

OPTICARE PLAN:

0-10-100C

Single: \$6.09
Two Party: \$10.51
Family: \$13.46

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Eye/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
Standard Plastic Lenses			
Single Vision	100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	\$70 Allowance for lenses, options, and coatings
Lens Options			
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	
Coatings			
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.			
Frames			
Allowance Based on Retail Pricing	\$100 Allowance	\$90 Allowance	\$55 Allowance
Additional Eyewear			
Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
Contact benefits is in lieu of lens and frame benefit.	\$100 Allowance	\$90 Allowance	\$75 Allowance
Additional contact purchases:			
Conventional	Up to 20% off	Retail	
Disposables	Up to 10% off	Retail	
Frequency			
Exams, Lenses, Frames, Contacts	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
LASIK	20% Off Retail	Not Covered	Not Covered