

# Summary of W Fashion Focus Option I Benefits



BENEFIT	IN-NETWORK	OUT-OF-NETWORK <sup>(1)</sup>
<b>FREQUENCY</b> Eye examination (including dilation, as professionally indicated) Eyeglass lenses Frames Contact lenses (in lieu of eyeglass lenses)	Once every 12 months under age 19/24 months of age 19 or older Once every 12 months under age 19/24 months of age 19 or older Once every 24 months Once every 12 months under age 19/24 months of age 19 or older	
<b>EYE EXAMINATION (including dilation as professionally INDICATED)</b>	Included	Up to \$32
<b>FRAMES</b> Fashion level frames from "The Collection" Designer level frames from "The Collection" Premier level frames from "The Collection" Retail allowance towards a provider's frame	Included \$20 copayment \$40 copayment \$60	Up to \$30
<b>STANDARD PAIR EYEGLASS LENSES<sup>(2)</sup> (per pair)</b> Single vision Bifocal Trifocal Lenticular	Included Included Included Included	Up to \$25 Up to \$36 Up to \$46 Up to \$72
<b>OPTIONAL EYEGLASS LENSES</b> Standard progressive additional lenses <sup>(3)</sup> Premium progressive additional lenses <sup>(3)</sup> Glass Grey #3 prescription sunglasses Polycarbonate lenses <i>Adult</i> <i>Dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater</i> Single vision Polycarbonate lenses (in lieu of single vision eyeglass lenses) Bifocal Polycarbonate lenses (in lieu of bifocal eyeglass lenses) Trifocal Polycarbonate lenses (in lieu of trifocal eyeglass lenses)	\$50 copayment \$90 copayment \$11 copayment \$30 copayment Included Included	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Blended segment lenses Intermediate vision lenses Glass photosensitive lenses Plastic photosensitive lenses High-index (thinner and lighter) lenses Polarized lenses	\$20 copayment \$30 copayment \$20 copayment \$65 copayment \$55 copayment \$75 copayment	Not Covered Not Covered Not Covered Not covered Not Covered Not Covered
<b>OPTIONAL EYEGLASS LENS COATINGS/TREATMENTS</b> Fashion, sun or gradient tinted plastic lenses Ultraviolet coating Scratch-resistant coating Standard ARC (anti-reflective coating) Premium ARC (anti-reflective coating) Ultra ARC (anti-reflective coating)	\$11 copayment \$12 copayment \$20 copayment \$35 copayment \$48 copayment \$60 copayment	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
<b>CONTACT LENSES<sup>(4)</sup> (in lieu of eyeglass lenses – per pair or INITIAL SUPPLY OF DISPOSABLE CONTACT LENSES)</b> Contact lens evaluation and fitting <i>Daily wear</i> <i>Extended wear</i> Standard daily wear contact lenses Specialty contact lenses Disposable contact lenses Medically necessary contact lenses (prior approval required)	Covered In Full Covered In Full <b>Formulary/Nonformulary</b> Covered In Full \$75 \$75 Covered In Full	Up to \$20 Up to \$30  Up to \$48 Up to \$48 Up to \$75 Up to \$225
<b>LOW VISION SERVICES</b> Evaluation – one visit every 5 years Follow-up visits – up to four follow-up visits every 5 years Low vision aids		\$300 allowance per visit \$100 allowance per visit \$600 per device with \$1,200 lifetime maximum

- (1) If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.
- (2) Includes glass, plastic or oversized lenses.
- (3) Progressive additional multifocals can be worn by most people. Conventional bifocals will be supplied at no additional charge for anyone who is unable to adapt to progressive addition lenses, however the copayment will not be refunded.
- (4) Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses fitted, they may not be exchanged for eyeglasses. Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.