

PLAN SUMMARIES

	SELECT NETWORK		
	VIS 6	VIS 7	VIS 12
EXAM WITH DILATION AS NECESSARY	\$10	\$10	\$10

CONTACT LENS OPTIONS

	UP TO \$40	UP TO \$40	UP TO \$40
Standard fit and follow-up			
Premium fit and follow-up	10% OFF RETAIL	10% OFF RETAIL	10% OFF RETAIL
FRAMES (Any available frame at provider location)	\$0 CO-PAY; \$100 ALLOWANCE; 20% OFF BALANCE OVER \$100	\$0 CO-PAY; \$130 ALLOWANCE; 20% OFF BALANCE OVER \$130	\$0 CO-PAY; \$100 ALLOWANCE; 20% OFF BALANCE OVER \$100

STANDARD PLASTIC LENSES

	\$10	\$25	\$10
Single Vision			
Bifocal	\$10	\$25	\$10
Trifocal	\$10	\$25	\$10

LENS OPTIONS

	\$15	\$0	\$15
UV Coating			
Tint (Solid and Gradient)	\$15	\$0	\$15
Standard Scratch-Resistance	\$15	\$0	\$15
Standard Polycarbonate	\$40	\$0	\$40
Standard Progressive (add-on to Bifocal)	\$65	\$25 ²	\$65
Premium Progressive (add-on to Bifocal)	N/A	N/A	\$65, 80% OF CHARGE LESS \$120 ALLOWANCE
Standard Anti-Reflective	\$45	\$45	\$45
Premium Anti-Reflective	N/A	N/A	N/A
Other Add-ons and Services	20% DISCOUNT	20% DISCOUNT	20% DISCOUNT

CONTACT LENS MATERIALS : Declining balance allowance (may be used on multiple purchases within the same benefit period up to the maximum allowable)

	\$0 CO-PAY; \$115 ALLOWANCE; 15% OFF BALANCE OVER \$115	\$0 CO-PAY; \$150 ALLOWANCE; 15% OFF BALANCE OVER \$150	\$0 CO-PAY; \$120 ALLOWANCE; 15% OFF BALANCE OVER \$120
Conventional			
Disposables	\$0 CO-PAY; \$115 ALLOWANCE; MEMBER PAYS BALANCE OVER \$115	\$0 CO-PAY; \$150 ALLOWANCE; MEMBER PAYS BALANCE OVER \$150	\$0 CO-PAY; \$120 ALLOWANCE; MEMBER PAYS BALANCE OVER \$120
Medically Necessary	\$0 CO-PAY; PAID-IN-FULL	\$0 CO-PAY; PAID-IN-FULL	\$0 CO-PAY; PAID-IN-FULL

FREQUENCY

	ONCE EVERY 12 MONTHS	ONCE EVERY 12 MONTHS	ONCE EVERY 12 MONTHS
Examination			
Frame	ONCE EVERY 24 MONTHS	ONCE EVERY 12 MONTHS	ONCE EVERY 12 MONTHS
Lenses or Contact Lenses	ONCE EVERY 12 MONTHS	ONCE EVERY 12 MONTHS	ONCE EVERY 12 MONTHS ³
ADDITIONAL PAIRS BENEFIT	SEE NOTE 4	SEE NOTE 4	SEE NOTE 4

LASER VISION CORRECTION

	15% OFF RETAIL PRICE 5% OFF PROMOTIONAL PRICE	15% OFF RETAIL PRICE 5% OFF PROMOTIONAL PRICE	15% OFF RETAIL PRICE 5% OFF PROMOTIONAL PRICE
Lasik or PRK (US Laser Network)			

Note 1: Complete pair of eyeglasses (frames, lenses & lens options) must be purchased in the same transaction to receive full discount. If purchased separately, members receive 20% off retail price.

Note 2: Choice VIS 7 - Standard Progressive Lens Option is a stand-alone product and is not an add-on to the bi-focal lens.

Note 3: Benefit available for both Lenses and Contact Lenses within the same 12 month period.

Note 4: Members also receive a 40% discount off complete pair of prescription eyeglasses purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Important Notice: This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policies issued in the state in which the policy was delivered. Complete details may be found in the policies. The policy is subject to the laws of the state in which it was issued.

