

OPTICARE PLAN – PEHP – Hardware Only (no eye exam benefit)
10-150/140C

| Products/Services | Select Network | Broad Network | Out-Of-Network |
|--|-------------------------|----------------------|---|
| Standard Plastic Lenses | | | |
| Single Vision | 100% Covered | \$10 Co-pay | \$65 Combined allowance for all lenses, options, and coatings |
| Bifocal (FT 28) | 100% Covered | \$10 Co-pay | |
| Trifocal (FT 7x28) | 100% Covered | \$10 Co-pay | |
| Lens Options | | | |
| Progressive (Standard plastic no-line) | \$30 Co-pay | \$50 Co-pay | \$65 Combined allowance for all lenses, options, and coatings |
| Premium Progressive Options | \$80 Co-pay | \$100 Co-pay | |
| Polycarbonate Kids (Under age 19) | \$20 Co-pay | \$40 Co-pay | |
| Polycarbonate Adults | \$40 Co-pay | \$40 Co-pay | |
| Transitions / Photochromic | \$50 Co-pay | \$75 Co-pay | |
| Coatings | | | |
| Scratch Resistant Coating | \$10 Co-pay | \$15 Co-pay | \$65 Combined allowance for all lenses, options, and coatings |
| Ultraviolet protection | \$10 Co-pay | \$15 Co-pay | |
| Tint | 100% Covered | \$10 Co-pay | |
| Premium Anti-Reflective | \$50 Co-pay | 25% Discount | |
| Specialty Anti-Reflective | 25% Discount | up to 25% Discount | |
| Polarized | 25% Discount | up to 25% Discount | |
| Other Options: Edge polish, tints, mirrors, etc. | Up to 25% Discount | Up to 25% Discount | |
| Frames | | | |
| Allowance Based on Retail Pricing | \$150 Allowance | \$130 Allowance | \$70 Allowance |
| Additional Eyewear | | | |
| Additional Prescription Glasses | Up to 50% Off Retail | Up to 25% Off Retail | Not Covered |
| Non-Rx (Plano Sunglasses) | 25% Discount | 20% Discount | Not Covered |
| Contacts | | | |
| Contact benefits is in lieu of Eyeglasses | \$140 Allowance | \$130 Allowance | \$100 Allowance |
| Additional contact purchases: | Up to 20% off Retail | Up to 10% off Retail | Not Covered |
| Medically Necessary Contacts | 100% Covered | \$250 Allowance | \$200 Allowance |
| Frequency | | | |
| Lenses, Frames, Contacts | Every 12 months | Every 12 months | Every 12 months |
| Refractive Surgery | | | |
| LASIK | 20% Off Retail | Not Covered | Not Covered |
| Dry Eye Treatments | | | |
| Punctal Occlusion | \$250 / Puncta Silicone | Not Covered | Not Covered |
| Punctal Occlusion Nutraceuticals | \$75 / Puncta Collagen | Not Covered | Not Covered |
| Macu Health & Blink Dry Eye Formulas | 10% Discount | Not Covered | Not Covered |