



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
<b>EXAMINATION</b>	
Includes Tonometry includes dilation	INCLUDED
<b>FRAMES</b>	
Non Covered Frame	U&C less \$150
<b>LENSES</b>	
Single Vision	INCLUDED
Flat Top FT28 & FT35	INCLUDED
TriFocals	INCLUDED
Oversize	INCLUDED
Standard Progressive	\$75.00 co-pay
Premium Progressive	\$105.00 co-pay
Deluxe Progressive	\$145.00 co-pay
<b>MATERIALS</b>	
Plastic	INCLUDED
Polycarbonate	INCLUDED
<b>COATINGS</b>	
Cosmetic or Sunglass Tint	INCLUDED
Scratch Resistant Coating	INCLUDED
Ultra Violet Coating	INCLUDED
Anti-reflective Standard Coating	INCLUDED
Anti-reflective Premium Coating	\$48.00 co-pay
Anti-reflective Ultra Coating	\$60.00 co-pay
<b>CONTACTS</b>	
Colored Contact Lenses are <b>NOT</b> included	
Non Covered Contact Lenses	\$150.00 co-pay

## LENS BENEFITS CO-PAYS

<b>MATERIALS/HI-INDEX LENSES</b>	
Hi-Index Single Vision	\$55.00 co-pay
<b>PLASTIC PHOTOSENSITIVE LENSES</b>	
Plastic Photosensitive Single Vision	\$55.00 co-pay
Plastic Photosensitive Bifocal	\$55.00 co-pay
<b>OTHER LENS OPTIONS</b>	
Polarized	\$75.00 co-pay

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.