

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2019 under the vision options. Copays represent what the member pays. Allowances and percentage discounts represent the cost the carrier will cover.

| | BASIC PLAN | EXPANDED PLAN |
|--|---|---|
| Routine Eye Exam | \$0 copay | \$10 copay |
| Retinal Imaging Benefit | \$39 copay | \$39 copay |
| Frames | \$55 allowance; 20% discount off balance above the allowance | \$150 allowance; 20% discount off balance above the allowance |
| Eyeglass Lenses (includes plastic or glass) <ul style="list-style-type: none"> • Single • Bifocal, trifocal, lenticular • Standard progressive Lens • Premium progressive Lens | \$0 copay \$0 copay \$55 allowance; 20% off balance over \$55; not to exceed \$65 out-of-pocket \$55 allowance; 20% off balance over \$55; not to exceed \$105 out-of-pocket | \$0 copay \$0 copay \$50 copay \$50-140 copay ^[1] |
| Eyeglass Lens Options (upgrades) <ul style="list-style-type: none"> • Anti-reflective • Polycarbonate • Photochromic • Scratch resistance coating • UV coating • Tints • Polarized • Premium anti-reflective • Scratch protection plan: single vision/multifocal lenses • All other eyeglass lens options | 20% discount off all options with out-of-pocket not to exceed amount shown below Up to \$40 Adults \$35; Children \$0 Up to \$70 \$0 Up to \$15 Up to \$15 Up to \$75 Up to \$55 \$20 copay/\$40 copay | \$40 copay Adults \$30; Children \$0 20% off retail price; not to exceed \$70 out-of-pocket \$0 copay \$10 copay \$15 copay 20% off retail; not to exceed \$75 out-of-pocket \$40-69 copay ^[1] \$20 copay/\$40 copay 20% discount |
| Exam for Contact Lenses (fitting and evaluation) | 20% discount off retail price | \$50-60 copay |
| Contact Lenses ^[2] <ul style="list-style-type: none"> • Elective Conventional or disposable • Medically necessary ^[3] | \$55 allowance; 20% off balance over \$55 \$155 allowance; 20% off balance over \$155 | \$140 allowance; 20% off balance over \$140 covered at 100% |
| LASIK/Refractive Surgery (for select providers) | 15% discount off retail price or 5% off promotional price | 15% discount off retail price or 5% off promotional price |
| Out-of-Network Benefits <ul style="list-style-type: none"> • All eye exams • Frames • Eyeglass lenses <ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal • Elective contacts (conventional or disposable) • Medically necessary contacts ^[3] • Lens options-UV, polycarbonate, photochromic/transitions plastic | \$35 allowance up to \$55 allowance (frames and lenses combined) \$30 allowance \$80 allowance | up to \$50 allowance up to \$75 allowance up to \$35 allowance up to \$55 allowance up to \$70 allowance up to \$55 allowance up to \$200 allowance up to \$10 allowance |
| Frequency <ul style="list-style-type: none"> • Eye exam • Eyeglass lenses and contacts • Frames | once every calendar year per person once every calendar year per person once every two calendar years per person | once every calendar year per person once every calendar year per person once every two calendar years per person |

[1] Copays for premium progressive lens and premium anti-reflective coating are subject to change

[2] Instead of eyeglass lenses

[3] If medically necessary as first contact lenses following cataract surgery or multiple pairs of rigid contact lenses for treatment of keratoconus