



**Plan Options:**

10-175/150C Full Benefits-(Eye Exam +Eyewear Benefit) 175/150 Eyewear Only-(NO Eye Exam)

|  | Select Network       | Broad Network        | Out-of-network                    |
|--|----------------------|----------------------|-----------------------------------|
| <b>Eye Exam (10-175/150C Full Benefit)</b>             |                      |                      |                                   |
| Eyeglass exam  | \$10 Co-pay          | \$15 Co-pay          | ◆\$40 Allowance                   |
| Contact exam   | \$10 Co-pay          | \$15 Co-pay          | ◆\$40 Allowance                   |
| Dilation   | 100% Covered         | 100% Covered         | Included above                    |
| Contact Fitting  | 100% Covered         | Retail               | Included above                    |
| Retinal Imaging  | \$20 Co-pay          | \$39 Co-pay          |                                   |
| <b>Plastic Lenses</b>                                  |                      |                      |                                   |
| Single Vision  | 100% Covered         | \$10 Co-pay          | ◆\$70 Allowance                   |
| Bifocal (FT 28)  | 100% Covered         | \$10 Co-pay          | for lenses, options, and coatings |
| Trifocal (FT 7x28)                                     | 100% Covered         | \$10 Co-pay          |                                   |
| <b>Lens Options</b>                                    |                      |                      |                                   |
| Progressive (Standard plastic no-line)                 | \$30 Co-pay          | \$50 Co-pay          |                                   |
| Premium Progressive Options                            | \$80 Co-pay          | \$100 Co-pay         |                                   |
| Ultra Premium Progressive Options                      | Up to 20% Discount   | Up to 20% Discount   |                                   |
| Polycarbonate  | \$40 Co-pay          | 25% Discount         |                                   |
| High Index   | \$80 Co-pay          | 25% Discount         |                                   |
| <b>Coatings</b>  |                      |                      |                                   |
| Scratch Resistant Coating                              | 100% Covered         | \$10 Co-pay          |                                   |
| Ultra Violet protection                                | 100% Covered         | \$10 Co-pay          |                                   |
| Other Options  | Up to 25% Discount   | Up to 25% Discount   |                                   |
| <i>A/R, edge polish, tints, mirrors, etc.</i>          |                      |                      |                                   |
| <b>Frames</b>  |                      |                      |                                   |
| Allowance Based on Retail Pricing                      | \$175 Allowance      | \$140 Allowance      | ◆\$70 Allowance                   |
| <b>Additional Eyewear</b>                              |                      |                      |                                   |
| ** Additional Pairs of Glasses Throughout the Year     | Up to 50% Off Retail | Up to 25% Off Retail |                                   |
| <b>Contacts</b>  |                      |                      |                                   |
| Contact benefits is in lieu Of lens and frame benefit. | \$150 Allowance      | \$120 Allowance      | ◆\$100 Allowance                  |
| <b>Additional contact purchases:</b>                   |                      |                      |                                   |
| ***Conventional  | Up to 20% off        | Retail               |                                   |
| ***Disposables   | Up to 10% off        | Retail               |                                   |
| <b>Frequency</b>                                       |                      |                      |                                   |
| Exams, Lenses, Frames, Contacts                        | Every 12 months      | Every 12 months      | Every 12 months                   |
| <b>LASIK Benefit</b>                                   |                      |                      |                                   |
| LASIK  | \$750 Off Per Eye    | Not Covered          | Not Covered                       |

**Discounts**

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details

\*\* 50% discount varies by provider, ask provider for details.

\*\*\* Must purchase full supply to receive discounts on select brands. See provider for details.

\*\*\*\* LASIK (Refractive surgery) Standard Optical Locations ONLY. LASIK services are not an insured benefit – this is a discount only.

All pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

◆ **Out of Network** – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.