



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 GVS Collection Only | INCLUDED |
| Non Covered Frame | U&C less \$100 |
| LENSES | |
| Single Vision | INCLUDED |
| Flat Top FT28 & FT35 | INCLUDED |
| TriFocals | INCLUDED |
| Standard Progressive | \$50.00 co-pay |
| Oversize | INCLUDED |
| MATERIALS | |
| Plastic | INCLUDED |
| Polycarbonate | \$30.00 co-pay |
| Hi-Index | \$55.00 co-pay |
| COATINGS | |
| Cosmetic or Sunglass Tint | INCLUDED |
| Scratch Resistant Coating | INCLUDED |
| Ultra Violet Coating | 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 |
| Spherical Disposables- 6 month supply | INCLUDED |
| Non Covered Contact Lenses | U&C less \$100 |

LENS BENEFITS CO-PAYS

| | |
|--------------------------------------|-----------------|
| PROGRESSIVE LENSES | |
| Premium Progressive | \$80.00 co-pay |
| Deluxe Progressive | \$120.00 co-pay |
| PLASTIC PHOTOSENSITIVE LENSES | |
| Photochromatic Bifocal | \$95.00 co-pay |
| Photochromatic Single Vision | \$65.00 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.