Service Type	Frequency (Once Every)	In-Network Benefit	Out-of-Network Reimbursement
Eye Examination with Dilation (as necessary)	12 Months	$0 Copay	Up to $45
Spectacle Lenses	24 Months	$0 Copay	See Spectacle Lenses
Frame	24 Months	$0 Copay	See Frame
Contact Lenses (in lieu of eyeglasses)	24 Months	$0 Copay	See Contact Lenses

Eyeglass Benefit - Frame

		In-Network	Out-of-Network
Frame Allowance (Retail):		Up to $300 Plus a 20% discount on any overage **	Up to $70
Exclusive Collection Frame (in lieu of Allowance) Fashion / Designer / Premier ***		Covered / Covered / Covered	

Eyeglass Benefit - Spectacle Lenses********

	In-Network	Out-of-Network
Clear plastic lenses in any Rx (Single Vision / Bifocal / Trifocal / Lenticular)	Covered	Up to $30 / $50 / $65 / $100
Digital Single Vision (Intermediate)	$30	
Tinting of Plastic Lenses (Solid / Gradient)	Covered	
Scratch-Resistant Coating	Covered	
Polycarbonate Lenses (Children **** / Adults)	$0/$30	
Ultraviolet Coating	$12	
Blue Light Filtering	$15	
Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ultimate)	$35/$48/$60/$85	
Progressive Lenses (Standard/Premium/Ultra/Ultimate)	$50/$90/$140/$175	Up to $50 (In lieu of bifocal reimbursement)
High-Index Lenses (1.67/1.74)	$55/$120	
Polarized Lenses	$75	
Plastic Photochromic Lenses	$65	

Contact Lens Benefit (in lieu of eyeglasses)

	In-Network	Out-of-Network
Contact Lenses Materials Allowance (Retail)	Up to $300 + 15% off balance**	Up to $105
- Evaluation, Fitting & Follow-Up Care for Standard Lens Types	15% Discount **	
- Evaluation, Fitting & Follow-Up Care for Specialty Lens Types	15% Discount **	
Necessary Contact Lenses (with prior approval) - Materials, Fitting & Evaluation	Covered	Up to $210

** Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.
*** Collection is available at most participating independent provider offices. Collection is subject to change.
**** Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.
******** Spectacle lens options may not be available at all locations.