Elective Conventional	\$130 allowance, then 15% off remaining balance	up to \$105 allowance
Elective Disposable	\$130 allowance (no additional discount)	up to \$105 allowance
Non-Elective Contact Lenses	Covered in full	up to \$210 allowance
Dependent Age Limits	Child to 26 / Student to 26	
PRICING		
	Individual	\$4.24
	2-Person	\$8.06
	Family	\$12.35