

## Table of Covered Vision Services

### National Plan

Benefit	In-network	Out-of-Network
Eye Exam	100% after US\$10 co-pay	Up to 70%
Single vision lenses	100% after \$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).

Please note that your benefit each calendar year is one pair of prescribed contact lenses or a one-time purchase of disposable prescribed contact lenses—in addition to the benefit for prescribed lenses and frames. In other words, you will be able to receive prescribed contact lenses and frames with prescribed lenses in the same benefit year.



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