

# Vision Plan Details to start updating portal



## Insured Vision Financial Exhibit HUMMER CONSOLIDATED HOLDINGS

\$25 lens, \$150 allowance - FFU discount - Insight Network		
BENEFIT FREQUENCY		
Contact Lenses or Lens	Once every calendar year.	
Exam	Once every calendar year.	
Frame	Once every two calendar years.	
Vision Care Services	In-Network Member Cost	Out of Network
EXAM		
Exam	\$10 Copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
LENS		
Single Vision	\$25 Copay	Up to \$25
Bi-focal	\$25 Copay	Up to \$40
Tri-focal	\$25 Copay	Up to \$55
Standard Progressive Lens	\$90 Copay	Up to \$40
Premium Progressive Lens	Premium Progressive as follows:	Up to \$40
- Tier 1	\$110	N/A
- Tier 2	\$120	N/A
- Tier 3	\$135	N/A
- Tier 4	80% of Balance less \$120, plus \$90 Copay	N/A
Lenticular	\$25 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
FRAME		
Frame	80% of Balance over \$150	Up to \$75
LENS OPTIONS:		
Standard Polycarbonate	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Tint (Solid and Gradient)	\$15 Copay	N/A
UV Treatment	\$15 Copay	N/A
Standard Anti-reflective Coating	\$45 Copay	N/A
Premium Anti-reflective (a/r) Coating	Premium Anti-Reflective Coating as follows:	N/A
- Tier 1	\$57	N/A
- Tier 2	\$68	N/A
- Tier 3	80% of Retail	N/A
Photochromatic/Transitions	\$75	N/A
Other Lens Options	80% of Charge	N/A
CONTACT LENSES		
Conventional Lens - Conventional	85% of Balance over \$150	Up to \$120
Contact Lens - Disposable	Balance over \$150	Up to \$120
Standard Fit And Follow Up Exam	\$40	N/A
Premium Fit And Follow Up Exam	10% off retail price	N/A
Medically Necessary	\$0	Up to \$200
NON-SCHEDULED ITEMS		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction		
	85% of Retail Price or 95% of Promotional Price	N/A