



Effective Date

Frequency (Exam)

Standard Plan

Current Vision Plan

872706 - Package A

Exam

Use your Exam Coverage on

Eye Exam with Dilat on as Neces

Ret nal Imaging

Standard Contact Lens Fit /Follow Up

Premium Contact Lens Fit /Follow Up

Trifocal

Lent cular

Standard Progressive Lens (copay includes bifocal cop

Premium Progressive Lens (copay includes bifocal cost)

Lens Opt ons

UV Treatment

Member

Tint (Solid And Gradient)

Member pa

Standard Plast c Scratch Coat ng

Member pays

Polycarbonate Lenses - Adult

Member pays di

Polycarbonate Lenses - Children to age 19

\$0 Co

Standard Ant -Ref ect ve Coat ng

Member pays discou

Photochromic/Transit ons Plast c - Adult

20% of Ret

Photochromic/Transit ons Plast c - Child to age 19

Convent onal

\$0 Copay; \$130 Allowance**, 15% of balance over allowance

Disposable

\$0 Copay; \$130 Allowance

\$105 Reimbursement

In Network Discounts

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands

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For language assistance in your language call 877-973-3238. Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación.

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