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| Group Vision | Select Network | Broad Network | Out-of-Network |
|--|-------------------------|-------------------------|-----------------------|
| Eye Exam | | | |
| No Examination Benefit | | | |
| Standard Plastic Lenses | | | |
| Single Vision | 100% Covered | \$20 Co-pay | ◆ \$70 Allowance |
| Bifocal (FT 28) | 100% Covered | \$20 Co-pay | for lenses, options, |
| Trifocal (FT 7x28) | 100% Covered | \$20 Co-pay | and coatings. |
| Lens Options | | | |
| * Progressive (<i>Standard plastic no-line</i>) | \$50 Co-pay | \$75 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 - <i>A/R, edge polish, tints, mirrors, etc.</i> | Up to 25% Discount | Up to 25% Discount | |
| Frames | | | |
| Allowance Based on Retail Pricing | \$70 Allowance | \$60 Allowance | ◆ \$50 Allowance |
| Additional Eyewear | | | |
| ** Additional Pairs of Glasses Throughout the Year | Up to 50% Off Retail | Up to 25% Off Retail | |
| Contacts | | | |
| <i>Contact benefit is in lieu of lens and frame benefit.</i> | \$70 Allowance | \$60 Allowance | ◆ \$50 Allowance |
| Additional contact purchases: | | | |
| *** Conventional | Up to 20% off | Retail | |
| *** Disposables | Up to 10% off | Retail | |
| Frequency | | | |
| <i>Lenses, Frames, Contacts</i> | Every 12 months | Every 12 months | Every 12 months |
| Refractive Surgery | | | |
| 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. All other Network discounts vary from 20% - 35%.

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

******LASIK(Refractive surgery) Standard Optical Locations ONLY.** 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.

◆ **Out of Network** – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.

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