

Service	Network Provider Benefit	Out-of-Network Provider Benefit***
Eye Exam	\$10 co-payment	\$20 allowance
Spectacle Lenses* (single, bifocal and trifocal)	\$10 co-payment	\$20 allowance for single vision lenses \$30 allowance for bifocal and trifocal lenses
Standard Frames	\$10 co-payment (up to \$90 retail frame cost; plan participant responsible for balance over \$90)	\$20 allowance
Contact Lenses** (All contact lenses are in lieu of standard frames and spectacle lenses)	\$20 co-payment for medically necessary \$50 co-payment for elective contact lenses \$70 allowance for all other lenses not mentioned above	\$70 allowance

* Spectacle Lenses: Plan participant pays any and all optional lens enhancement charges. Network providers may offer additional discounts on lens enhancements and multiple pair purchases.

** Contact Lenses: The contact lens allowance applies toward the cost of the contact lenses as well as the professional fees for fitting and evaluation services.

*** Out-of-network claims must be filed within one year from the date of service.



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