

# OPTICARE PLAN:

0-10-170C

Products/Services	Select Network	Broad Network	Out-Of-Network
<b>Eye Exam</b>			
Eyeglass exam	100% Covered	\$10 Co-pay	\$40 Allowance
Contact exam	100% Covered	\$10 Co-pay	\$40 Allowance
Routine Dilation	100% Covered	Retail	Included above
Contact Fitting	100% Covered	Retail	Included above
<b>Standard Plastic Lenses</b>			
Single Vision	100% Covered	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	\$75 Allowance for lenses, options, and coatings
<b>Lens Options</b>			
Progressive (Standard plastic no-line)	\$10 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Polycarbonate	\$20 Co-pay	\$40 Co-pay	
Anti-Reflective	\$40 Co-pay	\$45 Co-pay	
High Index	\$80 Co-pay	25% Discount	
<b>Coatings</b>			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options	Up to 25% Discount	Up to 25% Discount	
Edge polish, tints, mirrors, etc.			
<b>Frames</b>			
Allowance Based on Retail Pricing	\$170 Allowance	\$160 Allowance	\$90 Allowance
<b>Additional Eyewear</b>			
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
<b>Contacts</b>			
Contact benefits is in lieu of lens and frame benefit.	\$170 Allowance	\$160 Allowance	\$125 Allowance
Additional contact purchases:			
Conventional	Up to 20% off	Retail	
Disposables	Up to 10% off	Retail	
<b>Frequency</b>			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
<b>Refractive Surgery</b>			
LASIK	20% Off Retail	Not Covered	Not Covered