

# CARES - BASE

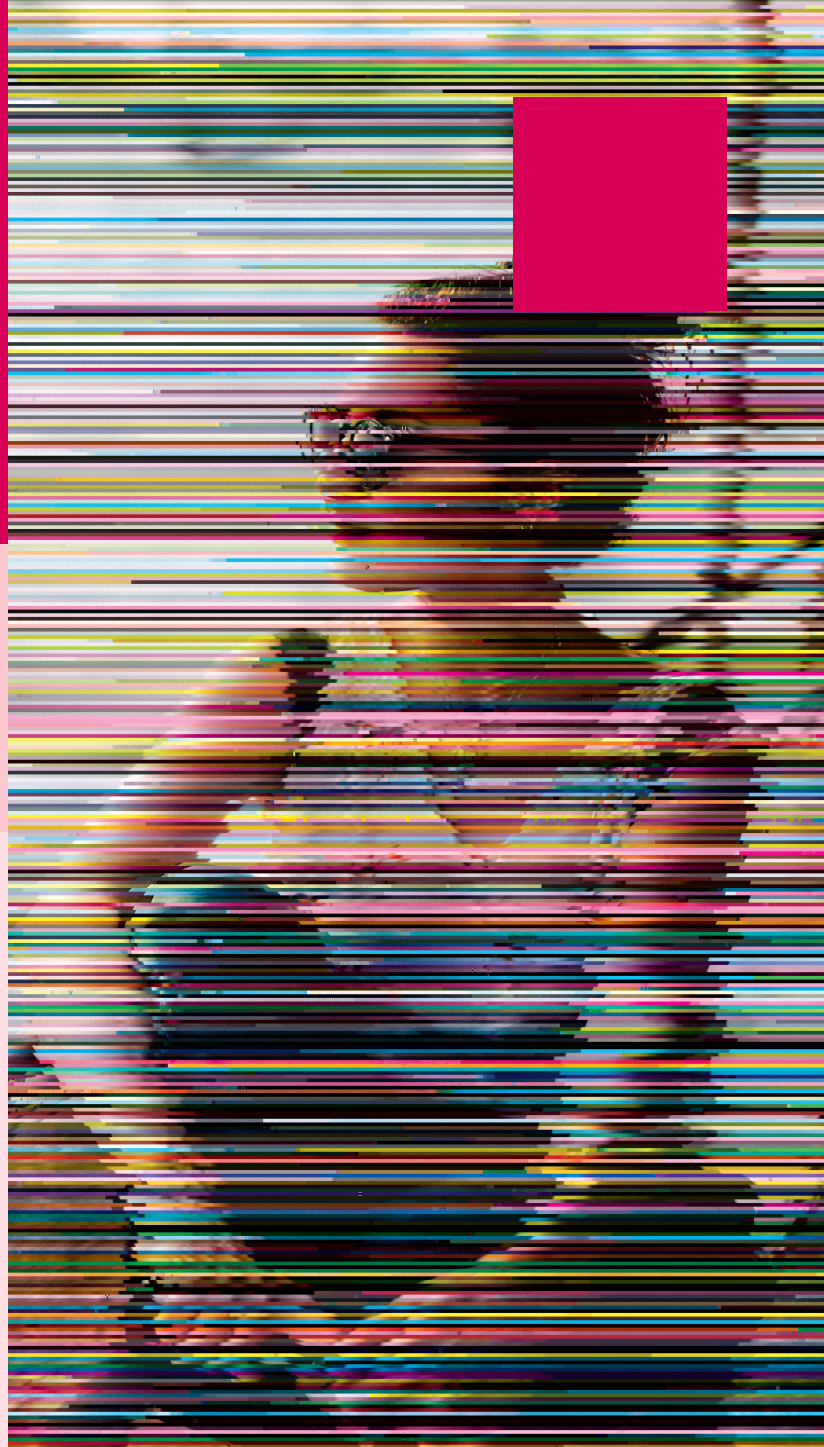
(Insight Network)

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST AT PLUS PROVIDERS	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>FRAME</b>			
Frame	<b>\$0 copay; 20% off balance over \$180 allowance</b>	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
<b>STANDARD PLASTIC LENSES</b>			
Single Vision	\$20 copay	\$20 copay	Up to \$30
Bifocal	\$20 copay	\$20 copay	Up to \$50
Trifocal	\$20 copay	\$20 copay	Up to \$70
Lenticular	\$20 copay	\$20 copay	Up to \$70
Progressive - Standard	\$85 copay	\$85 copay	Up to \$50
Progressive - Premium Tier 1 - 3	\$105 - 130 copay	\$105 - 130 copay	Up to \$50
Progressive - Premium Tier 4	\$85 copay; 20% off retail price less \$120 allowance	\$85 copay; 20% off retail price less \$120 allowance	Up to \$50
<b>LENS OPTIONS</b>			
Anti Reflective Coating - Standard			

\$180

Frame allowance



Find plenty of in-network eye doctors – including PLUS Providers – on our Provider Locator. Just look for the PLUS.

Need extra assistance? Contact us at 866.804.0982 or visit [eyemed.com](http://eyemed.com).