

Proposed Benefits for Cornwall Central Teachers

In-Network Benefits	S		Premier Plan
Frequency – Once Every:			Plan Design
Eye Examination inclusive of Dilation (when professionally indicated)			12 Months
Spectacle Lenses			12 Months
Frame			12 Months
Contact Lens Evaluation, Fitting & Follow-Up Care			12 Months
Contact Lenses (in lieu of eyeglasses)			12 Months
Copayments			Alt. B
Eye Examination			\$10
Spectacle Lenses			\$25
Contact Lens Evaluation, Fitting & Follow-Up Care			\$25
Eyeglass Benefit - Frame Average Retail Value			4=5
Non-Collection Frame Allowance (Retail):		Up to \$150	Up to \$150 Plus a 20% discount on any overage
Davis Vision Frame Collect	tion ^{/2} (in lieu of Allowance):		
Fashion level		Up to \$125	Included
Designer level		Up to \$175	Included
Premier level		Up to \$225	Included
Eyeglass Benefit - Spectacle Lenses		Average Retail Value	Member Charges
	ned bifocal, trifocal or lenticular lenses (any		
Rx)	, · · · · · · · · · · · · · · · · · · ·	\$60-\$120	Included
Oversize Lenses		\$20	Included
Tinting of Plastic Lenses		\$20	Included
Scratch-Resistant Coating		\$25-\$40	Included
Polycarbonate Lenses'3		\$60-\$75	\$0 or \$30
Ultraviolet Coating		\$25-\$30	\$12
Standard Anti-Reflective (AR) Coating		\$50-\$70	\$35
Premium AR Coating	,	\$65-\$90	\$48
Ultra AR Coating		\$100-\$125	\$60
Standard Progressive Lenses		\$150-\$195	\$50
Premium Progressives (Varilux®, etc.)		\$195-\$300	\$90
Intermediate-Vision Lenses		\$150-\$175	\$30
High-Index Lenses		\$90-\$150	\$55
Polarized Lenses		\$95-\$110	\$75
Plastic Photosensitive Lenses		\$95-\$150	\$65
	ngle Vision Multifocal Lenses	φ95-φ150	·
Contact Lens Benefit (in lie			\$20 \$40
,	,		Up to \$200
Non-Collection Contact Lenses: Materials Allowance			Plus a 15% discount on any overage
- Evaluation, Fitting & Follow-Up Care- Standard Lens Types			Included
- Evaluation, Fitting & Follow-Up Care- Specialty Lens Types			Up to \$60 allowance Plus a 15% discount on any overage
Collection Contact Lenses	² (in lieu of Allowance):Materials		,
DisposablePlanned Replacement			8 boxes/multi-packs 4 boxes/multi-packs
- Evaluation, Fitting & Follow-up Care			Included
Medically Necessary Contact Lenses(with prior approval) - Materials, Evaluation, Fitting& Follow-Up Care			Included
	imbursement Schedule Corr	wall Central Teacl	hers Assoc.: up to
Eye Examination: \$70		rifocal Lenses: \$170	Elective Contact Lenses: \$205
Frame: \$85			Medically Necessary CL: \$205
гіані е. Ф бо	Progressive Lenses:\$170	Bifocal: \$130	iviedically necessary CL: \$205

^{1/}Additional discounts not applicable at Walmart or Sam's Club locations.

One-year eyeglass breakage warranty included

^{2/}Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

^{3/}Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.