

Opticare Plan: 15-150B

Single	\$11.21
Two Party	\$21.97
Family	\$33.07

Individual Plan	In Network	Out-of- network
Eye Exam		
Eyeglass exam Contact exam Routine Dilation Contact Fitting	\$15 Co-pay \$15 Co-pay 100% Covered Retail	 ♦\$35 Allowance ♦\$35 Allowance Included above Included above
Standard Plastic Lenses		
Single Vision Bifocal (FT 28) Trifocal (FT 7x28)	\$10 Co-pay \$10 Co-pay \$10 Co-pay	 \$80 Allowance for lenses, options, and coatings
Lens Options		
*Progressive (Standard plastic no-line) *Premium Progressive Options *Glass lenses Polycarbonate High Index	\$50 Co-pay Up to 20% Discount 15% Discount 25% Discount 25% Discount	
Coatings		
Scratch Resistant Coating Ultra Violet protection Other Options <i>A/R, edge polish, tints, mirrors, etc.</i>	\$10 Co-pay \$10 Co-pay Up to 25% Discount	
Frames		
Allowance Based on Retail Pricing	\$150 Allowance	♦ \$80 Allowance
Additional Eyewear		
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
Contacts		
Contact benefits is in lieu Of lens and frame benefit. Additional contact purchases: ***Conventional ***Disposables	\$150 Allowance Retail Retail	♦ \$80 Allowance
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.