

Group Selected



Group: **At Home - PT**

Sub Group: **At Home - PT**

SERVICE FREQUENCY

Service Type	Allowed Frequency - Adults	Allowed Frequency - Kids	Allowed Frequency - Seniors
Exam	Once every plan year	Once every plan year	Once every plan year
Contact Lens Fit and Follow-up	Unlimited	Unlimited	Unlimited
Frame	Once every 2 plan years	Once every 2 plan years	Once every 2 plan years
Lenses	Once every plan year	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year	Once every plan year

A plan year is defined as January through December when a member has active coverage.

PLUS Provider



\$0 Exam copay



\$180 Frame allowance

BENEFITS

Vision Care Services	In-Network Member Cost At PLUS Provider	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services			
Exam	\$0 copay	\$10 copay	Up to \$40
Retinal Imaging	Up to \$39	Up to \$39	Not covered
Contact Lens Fit and Follow-Up			
Fit and Follow-up - Standard	Up to \$40	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	10% off retail price	Not covered
Frame			
Frame	\$0 copay; 20% off balance over \$180 allowance	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
Lenses			
Single Vision	\$25 copay	\$25 copay	Up to \$30
Bifocal	\$25 copay	\$25 copay	Up to \$50
Trifocal	\$25 copay	\$25 copay	Up to \$70
Lenticular	\$25 copay	\$25 copay	Up to \$70

Progressive - Standard	\$80 copay	\$80 copay	Up to \$50
Progressive - Premium Tier 1	\$110 copay	\$110 copay	Up to \$50
Progressive - Premium Tier 2	\$120 copay	\$120 copay	Up to \$50
Progressive - Premium Tier 3	\$135 copay	\$135 copay	Up to \$50
Progressive - Premium Tier 4	\$200 copay	\$200 copay	Up to \$50
Lens Options			
Anti Reflective Coating - Standard	\$45 copay	\$45 copay	Up to \$23
Anti Reflective Coating - Premium Tier 1	\$57 copay	\$57 copay	Up to \$23
Anti Reflective Coating - Premium Tier 2	\$68 copay	\$68 copay	Up to \$23
Anti Reflective Coating - Premium Tier 3	\$85 copay	\$85 copay	Up to \$23
Photochromic - Non-Glass	\$75	\$75	Not covered
Polycarbonate - Standard	\$40	\$40	Not covered
Scratch Coating - Standard Plastic	\$15	\$15	Not covered
Tint - Solid and Gradient	\$15	\$15	Not covered
UV Treatment	\$15	\$15	Not covered
All Other Lens Options	20% off retail price	20% off retail price	Not covered
Contact Lenses			
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	\$0 copay; 15% off balance over \$130 allowance	Up to \$91
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	\$0 copay; 100% of balance over \$130 allowance	Up to \$91
Contacts - Medically Necessary	\$0 copay	\$0 copay	Up to \$300