

Annual Benefits:		Monthly Rates	
<i>Benefits Description</i>			
\$10 co-payment (with participating provider)		Subscriber Only	\$11.00
Eye Exam - every 12 months		Subscriber & 1	\$22.00
Lenses - covered in full (up to 61 mm)		Subscriber + Family	\$28.60
Frames - \$90 allowance			
Contact Lenses - \$105 allowance			

Plan Highlights:

**using Participating Provider*

- *Eye Exam covered once every 12 months
- *Lenses are covered in full (up to 61 mm) every 12 months
- *Frames covered every 12 months
- *Contact Lenses covered up to \$105 (medically necessary covered in full with authorization)