

	120TDA		10-120TDA		150TDA		10-150TDA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam								
Eye Exam	Not Covered	Not Covered	\$10 Co-pay	▲ \$50 Allowance	Not Covered	Not Covered	\$10 Co-pay	▲ \$50 Allowance
Contact Exam			\$10 Co-pay	▲ \$50 Allowance			\$10 Co-pay	▲ \$50 Allowance
Dilation			Retail	Included Above			Retail	Included Above
Contact fitting			Retail	Included Above			Retail	Included Above
Lenses								
Single Vision	\$10 Co-pay	▲ \$100 Allowance for lense, options,	\$10 Co-pay	▲ \$100 Allowance for lense, options,	\$10 Co-pay	▲ \$100 Allowance for lense, options,	\$10 Co-pay	▲ \$100 Allowance for lense, options,
Bifocal (FT 28)	\$10 Co-pay		\$10 Co-pay		\$10 Co-pay			
Trifocal (FT 7*28)	\$10 Co-pay		\$10 Co-pay		\$10 Co-pay			
Lens Options								
*Progressive (Standard no-line)	\$50 Co-pay	Included in lens Allowance above	\$50 Co-pay	Included in lens Allowance above	\$50 Co-pay	Included in lens Allowance above	\$50 Co-pay	Included in lens Allowance above
*Premium Progressive Options	No Discount		No Discount		No Discount			
Glass Lenses	15% Discount		15% Discount		15% Discount			
Polycarbonate	25% Discount		25% Discount		25% Discount			
High Index	25% Discount		25% Discount		25% Discount			
Coatings								
Scratch Resistant Coating	\$10 Co-pay	Included in lens Allowance above	\$10 Co-pay	Included in lens Allowance above	\$10 Co-pay	Included in lens Allowance above	\$10 Co-pay	Included in lens Allowance above
Ultra Violet protection	\$10 Co-pay		\$10 Co-pay		\$10 Co-pay			
Other Options <i>A/R edge polish, tints, mirrors, etc.</i>	Up to 25% Discount		Up to 25% Discount		Up to 25% Discount			
Frames								
Allowance Based on Retail Pricing	\$120 Allowance	▲ \$100	\$120 Allowance	▲ \$100	\$150 Allowance	▲ \$100	\$150 Allowance	▲ \$100
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	N/A	Up to 50% Off Retail	N/A	Up to 50% Off Retail	N/A	Up to 50% Off Retail	N/A
Contacts								
Contact benefits is in lieu of lens and fram benefit	\$120 Allowance	▲ \$100 Allowance	\$120 Allowance	▲ \$100 Allowance	\$150 Allowance	▲ \$100 Allowance	\$150 Allowance	▲ \$100 Allowance
Additional contact purchases:								
***Conventional	Retail		Retail		Retail		Retail	
***Disposables	Retail		Retail		Retail		Retail	
Frequency								
Exam / Lenses, Frames, Contacts	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Refractive Surgery								
****LASIK	\$250 Off Per Eye	Not Covered	\$250 Off Per Eye	Not Covered	\$250 Off Per Eye	Not Covered	\$250 Off Per Eye	Not Covered
	120TDA	120TDA	10-120TDA	10-120TDA	150TDA	150TDA	10-150TDA	10-150TDA
Monthly Rates	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary	Contributory	Voluntary
Employee	\$3.24	\$4.64	\$5.01	\$7.15	\$3.33	\$6.28	\$5.69	\$8.76
Two Party	\$6.35	\$9.08	\$9.78	\$13.96	\$6.53	\$12.32	\$10.25	\$15.76
Family	\$10.56	\$15.09	\$16.25	\$23.22	\$12.04	\$18.53	\$17.19	\$26.45

Discounts - Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.
* Co-pays for Progressive lenses may vary. This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.
** Network discounts vary from 20% - 50% off
***Must purchase full year supply to receive discounts on select brands. See provider for details.
****LASIK(Refractive surgery) Standard Optical ONLY. LASIK services are not an insured benefit – this is a discount only.
*****All pre & post operative care is provided by Standard Optical only and is based on Standard Optical retail fees.
▲ Out of Network – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.
For more information please visit www.opticareofutah.com or call 1-800-363-0950