

# VISION PLAN | Summary Of Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Vision Exam</b> <b>(once every calendar year)</b> <i>With dilation as necessary</i>	Covered in full after \$10 copay	Up to \$42
<b>Eyeglass Lenses *</b> <b>(once every 12 months)</b>		
<p style="text-align: right;">Single Vision</p> <p style="text-align: right;">Bifocal</p> <p style="text-align: right;">Trifocal</p> <p style="text-align: right;">Lenticular</p> <p style="text-align: right;">Standard Progressive</p> <p style="text-align: right;">Premium Progressive Tier 1</p> <p style="text-align: right;">Premium Progressive Tier 2</p> <p style="text-align: right;">Premium Progressive Tier 3</p> <p style="text-align: right;">Premium Progressive Tier 4</p>	<p>Covered in full after \$10 copay</p> <p>Covered in full after \$10 copay</p> <p>Covered in full after \$10 copay</p> <p>Covered in full after \$10 copay</p> <p>\$10 copay</p> <p>\$30 copay</p> <p>\$40 copay</p> <p>\$55 copay</p> <p>\$10 copay, 20% off retail less \$120 Allowance</p>	<p>Up to \$32</p> <p>Up to \$46</p> <p>Up to \$61</p> <p>Up to \$61</p> <p>\$80</p> <p>\$80</p> <p>\$80</p> <p>\$80</p> <p>\$80</p>
<b>Eyeglass Frames</b> <b>(once every 2 years)</b> <i>Any available frame at provider location</i>	\$0 copay, covered up to \$140; 20% off balance over \$140	Up to \$75
<b>Contact Lens Fitting</b> <b>(once every 12 months)</b>		
<p style="text-align: right;">Standard</p> <p style="text-align: right;">Specialty</p>	<p>Covered in full after \$25 copay</p> <p>Covered up to \$55 after \$25 copay</p>	<p>Up to \$42</p> <p>Up to \$42</p>
<b>Contact Lenses</b> <b>(once every 12 months)*</b>		
<p style="text-align: right;">Conventional</p> <p style="text-align: right;">Disposable</p> <p style="text-align: right;">Medically Necessary</p>	<p>Up to \$130</p> <p>Up to \$130</p> <p>Paid in Full</p>	<p>Up to \$100</p> <p>Up to \$100</p> <p>Up to \$210</p>
<b>Vision Correction Procedures</b> <b>LASIK - Call EyeMed for full details</b>	15% discount or 5% off sale price	No benefit

\*Contacts (in lieu of eyeglass lenses); Eyeglass lenses (in lieu of contact lenses).