



YOUR VISION COVERAGE Service Frequencies

Exams	Every Calendar Year
Lenses (for Glasses or Contact Lenses)	Every Calendar Year
Frames	Every Calendar Year
Network Discounts <small>(Glasses and Contact Lens Professional Service)</small>	Limitless Within 12 Months of Exam

SAMPLE OF COVERED SERVICES

	IN NETWORK	OUT NETWORK
Eye Exams	\$10	\$50 max
Single Vision Lenses	\$25	\$48 max
Lined Bifocal Lenses	\$25	\$67 max
Lined Trifocal Lenses	\$25	\$86 max
Lenticular Lenses	\$25	\$126 max
Frames	\$150 Retail max + 20% off	\$48 max
Contact Lenses (Elective)	\$150 max + 15% off	\$105 max
Contact Lenses (Medically Necessary)	Covered (Copay Waived)	\$210 max
Contact Lenses (Evaluation and Fitting)	15% off UCR	Amount over \$210
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (Additional Pair of Frames and Lenses)	20% off retail price	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts

COPAY

Exams Copay	\$10
Materials Copay	\$25

SAMPLE COST

Employee Only	\$12.25
Employee + Spouse	\$21.75
Employee + Children	\$21.00
Family	\$35.00

Dependents covered up to age 26 Coverage may not be available in all 50 states For more information on limitations and exclusions visit us online.

Sample Cost is illustrative purposes only