



		Preferred \$25 Copay Access Network	
<b>BENEFIT FREQUENCY</b>			
Contact Lenses or Lens	Once within a 12 month period defined by last date of service.		
Exam	Once within a 12 month period defined by last date of service.		
Frame	Once within a 24 month period defined by last date of service.		
<b>Vision Care Services</b>		<b>In-Network Member Cost</b>	<b>Out of Network</b>
<b>EXAM</b>			
Exam	\$10 Copay	Up to \$35	
Dilation	\$0	N/A	
Eye Exam Refraction	\$0	N/A	
<b>LENS</b>			
Single Vision	\$25 Copay	Up to \$25	
Bi-focal	\$25 Copay	Up to \$40	
Tri-focal	\$25 Copay	Up to \$55	
Standard Progressive Lens	\$90	Up to \$40	
Premium Progressive Lens	80% of Charge less \$120, plus \$90 Copay	Up to \$40	
- Tier 1	N/A	N/A	
- Tier 2	N/A	N/A	
- Tier 3	N/A	N/A	
- Tier 4	N/A	N/A	
Lenticular	\$25 Copay	Up to \$55	
Other Lens Type	80% of Charge	N/A	
<b>FRAME</b>			
Frame	80% of Balance over \$130	Up to \$65	
<b>LENS OPTIONS:</b>			
Standard Polycarbonate	\$40	N/A	
Standard Plastic Scratch Coating	\$15	N/A	
Tint (Solid and Gradient)	\$15	N/A	
UV Treatment	\$15	N/A	
Standard Anti-reflective Coating	\$45	N/A	
Premium Anti-reflective (a/r) Coating	N/A	N/A	
- Tier 1	N/A	N/A	
- Tier 2	N/A	N/A	
- Tier 3	N/A	N/A	
Photochromatic/Transitions	N/A	N/A	
Other Lens Options	80% of Charge	N/A	
<b>CONTACT LENSES</b>			
Conventional Lens - Conventional	85% of Balance over \$130	Up to \$104	
Contact Lens - Disposable	Balance over \$130	Up to \$104	
Standard Fit And Follow Up Exam	\$0	Up to \$40	
Premium Fit And Follow Up Exam	\$0 Copay, 10% off retail price then apply \$55 allowance	Up to \$40	
Medically Necessary	\$0	Up to \$200	
<b>NON-SCHEDULED ITEMS</b>			
Doctor Misc. Materials	80% of Charge	N/A	
<b>LASIK or PRK Vision Correction</b>			
	85% of Retail Price or 95% of Promotional Price	N/A	