

OPTICARE PLAN:

10-70C

	*Opticare
Single	
Two Party	
Family	

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Eye exam	\$10 Co-pay	\$20 Co-pay	\$30 Allowance
Contact exam	\$10 Co-pay	\$20 Co-pay	\$30 Allowance
Routine Dilation	100% Covered	100% Covered	Included above
Contact Fitting	100% Covered	Retail	Included above
Standard Plastic Lenses			
Single Vision	100% Covered	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	100% Covered	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Lens Options			
Progressive (Standard plastic no-line)	\$50 Co-pay	\$75 Co-pay	
Premium Progressive Options	\$100 Co-pay	\$125 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
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	
A/R, edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	*\$70 Allowance	*\$60 Allowance	\$50 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.	\$70 Allowance	\$60 Allowance	\$50 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	\$250 Off Per Eye	Not Covered	Not Covered

DISCOUNTS

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers, see provider for details

- Up to 20% Discount off balance above Frame Allowance
- 50% discount varies by provider, ask provider for details.
- Must purchase full year supply to receive discounts on select brands. See provider for details.
- LASIK (Refractive surgery) Standard Optical Locations ONLY.
- LASIK services are not an insured benefit – this is a discount only.

All pre & post-operative care is provided by Standard Optical only and is based on Standard Optical retail fees.

Out of Network – Out of Network benefit may not be combined with promotional items. Online purchases at approved providers only.

OPTICARE PLAN:

10-120C

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Eyeglass exam	\$10 Co-pay	\$15 Co-pay	\$40 Allowance
Contact exam	\$10 Co-pay	\$15 Co-pay	\$40 Allowance
Routine Dilation	100% Covered	100% Covered	Included above
Contact Fitting	100% Covered	Retail	Included above
Standard Plastic Lenses			
Single Vision	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Lens Options			
Progressive (Standard plastic no-line)	\$30 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
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	
A/R, edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	\$80 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.	\$120 Allowance	\$100 Allowance	\$80 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	\$250 Off Per Eye	Not Covered	Not Covered

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OPTICARE PLAN:

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Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
No Eye Examination Benefit			
Standard Plastic Lenses			
Single Vision	100% Covered	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	100% Covered	\$20 Co-pay	\$70 Allowance for lenses, options, and coatings
Lens Options			
Progressive (Standard plastic no-line)	\$50 Co-pay	\$75 Co-pay	
Premium Progressive Options	\$100 Co-pay	\$125 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
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	
A/R, edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	*\$70 Allowance	*\$60 Allowance	*\$50 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.	\$70 Allowance	\$60 Allowance	\$50 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	\$250 Off Per Eye	Not Covered	Not Covered

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OPTICARE PLAN:

120C

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
No Eye Examination Benefit			
Standard Plastic Lenses			
Single Vision	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Bifocal (FT 28)	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	\$85 Allowance for lenses, options, and coatings
Lens Options			
Progressive (Standard plastic no-line)	\$30 Co-pay	\$50 Co-pay	
Premium Progressive Options	\$80 Co-pay	\$100 Co-pay	
Ultra-Premium Progressive Options	Up to 20% Discount	Up to 20% Discount	
Polycarbonate	\$40 Co-pay	25% Discount	
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	
A/R, edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	*\$120 Allowance	*\$100 Allowance	\$80 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.	\$120 Allowance	\$100 Allowance	\$80 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			
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OPTICARE PLAN:

0-10-100C

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
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
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	\$25 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	
A/R, 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	\$250 Off Per Eye	Not Covered	Not Covered

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OPTICARE PLAN:

0-10-120C

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
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
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	\$25 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	
A/R, edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	*\$120 Allowance	*\$110 Allowance	\$65 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.	\$120 Allowance	\$110 Allowance	\$90 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
***Disposables	Up to 10% off	Retail	
Frequency			
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Refractive Surgery			
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OPTICARE PLAN:

0-10-150C

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
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
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	\$25 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	
A/R, edge polish, tints, mirrors, etc.			
Frames			
Allowance Based on Retail Pricing	*\$150 Allowance	*\$140 Allowance	\$80 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.	\$150 Allowance	\$140 Allowance	\$110 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
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OPTICARE PLAN:

0-10-140C

Products/Services	Select Network	Broad Network	Out-Of-Network
Eye Exam			
Eyeglass exam	100% Covered	\$10 Co-pay	\$45 Allowance
Contact exam	100% Covered	\$10 Co-pay	\$45 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	\$75 Allowance for lenses, options, and coatings
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High Index	\$80 Co-pay	25% Discount	
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Allowance Based on Retail Pricing	\$140 Allowance	*\$130 Allowance	\$75 Allowance
Additional Eyewear			
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PROPOSAL DOWNLOAD RECEIPT

DOWNLOADED: 05-26-2020

PROPOSAL ID: 403822