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Individual Plan	Standard Optical Select Network Only
Eye Exam	
Routine Eyeglass Exam Routine Contact Exam	\$10 Co-pay \$10 Co-pay
Standard Plastic Lenses	
Plastic: Single Vision, Bifocal, or Trifocal Progressive Lenses (Standard No-Line*) Premium Progressive Options* Glass Lenses Polycarbonate High Index Lenticular	100% Covered \$30 Co-pay 20% Discount 15% Discount \$40 Co-pay \$80 Co-pay 100% Covered
Coatings	
Scratch Resistant Coating Ultra Violet protection Other Options A/R, edge polish, tints, mirrors, etc.	100% Covered 100% Covered Up to 25% Discount
Frames	
Allowance Based on Retail Pricing	\$150 Allowance
Additional Eyewear	
**Additional Pairs of Glasses Throughout the Year	Up to 50% Discount
Contact Lenses	
Contact benefits is in lieu of lens and frame benefit.	\$150 Allowance
Additional contact purchases: ***Conventional ***Disposables	Up to 20% off Up to 10% off
Outside Prescriptions	All providers honor all optical prescriptions, even if the prescription is from a different or non-authorized provider.
Frequency	
Exams, Lenses, Frames, Contacts	Every 12 months
Refractive Surgery (LASIK)	
LASIK services are not an insured benefit – this is a discount only. Pre & post operative care can be provided by Standard Optical. Based on Standard Optical Retail Fees.	\$250 Off Per Eye

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.