

## Summary of Benefits

Vision Care Services	Basic Plan		Enhanced Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Exam with dilation as necessary</b>	\$20 Co-pay	Up to \$44	\$20 Co-pay	Up to \$44
<b>Retinal imaging</b>	Up to \$39	N/A	Up to \$39	N/A
<b>Frames</b>	\$0 co-pay, \$125 allowance, 20% off balance over \$125	Up to \$50	\$0 co-pay, \$200 allowance, 20% off balance over \$200	Up to \$93
<b>Standard plastic lenses</b>				
Single Vision	\$0 Co-pay	Up to \$34	\$0 Co-Pay	Up to \$34
Bifocal	\$0 Co-pay	Up to \$48	\$0 Co-Pay	Up to \$48
Trifocal	\$0 Co-pay	Up to \$64	\$0 Co-Pay	Up to \$64
Lenticular	\$0 Co-pay	Up to \$88	\$0 Co-Pay	Up to \$88
Standard progressive lens	\$50 Co-pay	Up to \$64	\$50 Co-Pay	Up to \$64
Premium progressive lens	\$70-\$95 Co-pay		\$70-\$95 Co-pay	
Tier 1	\$70 Co-Pay	Up to \$64	\$70 Co-Pay	Up to \$64
Tier 2	\$80 Co-Pay	Up to \$64	\$80 Co-Pay	Up to \$64
Tier 3	\$95 Co-Pay	Up to \$64	\$95 Co-Pay	Up to \$64
Tier 4	\$50 Co-Pay, 20% off retail less \$120 allowance	Up to \$64	\$50 Co-Pay, 20% off retail less \$120 allowance	Up to \$64
<b>Lens Options</b>				
UV treatment	\$15	N/A	\$15	N/A
Tint (solid and gradient)	\$15	N/A	\$15	N/A
Standard plastic scratch coating	\$13 Co-pay	Up to \$2	\$13 Co-Pay	Up to \$2
Standard polycarbonate - adults	\$40	N/A	\$40	N/A
Standard polycarbonate - kids under 19	\$40	N/A	\$40	N/A
Standard anti-reflective coating	\$45	N/A	\$45	N/A
Premium anti-reflective coating	\$57-\$68	N/A	\$57-\$68	N/A
Tier 1	\$57	N/A	\$57	N/A
Tier 2	\$68	N/A	\$68	N/A
Tier 3	20% off retail	N/A	20% off retail	N/A
Photochromatic/Transitions Plastic	\$75	N/A	\$75	N/A
Polarized	20% off retail	N/A	20% off retail	N/A
Other add-ons and services	20% off retail	N/A	20% off retail	N/A
<b>Contact Lens Fit and Follow Up</b> (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)				
Standard contact lens fit & follow up	\$20 Co-pay, paid-in-full and two follow-up visits	Up to \$44	\$20 Co-pay, paid-in-full and two follow-up visits	Up to \$44
Premium contact lens fit & follow up	\$20 Co-pay, 10% off retail price, then apply \$55 allowance	Up to \$44	\$20 Co-pay, 10% off retail price, then apply \$55 allowance	Up to \$44
<b>Contact Lenses</b> (Contact lens allowance includes materials only.)				
Conventional	\$0 Co-pay, \$120 allowance, 15% off balance over \$120	Up to \$100	\$0 Co-Pay, \$175 allowance, 15% off balance over \$175	Up to \$117
Disposable	\$0 Co-pay, \$120 allowance, plus balance over \$120	Up to \$100	\$0 Co-Pay, \$175 allowance, plus balance over \$175	Up to \$117
Medically necessary	\$0 Co-pay, paid in full	Up to \$210	\$0 Co-pay, paid-in-full	Up to \$210
<b>Laser Vision Correction</b>				
<b>LASIK or PRK from U.S. laser network</b>	15% off the retail price or 5% off the promotional price		15% off the retail price or 5% off the promotional price	
<b>Hearing Care</b>				
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
<b>Frequency</b>				
Examination	Once every 12 months		Once every 12 months	
Lenses or contact lenses	Once every 12 months		Once every 12 months	
Frame	Once every 24 months		Once every 12 months	

## Summary of Benefits

Vision Care Services	Core Plan	
	In-Network	Out-of-Network
Exam with Dilatation as Necessary	\$20 Co-pay	Up to \$44
Retinal imaging	Up to \$39	N/A
Complete Pair Eyeglasses Purchase Discounts*. Frame, lenses and lens options must be purchased in the same transaction to receive full discount. <b>Frames*</b>	35% off retail price	N/A
<b>Standard Plastic Lenses</b>		
Single Vision	\$50	N/A
Bifocal	\$50	N/A
Trifocal	\$105	N/A
Standard Progressive Lens	\$135	N/A
<b>Lens Options</b>		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail	N/A
Other Add-ons and Services	20% off retail	N/A
<b>Contact Lenses</b> (Contact lens allowance includes materials only.)		
Conventional	15% off retail	N/A
Disposable	0% off retail	N/A
<b>Laser Vision Correction</b>		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	
<b>Hearing Care</b>		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Unlimited	
Frame	Unlimited	
*Frame, Lens & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.		
<b>Additional Discounts</b> (Additional discounts are not insured benefits)		
Non-Prescription Sunglasses	20% off	
Remaining balance beyond plan coverage	20% off	

## Plan Exclusions

No benefits will be paid for services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- medical, pathological and/or surgical treatment of the eye, eyes or supporting structures;
- any vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
- services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- plano (non prescription) lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals
- services or materials provided by any other group benefit plan providing vision care
- services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order; or,
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.