HEALTH

| Feature | In-Network | Out-of-Network |
| :---: | :---: | :---: |
| Eye Exam (every 12 months) | After you pay \$10 copay, Plan pays 100\% | Plan pays \$35, You pay remainder |
| Eyeglass Frames (every 24 months) Subject to program limits | After you pay $\$ 10$ copay for materials ${ }^{1}$ <br> Plan pays 100\% | Plan pays \$40, You pay remainder |
| Eyeglass Lenses (every 12 months) <br> - Single Vision <br> - Bifocals <br> - Trifocals <br> - Lenticular | After you pay \$10 copay for materials Plan pays 100\% <br> (one copay for total cost of frames and lenses when obtained together) ${ }^{2}$ | Single Vision: <br> Plan pays \$30, You pay remainder <br> Bifocal: <br> Plan pays \$40, You pay remainder <br> Trifocal: <br> Plan pays $\$ 60$, You pay remainder <br> Lenticular: <br> Plan pays $\$ 80$, You pay remainder |
| Contact Lenses (every 12 months) <br> - Medically necessary ${ }^{3}$ <br> - Cosmetic: conventional or disposable | Medically Necessary: <br> Plan pays 100\%, <br> Cosmetic (conventional or disposable): Plan pays \$100, You pay remainder | Medically Necessary: <br> Plan pays $\mathbf{\$ 2 5 0 , ~ Y o u ~ p a y ~ r e m a i n d e r ~}$ <br> Cosmetic (conventional or disposable): <br> Plan pays \$100, You pay remainder |

## ' Within the plan's \$60 wholesale allowance (approximately \$150 to \$180 retail value).

${ }^{2}$ Includes solid and gradient tints, UV and scratch resistant protective coatings and polycarbonate lens material for children under age 19,
${ }^{3}$ Most contact lenses are considered cosmetic, and therefore the benefit will be $\$ 100$ per 12-month period for lenses obtained in-or out-of-network. Medically necessary contact lenses are typically used as part of cataract surgery and represent less than $1 \%$ of the contacts provided through most vision plans.

| Feature | In-Network | Out-of-Network |
| :---: | :---: | :---: |
| Eye Exam (every 12 months) | After you pay \$10 copay, Plan pays 100\% | Plan pays \$35, You pay remainder |
| Eyeglass Frames (every 12 months) Subject to program limits | After you pay $\$ 10$ copay for materials ${ }^{1}$ Plan pays 100\% | Plan pays \$40, You pay remainder |
| Eyeglass Lenses (every 12 months) <br> - Single Vision <br> - Bifocals <br> - Trifocals <br> - Lenticular | After you pay $\$ 10$ copay for materials Plan pays 100\% <br> (one copay for total cost of frames and lenses when obtained together) ${ }^{2}$ | Single Vision: <br> Plan pays \$30, You pay remainder <br> Bifocal: <br> Plan pays $\$ 40$, You pay remainder <br> Trifocal: <br> Plan pays $\$ 60$, You pay remainder <br> Lenticular: <br> Plan pays $\$ 100$, You pay remainder |
| Contact Lenses (every 12 months) <br> - Medically necessary ${ }^{3}$ <br> - Cosmetic: conventional or disposable | Medically Necessary: <br> Plan pays 100\%, <br> Cosmetic (conventional or disposable): Plan pays $\$ 150$, You pay remainder | Medically Necessary: <br> Plan pays \$250, You pay remainder Cosmetic (conventional or disposable): Plan pays \$100, You pay remainder |

${ }^{1}$ Within the plan's $\$ 60$ wholesale allowance (approximately $\$ 150$ to $\$ 180$ retail value).
${ }^{2}$ Includes solid and gradient tints, UV and scratch resistant protective coatings and polycarbonate lens material for children under age 19.
${ }^{3}$ Most contact lenses are considered cosmetic, and therefore the benefit will be $\$ 150$ per 12-month period for lenses obtained in-or out-of-network. Medically necessary contact lenses are typically used as part of cataract surgery and represent less than $1 \%$ of the contacts provided through most vision plans.

You can get both eyeglasses AND contacts every 12 months - not limited to one or the other.

