

## **BENEFITS AT-A-GLANCE: VISION**

All costs are for participating providers only. Please see your Guide to Benefits for information on providers outside our network.

|  | Vision Standard Plus 2B (KB)               |  |
|--|--|--|
|  | Member Cost                                |  |
|  | Adult                                      | Child                                      |
| Routine Eye Care   |  |  |
| Eye Exam (one per calendar year)                             | Refer to medical section for exam benefits | Refer to medical section for exam benefits |
| Lenses & Frames* (from participating vision care facilities) |  |  |
| Eyeglass Lenses  | \$10 copayment                             | \$0 copayment                              |
| Contact Lenses   | up to \$130 allowance                      | \$0 copayment                              |
| Polycarbonate Lenses   | Not covered                                | \$0 copayment                              |
| One Eyeglass Frame (one every other calendar year)           | up to \$130 allowance                      | \$0 copayment                              |
| Additional Benefits  |  |  |
| Contact Lens Fitting   | Not Covered                                | \$0 copayment                              |

<sup>\*</sup>You're eligible for either contact lenses or frames per calendar year. You're responsible for any charges above the allowed amount for contact lenses and frames.

## **Key Terms**

| Term                 | Definition  |  |
|----------------------|---|--|
| Contact Lens Fitting | An eye exam to ensure that you have the correct fit and prescription for your contacts.   |  |
| Lenses               | Single vision or multifocal lenses for eyeglasses and non-disposable and disposable contact lenses.   |  |
| Polycarbonate Lens   | An impact-resistant eyeglass material that is thinner and lighter than traditional plastic eyeglass lenses. These lenses provide UV protection and are scratch resistant. |  |