



Below you will find your Full Benefits Summary including your Vision Benefits, Enhanced Benefits, and Bonus Benefits. Please print this document and bring it with you to your appointment. If you need any assistance, please call 1-855-653-0586.

VISION BENEFITS SUMMARY

Description	Co-pays
EXAMINATION	
Includes Tonometry	INCLUDED
FRAMES	
Up to \$200 within GVS Collection	INCLUDED
Non Covered Frame	U&C less \$200
LENSES	
Single Vision	INCLUDED
Flat Top (FT28)	INCLUDED
TriFocals	INCLUDED
Standard Progressive	INCLUDED
Oversize	INCLUDED
Premium Progressive	\$50.00 co-pay
Deluxe Progressive	U&C less 35%
MATERIALS	
Plastic	INCLUDED
Polycarbonate for children 16 and under included	U&C less 35%
Polycarbonate	U&C less 35%
COATINGS	
Cosmetic or Sunglass Tint	INCLUDED
Ultra Violet Coating	U&C less 35%
Scratch Resistant Coating	U&C less 35%
Anti-reflective Standard Coating	U&C less 35%
Anti-reflective Premium Coating	U&C less 35%
CONTACTS	
Colored Contact Lenses are NOT included	
Fitting and Dispensing Included for the following Lenses	INCLUDED
Spherical Disposables- 12 months supply	INCLUDED
Non Covered Contact Lenses	U&C less \$200
Fitting Fee for Upgraded Lenses	\$50.00 co-pay

LENS BENEFITS CO-PAYS

MATERIALS/HI-INDEX LENSES

Hi-Index Single Vision	U&C less 35%
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PLASTIC PHOTOSENSITIVE LENSES

Plastic Photosensitive Single Vision	U&C less 35%
Plastic Photosensitive Bifocal	U&C less 35%
Polarized	U&C less 35%

Please make an appointment. Doctors hours may vary from store hours.

For Florida locations, eye exams may have a co-pay.

Any additional services that surpass the benefit are the responsibility of the patient.