

# Vision

## Vision Benefits ... at a Glance

	BASIC PLAN		ENHANCED PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>	\$0		\$0	
<b>Exams</b>	You pay \$10 copay	Plan pays up to \$45	You pay \$10 copay	Plan pays up to \$45
<b>Lenses</b>	<b>You pay:</b>	<b>Plan pays:</b>	<b>You pay:</b>	<b>Plan pays:</b>
» Single Vision	\$10 copay	Up to \$40	\$25 copay	Up to \$40
» Bifocals	\$10 copay	Up to \$60	\$25 copay	Up to \$60
» Trifocal	\$10 copay	Up to \$80	\$25 copay	Up to \$80
» Lenticular	\$10 copay	Up to \$80	\$25 copay	Up to \$80
<b>Lens Options</b>	<b>Plan pays:</b>		<b>Plan pays:</b>	
» Scratch-resistant Coating	100%	Up to \$5	100%	Up to \$5
» Standard Progressives	Not covered	Not covered	100%	Up to \$35
» Polycarbonate	Not covered	Not covered	100%	Up to \$10
<b>Frames</b>	Up to \$130 <sup>1</sup>	Up to \$50	Up to \$150 <sup>1</sup>	Up to \$50
<b>Contacts</b> (in lieu of frames/lenses)	<b>Plan pays:</b>		<b>Plan pays:</b>	
» Elective	Up to \$125 after \$10 copay <sup>1</sup>	Up to \$125	Up to \$140 <sup>1</sup>	Up to \$140
» Medically Necessary	100%	Up to \$210	100%	Up to \$210
<b>Fit/Follow-up</b>	<b>You pay:</b>	<b>Plan pays:</b>	<b>You pay:</b>	<b>Plan pays:</b>
» Standard Daily Wear	\$20 copay	Up to \$20	\$20 copay	Up to \$20
» Extended Daily Wear	\$30 copay	Up to \$30	\$30 copay	Up to \$30
<b>Covers...</b>	Exams, contact fit every 12 months; lenses, frames and contacts every 24 months		Exams, contact fit, lenses, frames and contacts every 12 months	

<sup>1</sup> In many cases, NVA offers a discount on amounts exceeding the retail allowance; ask your network provider.