

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
<b>Exam</b> (Once every calendar year)	\$10 Copay	Up to \$35
Dilation, Eye Exam Refraction	\$0 Copay	N/A
<b>Frames</b> (Once every two calendar years)	80% of balance over \$130	Up to \$65
<b>Lens</b> (Once every calendar year in lieu of contact lenses)		
Single Vision / Bi-Focal / Tri-Focal / Lenticular	\$10 / \$10 / \$10 / \$10 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
<b>Lens Options</b>		
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
<b>Contact Lenses</b> (Once every calendar year in lieu of lenses)		
Conventional	85% of balance over \$130	Up to \$104
Disposable	Balance over \$130	Up to \$104
Medically Necessary	\$0 Copay	Up to \$200
<b>Contact Lens Fit &amp; Follow-up Exam</b>		
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