

	In-Network	Out-of-Network
Eye Exam	1x every 12 months \$10 copay	Reimbursement up to \$35
Frames	1x every 24 months \$130 allowance	Reimbursement up to \$40
Contact Lenses (in lieu of eyeglasses)	<p>1x every 12 months</p> <p>Selection: Covered in full up to 4 boxes</p> <p>Non-Selection: \$105 allowance (example: toric, gas permeable and bifocal)</p> <p>Medically necessary: Covered in full after copay</p>	<p>Reimbursement up to:</p> <p>Elective Contacts: \$115</p> <p>Necessary Contacts: \$210</p>