

VISION

GOLD 125

\$10 Exam and \$10 Eyewear co-payments

In Network:

Vision exam: Paid in full after co-pay
Frame: Up to \$125.00 after co-pay
Lenses

Single Vision (pr) Paid in full

Bifocal (pr) Paid in full

Trifocal (pr) Paid in full

Lenticular Paid if full

Contact Lenses

Elective Up to \$150.00

Medically required Paid in full

Laser Vision Correction \$250 in or out of network

Out of Network:

Up to \$35.00

Up to \$55.00

Up to \$25.00

Up to \$40.00

Up to \$45.00

Up to \$80.00

Up to \$65.00

Up to \$150.00

MONTHLY RATES

EE \$7.35

EE+1 \$12.54

EE/F \$18.43

PLATINUM 150

\$10 Exam and \$10 Eyewear co-payments

In Network

Vision exam: Paid if full after co-pay
Frame: Up to \$150.00 after co-pay
Lenses

Single Vision (pr) Paid in full

Bifocal (pr) Paid in full

Trifocal (pr) Paid in full

Lenticular Paid in full

Contact Lenses

Elective Up to \$150.00

Medically required Paid in full

Laser Vision Correction \$250.00 in or out of network

Out of Network

Up to \$35.00

Up to \$55.00

Up to \$25.00

Up to \$40.00

Up to \$45.00

Up to \$80.00

Up to \$65.00

Up to \$150.00

MONTHLY RATES

EE \$9.37

EE+1 \$15.94

EE/F \$23.45