

Table of Covered Vision Services

International Plan

Benefit	In-network	Out-Of-Network
Eye Exam	100% after US\$10 co-pay	Up to 70% co-insurance
Single vision lenses	100% after US\$20 co-pay for lenses	Up to US\$40
Bifocal lenses		Up to US\$65
Trifocal/Progressive		Up to US\$75
Lenticular lenses		Up to US\$100
Contact lenses: Therapeutic	100% - no co-pay	Up to US\$210
Contact lenses: Elective	US\$250 allowance - no co-pay	Up to US\$176
Frames*	US\$250 allowance	Up to US\$120
Frequency**	Every 12 months	

*US\$20 co-pay for frames applies only when new frames are purchased to use existing lenses. If the member pays US\$20 co-pay for any type of prescription lenses, there is no additional co-pay for frames and the \$250 annual allowance for frames applies.

**The 12-month frequency period begins on January 1st (calendar year basis).

Your annual vision benefits includes one pair of prescribed contact lenses or a single purchase of a supply of prescribed contact lenses-in addition to prescribed lenses and frame benefits. (In other words, you may receive prescribed contact lenses and frames/prescribed lenses in the same benefit year).



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To learn more about your Health Benefits for the International Plan visit the IDB Group Medical Benefits Web App following this link.