



## Opticare Plan: 10-120C

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<b>Group Vision</b>	<b>Select Network</b>	<b>Broad Network</b>	<b>Out-of-Network</b>
<b>Eye Exam</b>			
Eye 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
<b>Lenses <i>Standard Plastic</i></b>			
Single Vision	100% Covered	\$10 Co-pay	◆ \$85 Allowance
Bifocal (FT 28)	100% Covered	\$10 Co-pay	for lenses, options,
Trifocal (FT 7x28)	100% Covered	\$10 Co-pay	and coatings.
<b>Lens Options</b>			
* Progressive ( <i>Standard plastic no-line</i> )	\$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	
<b>Coatings</b>			
Scratch Resistant Coating	100% Covered	\$10 Co-pay	
Ultra Violet protection	100% Covered	\$10 Co-pay	
Other Options - <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	Up to 25% Discount	
<b>Frames</b>			
Allowance Based on Retail Pricing	\$120 Allowance	\$100 Allowance	◆ \$80 Allowance
<b>**Additional Pairs of Glasses Throughout the Year</b>	Up to 50% Off Retail	Up to 25% Off Retail	
<b>Contacts</b>			
<i>Contact benefit 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	
<b>Frequency</b>			
<i>Exams, Lenses, Frames, Contacts</i>	Every 12 months	Every 12 months	Every 12 months
<b>Refractive Surgery</b>			
LASIK	\$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.