

## OneDigital Vision Plan Summary with L-4 Progressives® Lens Option Package

BENEFITS	AVĒSIS NETWORK	OUT-OF-NETWORK
Eye Examination once every 12 months	Covered in full after \$10 copay	Reimbursed up to \$35
Frame Allowance <sup>1</sup> once every 24 months	Members receive a \$130 retail allowance	Reimbursed up to \$45
Standard Spectacle Lenses once every 12 months	Covered in full after \$10 copay <ul style="list-style-type: none"> <li>• Single-vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul>	Reimbursed up to: <ul style="list-style-type: none"> <li>• \$25 for single-vision lenses</li> <li>• \$40 for bifocal lenses</li> <li>• \$50 for trifocal lenses</li> <li>• \$80 for lenticular lenses</li> </ul>
Lens Options <sup>2</sup>	Covered in full: <ul style="list-style-type: none"> <li>• Youth Polycarbonate (to age 19)</li> <li>• Standard (Level 1) Progressives®</li> <li>• Other lens options – please see below for special pricing</li> </ul>	Reimbursements: <ul style="list-style-type: none"> <li>• \$10 (Youth Polycarbonate)</li> <li>• Up to \$40 (Level 1 Progressives®)</li> </ul>
Contact Lenses <sup>3</sup> once every 12 months	<ul style="list-style-type: none"> <li>• Covered up to \$130 allowance (\$0 copay)</li> <li>• Contact lens fitting: \$50 co-pay for standard lenses; \$75 for premium</li> <li>• Medically Necessary covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Elective—\$110</li> <li>• Medically Necessary—up to \$250</li> </ul>
Refractive Laser Surgery	<ul style="list-style-type: none"> <li>• Provider discount up to 25% plus Onetime/lifetime \$150 allowance</li> </ul>	<ul style="list-style-type: none"> <li>• Onetime/lifetime \$150 allowance</li> </ul>

<sup>1</sup>Frames from participating Wal-Mart locations are covered up to \$68 retail value; Costco \$74.99.

<sup>2</sup>All other options are offered at the Avēsis Preferred Pricing Schedule below:

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| <ul style="list-style-type: none"> <li>• Adult Polycarbonate (Single Focus/Multi-Focal)—\$40/\$44</li> <li>• Standard Scratch-Resistant Coating—\$17</li> <li>• Ultra-Violet Screening—\$15</li> </ul> | <ul style="list-style-type: none"> <li>• Standard Solid Coating—\$17</li> <li>• Standard Anti-Reflective Coating—\$45</li> <li>• Level 2 and up Progressives®—20% Discount + \$120 allowance</li> </ul> | <ul style="list-style-type: none"> <li>• Transitions® (Single Focus/Multi-Focal)—\$70/\$80</li> <li>• Polarized—\$75</li> <li>• PGX/PBX—\$40</li> </ul> |
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<sup>3</sup>Contact lenses are in lieu of spectacle lenses and frame. Prior authorization for medically necessary contacts is required. Contact lenses and out-of-network benefits are not subject to copayments.

**Employer-Paid Rates:** Employee Only - \$6.98; Employee + 1 - \$12.21; Employee + Family - \$18.15

**Voluntary Rates:** Employee Only - \$8.97; Employee + 1 - \$15.70; Employee + Family - \$23.33