



Vision Benefits - 2017

Vision Benefit Summary (12/24/24)		
Benefit	Member Copay	Maximum Plan will pay after copay
Exams		
Eye Exam	\$10	\$50
Contact Lens Fitting		member pays cost
Frequency:		Once per service year
Lenses		
Single Vision Lenses	\$15	\$40
Lined Bifocal Lenses	\$15	\$55
Lined Trifocal Lenses	\$15	\$70
Lenticular	\$15	\$95
Frequency:		Once every other year
Frames		
Retail Frame Allowance	\$15 copay (only applicable if getting frames without new lenses)	\$120 allowance
Frequency:		Once every other year
Lens Options		
UV Coating & Dyes	\$15	\$50
Scratch Resistant	\$20	\$50
Polycarbonate Lenses	\$35	\$50
Progressive Lenses	\$55	\$100
Photochromic	\$55	\$100
Anti-Reflective Coating	\$55	\$100
Contact Lenses		
Retail Allowance		\$120 allowance
Frequency:		Once every other year

