

# 2023 SUMMARY OF COVERAGE

## VISION PLAN

Co-Payments	
Eye exam (one per calendar year)	\$10.00
Eyeglass frames and/or lenses (lenses - once per calendar year; frames - every other calendar year)	\$15.00
Contact Lens Fitting	In-Network Providers
Standard (one per calendar year)	Covered in Full
Specialty (one per calendar year)	Up to \$50
In-Network Benefits (after co-payment and once per calendar year unless otherwise noted)	
Ophthalmologist and optometrist exams; single vision, bifocal, trifocal, lenticular lenses, standard progressive lenses, factory scratch coatings and polycarbonate lenses for children; medically-necessary contact lenses	Covered in full
Elective contact lenses (in lieu of eyeglass lenses and frames benefit) (copay not applicable)	Up to \$150
Frames (standard) (every other calendar year)	Up to \$150
Out-of-Network Benefits (after co-payment and once per calendar year unless otherwise noted)	
Ophthalmologist exam	Up to \$44
Optometrist exam	Up to \$39
Single vision lenses	Up to \$34
Bifocal lenses	Up to \$48
Trifocal lenses	Up to \$64
Lenticular lenses	Up to \$88
Medically-necessary contact lenses (copay not applicable)	Up to \$210
Elective contact lenses (in lieu of eyeglass lenses and frames benefit) (copay not applicable)	Up to \$100
Frames (standard) (every other calendar year)	Up to \$77

The Standard contact lens fitting applies to an existing lens user who wears disposable, daily wear, or extended wear lens only.

The Specialty contact lens fitting applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multifocal lenses.