

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