	Member CostIn Network
Exam with Dilation as Necessary	\$10 Copay
Exam Options:	
Standard Contact Lens Fit and Follow-Up:	\$0 Copay, Paid-in-full fit and two follow-up visits
Premium Contact Lens Fit and Follow-Up:	\$0 Copay, 10% off retail price, then apply \$40 allowance
Retinal Imaging Benefit	Up to \$39
Frames:	\$0 Copay; \$150 Allowance, 20% off balance over \$150
Standard Plastic Lenses	
Single Vision	\$10 Copay
Bifocal	\$10 Copay
Trifocal	\$10 Copay
Lenticular	\$10 Copay
Standard Progressive Lens	\$35 Copay
Premium Progressive Lens	
Tier 1	\$55 Copay
Tier 2	\$65 Copay
Tier 3	\$80 Copay
Tier 4	\$35 copay, 80% of charge less \$120 allowance
Lens Options:	
UV Treatment	\$0 Copay
Tint (Solid and Gradient)	\$0 Copay
Standard Plastic Scratch Coating	\$0 Copay
Standard Polycarbonate - Adults	\$30 Copay
Standard Polycarbonate - Kids under 19	\$0 Copay
Photocromatic/Transitions Plastic	\$60 Copay
Standard Anti-Reflective Coating	\$45 Copay
Premium Anti-Reflective Coating	
Tier 1	\$57 Copay
Tier 2	\$68 Copay
Tier 3	80% of charge
Contact Lenses	
Contact lens allowance includes materials only	
Conventional	\$0 Copay; \$130 allowance, 15% off balance over \$130
Disposable	\$0 Copay; \$130 allowance, plus balance over \$130
Medically Necessary	\$0 Copay, Paid-in-Full
Frequency	
Exam	Once every 12 months
Lenses or Contact Lenses	Once every 12 months
Frame	Once every 12 months
Diabetic Care Services	
Office Service Visit (Medical Follow-up Exam)	Covered 100%
Type 1 and Type 2 diabetics.	\$0 copay
Retinal Imaging *	Covered 100%
Type 1 and Type 2 diabetics.	\$0 copay
Extended Ophthalmoscopy *	Covered 100%
Type 1 and Type 2 diabetics.	\$0 copay
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Gonioscopy	Covered 100%
Type 1 and Type 2 diabetics.	\$0 copay
Scanning Laser	Covered 100%
Type 1 and Type 2 diabetics.	\$0 copay

Out-of-Network Reimbursement
\$35
\$40 \$40
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\$33