

**Frequency of Benefits:**

**Exam, Lenses or Contact Lenses** – once every 12 months from the last date of service.

**Frames** – once every 24 months from the last date of service.

**Allowances:**

**Comprehensive Eye Exam** – 100% covered, no copay.

**Frame** – \$165 retail allowance. Patient is responsible for all expenses over allowance.

**Lenses** – Standard (plastic) lenses are covered in full. A 20% discount will be granted of the retail price of non-covered lens options and upgrades (i.e. thinner lenses – polycarbonate/ high index, progressive lenses, anti-reflective coatings, Transitions, Etc.)

**Contact Lenses** (in lieu of eyeglasses) – \$65 allowance for exam, \$100 allowance for CL. Patient is responsible for any expenses over \$165.

**Frequency of Benefits:**

**Exam** – once every 24 months from the last date of service.

**Allowances:**

**Comprehensive Eye Exam** – 100% covered, no copay.

\*This plan will cover an eye exam ONLY. Please reference the faculty, staf & student discount guide