

Triple Network Option - Base Plan 12-12-12-12 Nationwide Vision & Preferred Provider & Out-of-Network

City of Peoria - #26490 - Plan 150 - Effective 7/1/15

Provider Network	Nationwide Vision	<u>OR</u>	SightCare Preferred Provider	<u>OR</u>	Out-of-Network Allowance
SERVICES					
Eye Examination: Eyeglass or Contact Lens	\$ 5 CoPay Covered 100% <small>(when purchased with CL's Benefit)</small>		\$ 10 CoPay See CL's Section		Up to \$ 35 See CL's Section
Ancillary Testing for Exams:					
Dilation	100% Covered		100% Covered		See Exam Allowance
Visual Fields Screening	\$ 9 CoPay		20% Discount*		Not Covered
Frames:	After \$ 10 Material CoPay		After \$ 20 Material CoPay		
Frame Allowance	Up to \$ 150 20% Discount after \$150 allowance		Up to \$ 150 WalMart/Sam's Club \$80		Up to \$ 45
Standard Lenses:					
Single Vision	100% Covered		100% Covered		Up to \$ 25
Bifocal FT-28	100% Covered		100% Covered		Up to \$ 40
Trifocal 7 X 28	100% Covered		100% Covered		Up to \$ 55
Progressive (Standard)	\$ 30 CoPay		\$ 79.99 minus 20%		Up to \$ 40
Progressive (Deluxe)	\$ 90 CoPay		\$ 79.99 minus 20%		Up to \$ 40
Progressive (Premium)	\$ 120 CoPay		\$ 79.99 minus 20%		Up to \$ 40
Progressive (Platinum)	\$ 210 CoPay		\$ 79.99 minus 20%		Up to \$ 40
Options:					
Polycarbonate (Under 18 yrs.)	100% Covered		20% Discount*		Not Covered
UV, Tint and Scratch Coat	\$ 10 CoPay Each		20% Discount*		Not Covered
All Other Lenses & Options	20% Discount		20% Discount*		Not Covered
In Lieu of Eyeglasses (Frames & Lenses)					
Contact Lens Benefit:	After \$ 10 Material CoPay		After \$ 20 Material CoPay		
Fitting Fees	100% Covered <small>(When used with CL Benefit)</small>		See CL's Section		See CL's Section
Product Benefit			\$ 150 Allowance towards		\$ 105 Allowance towards Fitting
Cosmetic Contacts	Up to \$ 150		CL's and Fitting		and CL's purchase.
Medically Necessary	Up to \$ 250		Up to \$ 250		Up to \$ 105
LASIK Benefit:					
In Lieu of Exam, Eyeglasses or Contact Lens Benefit	\$200 Allowance (\$100 per eye)		Not Covered		Not Covered
Second Pair Purchase:					
Frames	50% Discount		20% Discount		Not Covered
Lenses	25% Discount		20% Discount		Not Covered
Options	25% Discount		20% Discount		Not Covered
Replacement Lenses					
Disposable	10% Discount		10% Discount*		Not Covered
Conventional	20% Discount		20% Discount*		Not Covered
Notations:					
Options & Upgrades*	Wal-Mart & Sam's Club do not provide any additional discounts from their everyday low price				
Limitations	Wal-Mart & Sam's Club offer only materials at some locations.				
Provider Network	Nationwide Vision <u>OR</u> Preferred Provider <u>OR</u> Out-of-Network Allowance.				
Out-of-Network Allowance	Member must pay first and then submit receipts to SightCare to be reimbursed.				
LASIK Benefit	Exclusively through Nationwide Vision Laser and Eye Center				

This is a brief benefit illustration. For coverage details & restrictions please refer to the formal plan document. See provider directory for network.

For contact lens transactions - Please be aware that in order to have the contact lens fitting fee paid under the contact lens benefit you must receive the fitting and contact lenses from the same provider.