

VISION PLAN COMPARISON

IN-NETWORK BENEFITS		
	Advantage Vision care Program	Discount Vision Care Programs*
Examination Frequency	Once every 12 months	12 months
Lenses Frequency	Once every 12 months	12 months
Frame Frequency	Once every 12 months	12 months
Examination Co-pay	\$10	No more than \$45
Optical Materials Co-pay (lenses & frame combined)	\$0	Refer to schedule below
Standard Spectacle Lenses		
Single Vision Lenses	Covered in full	Up to \$45
Bifocal Lenses	Covered in full	Up to \$60
Trifocal Lenses	Covered in full	Up to \$80
Standard Progressive Lenses	Uniform discounted fee Schedule less the allowance for Standard Lenses	No more than the Uniform discounted fee schedule
Selected Lens Tints & Coatings	Uniform discounted fee schedule	No more that the Uniform discounted fee schedule
Frame		
Frame	Covered up to \$100-\$150 retail value (\$50 wholesale cost allowance)	20-50% discount
Contact Lenses (in lieu of frame/lenses)		
Elective	10-20% discount & \$150 allowance	10-20% discount
Medically Necessary	Covered in full	20% discount
LASIK/PRK		
LASIK/PRK	Up to 20% savings & \$300 allowance in lieu of all other service for the plan year	20% discount

- **Members that choose not to enroll in the Advantage Vision Care Program will automatically receive an Avesis discount card at no cost.**