



**National Vision Administrator Network
Vision Coverage Summary**

Vision Benefit Coverage	In-Network	Out-of-Network Reimbursement
Vision Examination – Once every 12 months.	Covered in Full	\$30.00 Maximum
<i>Should the participant require vision correction they may choose either frames & lenses benefit or contacts benefit, not both, during the 12-month benefit period.</i>		
Frames - Frames and one pair of lenses every 12 months.	\$42.00 Wholesale allowance*	\$42.00 Retail allowance**
Lenses – Once Every 12 months.	Benefits also include In-Network discount prices on lens options such as UV Coating, Scratch resistance, Progressive lenses, etc.	
Standard Lenses - Single Vision (pair)	Covered in Full	\$24.00 Maximum
Standard Lenses - Bifocal (pair)	Covered in Full	\$36.00 Maximum
Standard Lenses - Trifocal (pair)	Covered in Full	\$46.00 Maximum
Standard Lenses - Aphakic (pair)	Covered in Full	\$72.00 Maximum
Medically Required Low Vision Aids (Allowance includes exam)	Up to \$250.00	Up to \$250.00
Contact Lenses & Fittings – Once every 12 months.		
Cosmetic Lenses Allowance	Up to \$125.00	Up to \$125.00
Fitting Fees for Daily Wear Lenses	Covered in Full	Up to \$20
Fitting Fees for Extended Wear Lenses	Covered in Full	Up to \$30
Medically Required Contact Lenses – Non-Cosmetic	Up to \$350.00	Up to \$350.00

* Patients who select frames that exceed the allowance will pay the maximum charge of the actual difference between the wholesale cost and the maximum allowance plus 20% of the difference.

** For Participating Providers the allowance is applied toward the wholesale cost. For Non-Participating Providers allowance is applied toward the retail cost.

*** For full plan details please refer to the Summary Plan Description.