

Coverage	In network*
Exams (once per calendar year)	\$10 copay
Lenses Single vision or lined multifocal lenses (once per calendar year)	\$10 copay
Progressive lenses	Standard: \$65 copay Premium: \$95 - \$185 copay based on tier
Lens options	Polycarbonate: covered in full for children under 19; all lens options available to members at fixed pricing
Frames (once per calendar year)	\$0 copay \$170 allowance** 20% off balance over \$170
Contact lens fit and follow-up	Standard: \$25 copay, paid in full (fit) and two follow-up visits Premium: \$25 copay, 10% off retail price + \$55 allowance
Contacts[†] (once per calendar year)	\$0 copay, \$170 allowance**
Laser vision correction	15% of the retail price or 5% off the promotional price

* In-network providers offer the best level of benefits. There is a limited amount of out-of-network reimbursement available depending on service.

** Frames or contacts are covered up to \$170 per year, with any amounts over \$170 covered out of your own pocket.

† Higher level of benefit for medically necessary contacts. Consult with your provider for more information.