

## Vision Care Plan Overview

<b>Plan</b>	Exam every 12 months
<b>Frequencies</b>	Lenses every 12 months Frames every 24 months

### Copayment for each member at the time of service

Exam: \$10  
Lenses and/or frames: \$15

<b>Maximum Allowances</b>	<b>Network Doctor</b> Non-network (After copayments/Up to plan limits)	<b>Non-network</b> (copayments apply)
<b>Eye Exam</b>	Paid in full	\$35
<b>Lenses</b> (per pair)		
Single	Paid in full	\$25
Bifocal	Paid in full	\$40
Trifocal	Paid in full	\$60
Lenticular	Paid in full	\$100
<b>Contact Lenses</b>		
Elective (exam & lenses)	\$ 105**	\$ 105**
Medically necessary*	Paid in full	Up to \$210
<b>Frame</b> ***	\$40 wholesale	\$40
<b>Lasik</b>	Members will receive a discount if Services are rendered by a TLC Network provider and they will pay no more than \$1800/eye for conventional Lasik or no more than \$2300 per eye for Custom Lasik.	No benefit