



Opticare Plan: 120B

	<u>Voluntary</u>	<u>Contributory</u>
Single	\$ 5.76	\$ 3.74
Two Party	\$11.29	\$ 7.33
Family	\$16.99	\$12.49

2015 Small Group Street Rates	In Network	Out-of-network
Eye Exam		
No Eye Examination Benefit		
Standard Plastic Lenses		
Single Vision	\$10 Co-pay	◆\$85 Allowance
Bifocal (FT 28)	\$10 Co-pay	for lenses,
Trifocal (FT 7x28)	\$10 Co-pay	options,
		and coatings
Lens Options		
*Progressive (<i>Standard plastic no-line</i>)	\$50 Co-pay	
*Premium Progressive Options	Up to 20% Discount	
*Glass lenses	15% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
Coatings		
Scratch Resistant Coating	\$10 Co-pay	
Ultra Violet protection	\$10 Co-pay	
Other Options	Up to 25% Discount	
<i>A/R, edge polish, tints, mirrors, etc.</i>		
Frames		
Allowance Based on Retail Pricing	\$120 Allowance	◆\$80 Allowance
Additional Eyewear		
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
Contacts		
<i>Contact benefits is in lieu Of lens and frame benefit.</i>	\$120 Allowance	◆\$80 Allowance
Additional contact purchases:		
***Conventional	Retail	
***Disposables	Retail	
Frequency		
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months
Refractive Surgery		
LASIK	\$250 Off Per Eye	Not Covered

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.

** 50% discount varies by provider, ask provider for details.

***Must purchase full year supply to receive discounts on select brands. See provider for details.

******LASIK (Refractive surgery) Standard Optical Locations 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** – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.