



Opticare Plan: 10-120C

Monthly

Single	\$ 6.09
Two Party	\$11.82
Family	\$15.50

USEA- Buy Up Plan	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
Dilation	100% Covered	Retail	Included above
Contact Fitting	100% Covered	Retail	Included above
Lenses			
Single Vision	100% Covered	\$10 Co-pay	◆\$85 Allowance
Bifocal (FT 28)	100% Covered	\$10 Co-pay	for lenses,
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	options,
			and coatings.
Lens Options			
*Progressive (Standard no-line)	\$30 Co-pay	\$50 Co-pay	
*Premium Progressive Options	20% Discount	No Discount	
Glass Lenses	15% Discount	15% 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	
<i>A/R, edge polish, tints, mirrors, etc.</i>			
Frames			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	◆\$80 Allowance
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	Up to 25% Off Retail	
Contacts			
<i>Contact benefits is in lieu Of lens and frame benefit.</i>	\$120 Allowance	\$100 Allowance	◆\$80 Allowance
Additional contact purchases:			
***Conventional	Up to 20% off	Retail	
*** Disposables	Up to 10% off	Retail	
Frequency			
<i>Exams, Lenses, Frames, Contacts</i>	Every 12 months	Every 12 months	Every 12 months
Refractive Surgery			
<i>LASIK</i>	\$250 Off Per Eye	Not Covered	Not Covered

* Co-pays for progressive lenses may vary. This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

Discounts

Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

** 50% discount at Standard Optical locations Only. Out of State Network discounts vary from 20% - 35%.

***Must purchase full year supply to receive discounts on select brands. See provider for details.

◆**Out of Network** – Allowances are reimbursed at 75% when discounts are applied to merchandise.

LASIK(Refractive surgery)

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.