| Once every 12 months per member        | \$10 Copayment  | Up to \$25 |
|--|---|------------|
|  |   |            |
|  |   |            |
|  |   | Up to \$40 |
|  |   |            |
| Premium Contact Lens Fit and Follow up | \$0 Copayment, 10% off retail price less \$55 allowance | Up to \$40 |

Prescription

| Contact Lenses Allowance includes materials only |  |             |
|--|--|-------------|
| Once every 12 months per member                  |  |             |
| Conventional Lenses                              | \$0 Copayment; \$130 allowance, 15% off balance over \$130 | Up to \$104 |
| Disposable Lenses                                | \$0 Copayment; \$130 allowance, plus balance over \$130    | Up to \$104 |
| Non-Elective Lenses                              | \$0 Copayment; \$130 allowance, plus balance over \$130    | Up to \$104 |