



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 includes dilation when professionally indicated	INCLUDED
FRAMES	
Non-Collection Frame Allowance (In Lieu of Collection Frame)	U&C less \$150
GVS Collection - Classic	INCLUDED
GVS Collection - Metropolitan	INCLUDED
GVS Collection - Premier	\$45.00 co-pay
LENSES	
Single Vision Lenses	INCLUDED
Bifocal Lenses (FT28)	INCLUDED
Trifocal Lenses	INCLUDED
Standard Progressives	INCLUDED
Oversize	INCLUDED
MATERIALS	
Plastic	INCLUDED
Polycarbonate- Single Vision Lenses	\$30.00 co-pay
Polycarbonate for dependent children (up to age 16)	INCLUDED
COATINGS	
Cosmetic or Sunglass Tint	INCLUDED
Scratch Resistant Coating	INCLUDED
Ultra Violet	INCLUDED
Anti-Reflective - Standard Coating	\$40.00 co-pay
Anti-Reflective - Premium Coating	\$90.00 co-pay
CONTACTS	
Colored Contact Lenses are NOT included	
Fitting and Dispensing Included for the following Lenses	INCLUDED
Fitting Fee for Upgraded Lenses	\$50.00 co-pay
Plan Contact Lenses - up to 6 month supply	INCLUDED
Non Covered Contact Lenses	U&C less \$150

LENS BENEFITS CO-PAYS

MATERIALS/HI-INDEX LENSES

Hi-Index Single Vision	\$55.00 co-pay
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PROGRESSIVE LENSES

Premium Progressives	\$80.00 co-pay
Deluxe Progressives	\$120.00 co-pay

PLASTIC PHOTOSENSITIVE LENSES

Plastic Photosensitive - Single Vision Lenses	\$65.00 co-pay
Plastic Photosensitive - Bifocal Lenses	\$95.00 co-pay
Polarized	\$95.00 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.

30% Discount on all optical services not listed above, including 2nd pairs.