


**SAMPLE PLAN**

PLAN EFFECTIVE 00/00/0000

CLIENT # 0000-00 | GROUP # 0000-00

SERVICES	NETWORK COVERAGE	OUT OF NETWORK
<b>EYE EXAM</b>		
Comprehensive Eye Exam	100% Covered, \$10.00 Co-Pay	Reimbursed up to \$40.00
<b>FRAME</b>		
Frame	\$130.00 Retail Allowance Member pays retail frame costs over allowance, less 20% discount	Reimbursed up to \$50.00
<b>STANDARD LENSES</b>		
Single Vision	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$40.00
Bifocal	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$50.00
Trifocal	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$60.00
Progressive, Standard	100% Covered, \$15.00 Co-Pay	Reimbursed up to \$70.00
Progressive, Premium	80% of the difference between the standard and premium, \$15.00 Co-Pay	Reimbursed up to \$70.00
<b>Lens Options</b>		
Anti-Reflective Coating	100% Covered, \$50.00 Co-Pay	N/A
Hi-Index	20% Discount	N/A
Mirror Coating	20% Discount	N/A
Photochromic/Transition, Single Vision	20% Discount	N/A
Photochromic/Transition, Multi-Focal	20% Discount	N/A
Polycarbonate, Child	100% Covered, No Co-Pay	N/A
Polycarbonate, Adult	20% Discount	N/A
Polarization	20% Discount	N/A
Scratch Coating	20% Discount	N/A
Tint, Solid	20% Discount	N/A
Tint, Gradient	20% Discount	N/A
UV Coating	20% Discount	N/A
Other Lens Options	20% Discount	N/A
<b>CONTACT LENS SERVICES</b>		
Standard Contact Fitting	\$40.00 Max Co-Pay	N/A
Premium Contact Fitting	10% Discount	N/A
Contact Lenses	\$130.00 Retail Allowance Member pays retail contact lens costs over allowance, less 10% discount	Reimbursed up to \$105.00
Medically Necessary Prior Approval Required	100% Covered up to U&C Amount, No Co-Pay	Reimbursed up to \$210.00

**Plan Information**
**Network**

National

**Service Frequency (TBD)**

Exam	Every 12 or 24 months
Frames	Every 12 or 24 months
Lenses	Every 12 or 24 months
Contacts	Every 12 or 24 months

**Dependent Children**

Covered to age 26 (EOY)

**Other**

Co-pays - varying levels available

Frame/Contact Lenses - varying allowances available.

Lens Options - available as covered or discounted.

Out of Network - direct member reimbursement.

This is intended as an easy-to-read **sample plan summary** and provides a general overview. It is not a contract. Limitations, exclusions and disclaimers apply.