

Summary of Fashion Excellence Gold Option V Benefits



BENEFIT	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT ⁽¹⁾
FREQUENCY⁽²⁾ Eye examination (including dilation, as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses)		Once every 12 months Once every 12 months Once every 12 months Once every 12 months
EYE EXAMINATION (including dilation as professionally indicated)	Covered In Full	Up to \$40 allowance
FRAMES Fashion level frames from "The Collection" Designer level frames from "The Collection" Premier level frames from "The Collection" Retail allowance towards a provider's frame	Covered In Full \$20 copayment \$40 copayment Up to \$100 allowance	Up to \$64 allowance
STANDARD EYEGLASS LENSES⁽³⁾ (per pair) Single vision Bifocal Trifocal Lenticular	Covered In Full Covered In Full Covered In Full Covered In Full	Up to \$30 allowance Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance
OPTIONAL EYEGLASS LENSES (per pair) Standard progressive lenses ⁽⁴⁾ (in lieu of bifocal or trifocal lenses) Premium progressive lenses ⁽⁴⁾ Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult⁽⁵⁾</i> <i>Dependent children</i> Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses) Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses) Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	Covered In Full \$40 discounted price \$15 discounted price \$35 discounted price Covered In Full Covered In Full Covered In Full	Up to \$130 allowance Not Covered Not Covered Not Covered Up to \$70 allowance Up to \$80 allowance Up to \$95 allowance
Blended segment lenses Intermediate vision lenses Glass photochromic lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	\$20 discounted price \$30 discounted price \$20 discounted price \$70 discounted price \$60 discounted price \$75 discounted price	Not Covered Not Covered Not Covered Not covered Not Covered Not Covered
OPTIONAL EYEGLASS LENS COATINGS/TREATMENTS Fashion and gradient tinting of plastic lenses Ultraviolet coating Scratch-resistant coating Standard ARC (anti-reflective coating) Premium ARC (anti-reflective coating) Ultra ARC (anti-reflective coating)	\$15 discounted price \$15 discounted price \$20 discounted price \$40 discounted price \$55 discounted price \$69 discounted price	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
CONTACT LENSES⁽⁶⁾ (in lieu of eyeglasses) Elective allowance Formulary with fitting/follow-up care (in lieu of elective allowance) Medically necessary contact lenses (prior approval required)	Covered In Full/Up to \$130 allowance ⁽⁷⁾ Covered In Full ⁽⁸⁾ Covered In Full	Up to \$115 allowance ⁽⁷⁾ Up to \$115 allowance ⁽⁷⁾ Up to \$225 allowance
LOW VISION SERVICES Evaluation – one visit every 5 years (prior approval required) Follow-up visits – up to four follow-up visits every 5 years Low vision aids		Up to \$300 allowance per visit Up to \$100 allowance per visit Up to \$600 allowance per aid/\$1,200 allowance lifetime maximum

- (1) If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.
- (2) Eligibility will be determined from the date of the last similar service paid under this program.
- (3) Includes glass, plastic or oversized lenses.
- (4) Progressive multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive lenses, however the discounted price will not be refunded.
- (5) Discounted member price waived for monocular patients and patients with prescriptions +/- 6.00 diopters or greater
- (6) Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses fitted, they may not be exchanged for eyeglasses.
- (7) Reimbursement amount covers contact lens evaluation, fitting and cost of contact lenses, when all services received at the same time from the same provider.
- (8) Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.

This is a summary of the vision benefits. Please refer to the group contract for complete benefit information. Should the information in this summary differ from the information contained in the group contract, the terms of the group contract shall govern.