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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	\$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.
Lens Options			
* 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	
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	\$120 Allowance	\$100 Allowance	◆ \$80 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>	\$120 Allowance	\$100 Allowance	◆ \$80 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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