

**Your Benefits as of August 26, 2020**

**Group: Ind Hth ASO 15 Doctor**

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids	Allowed Frequency - Seniors
Routine			
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service	Once every 12 months from the date of service
Frames	Unlimited	Unlimited	Unlimited
Lenses	Unlimited	Unlimited	Unlimited
Contact Lenses	Unlimited	Unlimited	Unlimited

\*\*Date of Service benefits will not be available again until the same date in the following year(s) when a member has active coverage.

Routine Benefits	In-Network Member Cost	Out-of-Network Member Reimbursement
<b>Exam Services</b>		
Exam with Dilation as Necessary	\$10 Copay	Not Covered
<b>Frames</b>		
Frame	40% off Retail Price	Not Covered
<b>Lenses</b>		
Single Vision	\$50	Not Covered
Bifocal	\$70	Not Covered
Trifocal	\$105	Not Covered
Lenticular Single Vision	20% off Retail Price	Not Covered
Progressive - Standard	\$135	Not Covered
Progressive - Premium	20% off Retail Price	Not Covered
<b>Lens Options</b>		
Anti Reflective Coating - Standard	\$45	Not Covered
Anti Reflective Coating - Premium	20% off Retail Price	Not Covered
Polycarbonate - Standard	\$40	Not Covered
Scratch Coating - Standard Plastic	\$15	Not Covered
Tint - Solid or Gradient	\$15	Not Covered
UV Treatment	\$15	Not Covered
All Other Lens Options	20% off Retail Price	Not Covered
<b>Contact Lenses</b>		
Contacts - Conventional	15% off Retail Price	Not Covered
Contacts - Disposable	100% of Retail Price	Not Covered
<b>LASIK Benefits</b>		
<b>In-Network Member Cost</b>		<b>Out-of-Network Member Reimbursement</b>
<b>Exam Services</b>		
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo price; call 1-800-988-4221	Not Covered

\* Member receives a 20% discount on items not covered by the plan at In-Network locations. Discount does not apply to Provider's professional services, or contact lenses.

\* Plan discounts cannot be combined with any other discounts or promotional offers.

\* In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate.

\* Discounts on vision materials may not be applicable to certain manufacturers' products

\* The Plan reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

\* Service and amounts listed above are subject to change at any time.

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