



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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