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Group Vision	Standard Optical Select Network Only
Eye Exam	
Routine Eyeglass Exam	\$10 Co-pay
Routine Contact Exam	\$10 Co-pay
Standard Plastic Lenses	
Plastic: Single Vision, BiFocal, or Trifocal	100% Covered
* Progressive Lenses (Standard No-line)	\$30 Co-pay
* Premium Progressive Options	20% Discount
Glass Lenses	15% Discount
Polycarbonate	\$40 Co-pay
High Index	\$80 Co-pay
Lenticular	100% Covered
Coatings	
Scratch Resistant Coating	100% Covered
Ultra Violet Protection	100% Covered
Other Options - <i>A/R, edge polish, tints, mirrors, etc.</i>	Up to 25% Discount
Frames	
Allowance Based on Retail Pricing	\$100 Allowance
Additional Eyewear	
** Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail
Contact Lenses	
<i>Contact benefit is in lieu of lens and frame benefit.</i>	\$100 Allowance
Additional contact purchases:	
***Conventional	Up to 20% off
***Disposables	Up to 10% off
Frequency	
<i>Exams, Lenses, Frames, Contacts</i>	Every 12 months
Refractive Surgery (LASIK)	
\$250 Off Per Eye	
<i>LASIK services are not an insured benefit - this is a discount only. Pre & post operative care provided by Standard Optical. Based on Standard Optical Retail Fees.</i>	

*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.