

Summary of Premier Benefits

Vision Care Services	In-Network Member Cost or Discount (When a fixed-dollar copayment is due from the member, the remainder is payable by the plan up to the covered charge)	Out-of-Network Discount (maximum amount payable by plan, not to exceed the retail cost)**
Exam (with dilation as necessary): Standard Contact Lens Fit and Follow-Up:** Premium Contact Lens Fit and Follow-Up:**	\$10 Member Copayment Up to \$40 10% off Retail Price	Up to \$35 N/A N/A
Retinal Imaging Benefit*	Up to \$39	N/A
Frames: Any frame available at Provider location	(Plan pays first up to \$100)	Up to \$45
Frequency: Examination and Lenses or Contact Lenses Frame	Once every 12-month benefit period Once every 24-month benefit period	
Standard Plastic or Glass Spectacle Lenses: Single Vision Bifocal Trifocal Lenticular Standard Progressive * Premium Progressive Tier 1* Premium Progressive Tier 2* Premium Progressive Tier 3* Premium Progressive Tier 4*	\$25 Copayment \$25 Copayment \$25 Copayment \$25 Copayment \$90 Copayment \$110 Copayment \$120 Copayment \$135 Copayment \$90 Copayment, 80% of Charge, less \$120 Discount	Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$40 Up to \$40 Up to \$40 Up to \$40 Up to \$40
Lens Options (add to lens prices above):** UV Treatment* Tint (Solid and Gradient)* Standard Plastic Scratch Coating* Standard Polycarbonate-Adults Standard Polycarbonate-Kids under 19 Glass Standard Anti-Reflective Coating (ARC)* Premium Anti-Reflective Coating Tier 1* Premium Anti-Reflective Coating Tier 2* Premium Anti-Reflective Coating Tier 3* Photocromatic/Transitions Plastic* Other Add-Ons	\$15 Copayment \$15 Copayment \$15 Copayment \$0 Copayment \$0 Copayment \$0 Copayment \$45 Copayment \$57 Copayment \$68 Copayment 20% off Retail Price \$75 Copayment 20% off Retail Price	N/A N/A N/A Up to \$5 Up to \$5 Up to \$5 N/A N/A N/A N/A N/A
Contact Lenses (in lieu of lenses): Conventional ** Disposable Medically Necessary	Pays up to \$115 Pays up to \$115 \$0 Copayment, Paid in Full	Up to \$100 Up to \$100 Up to \$200
Lasik or PRK from U.S. Laser Network* Additional Pairs Benefit	15% off the Retail price or 5% off the Promotional Price Members also receive a 40% discount off complete pair of prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

§ Note: Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. Routine eye exams do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the patient.

* Discounts are subject to change without notice.

** The Plan pays the lesser of the maximum discount noted or the retail cost. Retail prices vary by location.