



Vision Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilation as Necessary	\$10 Copay	\$45
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options: Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$55 10% off Retail Price	N/A N/A
Frames: Any available frame at provider location	\$0 Copay; \$120 Allowance, 20% off balance over \$120	\$66
Standard Plastic Lenses Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium Progressive Lens	\$20 Copay \$20 Copay \$20 Copay \$20 Copay \$20 Copay \$85 Copay, 80% of Charge less \$120 Allowance	\$32 \$55 \$65 \$80 \$55 \$55
Lens Options: UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Other Add-Ons	\$15 \$15 \$15 \$40 \$40 \$45 20% off Retail Price 20% off Retail Price	N/A N/A N/A N/A N/A N/A N/A N/A
Contact Lenses (Contact lens allowance includes materials only) Conventional Disposable Medically Necessary	\$0 Copay; \$110 allowance, 15% off balance over \$100 \$0 Copay; \$110 allowance, plus balance over \$100 \$0 Copay, Paid-in-Full	\$98 \$98 \$210
Laser Vision Correction Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Amplifon Hearing Health Care	Hearing Health Care from Amplifon Hearing Health Care Network Members receive a 40% discount off hearing exams and a low price guarantee on discounted hearing aids.	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Examination Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months Once every 12 months	