

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 when professionally indicated	INCLUDED
<b>FRAMES</b>	
Up to \$200 within the GVS Collection	INCLUDED
Non Covered Frame	U&C less \$150
<b>LENSES</b>	
Single Vision	INCLUDED
Flat Top FT28 & FT35	INCLUDED
TriFocals	INCLUDED
Standard Progressive	INCLUDED
Oversize	INCLUDED
<b>MATERIALS</b>	
Plastic	INCLUDED
Polycarbonate	\$30.00 co-pay
Polycarbonate for children 16 and under included	INCLUDED
<b>COATINGS</b>	
Cosmetic or Sunglass Tint	INCLUDED
Scratch Resistant Coating	INCLUDED
Ultra Violet Coating	INCLUDED
Anti-reflective Standard Coating	\$40.00 co-pay
Premium Anti-Reflective Coating	\$90.00 co-pay
<b>CONTACTS</b>	
Colored Contact Lenses are <b>NOT</b> included	
Fitting and Dispensing Included for the following Lenses	INCLUDED
Fitting Fee for Upgraded Lenses	\$50.00 co-pay
Spherical Disposables 6 month supply	INCLUDED
Non Covered Contact Lenses	U&C less \$150

## LENS BENEFITS CO-PAYS

<b>MATERIALS/HI-INDEX LENSES</b>	
Hi-Index Single Vision	\$55.00 co-pay
<b>PROGRESSIVE LENSES</b>	
Premium Progressive	\$80.00 co-pay
Deluxe Progressive	\$120.00 co-pay
<b>PLASTIC PHOTOSENSITIVE LENSES</b>	
Plastic Photosensitive Single Vision	\$65.00 co-pay
Plastic Photosensitive Bifocal	\$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.