

Proposed Benefits for Wilson College



| In-Network Benefits – Voluntary | | Fashion Advantage VI | |
|--|----------------------------|-----------------------------------|--------------------------------|
| Frequency – Once Every: | | | |
| Eye Examination (including dilation when professionally indicated) | | 12 months | |
| Spectacle Lenses | | 12 months | |
| Frame | | 24 months | |
| Contact Lenses (in lieu of eyeglass lenses) | | 12 months | |
| Copayments | | | |
| Eye Examination | | \$0 | |
| Spectacle Lenses | | \$0 | |
| Contact Lens Evaluation, Fitting & Follow-Up Care | | n/a | |
| Eyeglass Benefit - Frame | | Average Retail Value | |
| Non-Collection Frame Allowance (Retail): | | Up to \$130 | |
| Davis Vision Frame Collection¹ (in lieu of Allowance): | | Up to \$200 | |
| - Fashion level | | Up to \$125 | |
| - Designer level | | Up to \$175 | |
| - Premier level | | Up to \$225 | |
| Eyeglass Benefit - Spectacle Lenses | | Average Retail Value | |
| Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any Rx) | | \$60-\$120 | |
| Oversize Lenses | | \$20 | |
| Tinting of Plastic Lenses | | \$20 | |
| Scratch-Resistant Coating | | \$25-\$40 | |
| Scratch Protection Plan Single Vision | | \$60-\$120 | |
| Scratch Protection Plan Multifocal | | \$60-\$120 | |
| Polycarbonate Lenses ² | | \$60-\$75 | |
| Ultraviolet Coating | | \$25-\$30 | |
| Standard Anti-Reflective (AR) Coating | | \$50-\$70 | |
| Premium AR Coating | | \$65-\$90 | |
| Ultra AR Coating | | \$100-\$125 | |
| Standard Progressive Lenses | | \$150-\$195 | |
| Premium Progressives (Varilux [®] , etc.) | | \$195-\$225 | |
| Ultra Progressive lenses | | \$225-\$300 | |
| Intermediate-Vision Lenses | | \$150-\$175 | |
| High-Index Lenses | | \$90-\$150 | |
| Polarized Lenses | | \$95-\$110 | |
| Plastic Photosensitive Lenses | | \$95-\$150 | |
| Contact Lens Benefit (in lieu of eyeglasses) | | Member Charges | |
| Non-Collection Contact Lenses: Materials Allowance | | Up to \$150 | |
| - Evaluation, Fitting & Follow-Up Care – Standard Lens Types | | Not Covered | |
| - Evaluation, Fitting & Follow-Up Care – Specialty Lens Types | | Not Covered | |
| Collection Contact Lenses¹ (in lieu of Allowance): Materials | | Covered In Full | |
| - Disposable | | Covered In Full | |
| - Planned Replacement | | Included | |
| - Evaluation, Fitting & Follow-up Care | | Included | |
| Medically Necessary Contact Lenses (with prior approval) | | Included | |
| - Materials, Evaluation, Fitting & Follow-Up Care | | Included | |
| Out-of-Network Reimbursement Schedule: up to | | | |
| Eye Examination: \$45 | Single Vision Lenses: \$40 | Trifocal/Progressive Lenses: \$75 | Elective Contact Lenses: \$120 |
| Frame: \$110 | Bifocal Lenses: \$65 | Lenticular Lenses: \$100 | Medically Necessary CL: \$210 |

¹Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

²Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included