

Services	Vision - Base Plan		Vision - Premier Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Eye Exam</b>	\$10 copay	\$50 allowance - the plan will reimburse up to \$50	\$10 copay	\$50 allowance - the plan will reimburse up to \$50
<b>Materials</b>				
Single Vision Lenses	\$25 copay	\$50 allowance	\$25 copay	\$50 allowance
Bifocal Lenses	\$25 copay	\$75 allowance	\$25 copay	\$75 allowance
Trifocal Lenses	\$25 copay	\$100 allowance	\$25 copay	\$100 allowance
Progressive Lenses	Standard - \$50 copay Premium - \$80 to \$90 copay Custom - \$120 to \$160 copay	\$75 allowance	Standard - \$50 copay Premium - \$80 to \$90 copay Custom - \$120 to \$160 copay	\$75 allowance
<b>Contact Lenses</b> <i>In lieu of eye glasses</i>	\$130 allowance \$60 copay fitting & evaluation	\$105 allowance	\$150 allowance \$60 copay fitting & evaluation	\$105 allowance
<b>Frames</b>	\$130 allowance	\$70 allowance	\$150 allowance	\$70 allowance

**Benefit Frequency**

**Base Plan**

This plan will cover one set of lenses every 24 months. This plan will cover one set of frames every 24 months.

This plan will cover one set of contact lenses in lieu of eyeglasses once every 24 months.

**Premier Plan**

This plan will cover one set of lenses every 12 months. This plan will cover one set of frames every 12 months.

This plan will cover one set of contact lenses in lieu of eyeglasses once every 12 months.