

Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2018 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