	Vision Plan	
	In Network	Out of Network
Copays		
Exam	$10 Copay	
Hardware	$25 Copay	
Contact Lens Exam	Up to $60	
Exam - every 12 months	Covered in full	Reimbursed to $50
Hardware		
Frames - every 24 months	Covered to $130	Reimbursed to $70
Lenses - every 12 months		
Single	Covered in full	Reimbursed to $50
Bifocal	Covered in full	Reimbursed to $75
Trifocal	Covered in full	Reimbursed to $100
Lenticular	Covered in full	Reimbursed to $125
Contacts (instead of lenses & frames)		
Medically Necessary	Covered in full	Reimbursed to $210
Elective	Covered to $130	Reimbursed to $105
Monthly Rates	**Vision Monthly Premium Cost Sharing**	
Employee	**$0.86**	
Employee + 1 Dependent	**$1.38**	
Employee + Child(ren)	**$1.40**	
Employee + Family	**$2.26**	